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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	244,359	74,803	164,280	5,069	38	169	2,628,211	719,098	1,861,068	46,001	379	1,665
Age												
5 and younger	5	0	4	0	1	0	60	0	48	0	12	0
6-14	23	0	19	0	4	0	267	0	228	0	39	0
15-20	362	0	337	0	25	0	4,189	0	3,918	0	271	0
21-44	43,307	1	40,825	2,462	8	11	495,833	12	470,661	25,000	57	103
45-64	84,997	375	82,347	2,181	0	94	936,219	1,528	916,065	17,646	0	980
65-74	56,152	25,746	29,955	389	0	62	583,221	232,327	347,286	3,050	0	558
75-84	36,958	27,912	9,007	37	0	2	384,352	280,758	103,265	305	0	24
85 and older	22,555	20,769	1,786	0	0	0	224,070	204,473	19,597	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	144,485	53,166	88,215	2,918	18	168	1,560,286	528,037	1,002,891	27,524	181	1,653
Male	99,874	21,637	76,065	2,151	20	1	1,067,925	191,061	858,177	18,477	198	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	170,515	55,878	110,517	3,996	32	92	1,802,452	524,185	1,241,829	35,222	318	898
African American	48,174	13,212	33,937	996	5	24	530,911	131,378	389,219	10,044	55	215
Other/unknown	25,670	5,713	19,826	77	1	53	294,848	63,535	230,020	735	6	552
Use of Nursing Facilities^c												
Entire year	17,980	14,701	3,279	0	0	0	185,739	148,587	37,152	0	0	0
Part year	11,843	9,840	2,002	1	0	0	118,148	96,313	21,833	2	0	0
None	214,536	50,262	158,999	5,068	38	169	2,324,324	474,198	1,802,083	45,999	379	1,665
Maintenance Assistance Status												
Cash	172,351	24,202	146,399	1,744	6	0	1,997,572	274,371	1,704,104	19,025	72	0
Medically needy	16,811	9,634	5,704	1,455	18	0	75,606	38,319	26,987	10,145	155	0
Poverty-related	20,888	14,994	5,646	74	5	169	215,934	152,874	60,697	647	51	1,665
Other/unknown	34,309	25,973	6,531	1,796	9	0	339,099	253,534	69,280	16,184	101	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	244,359	74,803	164,280	5,069	38	169	2,628,211	719,098	1,861,068	46,001	379	1,665
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 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 1 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 2006. 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.
Benef(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, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid		Rx \$ as a Percentage of All Medicaid	
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	FFS ^c	FFS ^d	Number of Beneficiaries	
All	10.2	2.2	\$149	\$67	\$7,385	2.0	244,359	
Age								
5 and younger	60.0	5.6	235	42	48,217	0.5	5	
6-14	47.8	20.5	4,410	215	25,248	17.5	23	
15-20	71.5	18.5	1,927	104	11,659	16.5	362	
21-44	15.6	3.3	293	88	6,810	4.3	43,307	
45-64	12.2	2.9	189	65	5,878	3.2	84,997	
65-74	7.7	1.7	87	50	4,516	1.9	56,152	
75-84	4.6	0.7	33	46	9,534	0.3	36,958	
85 and older	6.6	1.0	40	40	17,689	0.2	22,555	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	7.0	1.1	52	47	10,888	0.5	74,803	
Disabled	10.7	2.4	173	71	5,891	2.9	164,280	
Adults	37.8	10.7	764	71	3,834	19.9	5,069	
Children	76.3	21.3	3,156	148	19,484	16.2	38	
Unknown	76.3	23.5	1,603	68	11,766	13.6	169	
Gender								
Female	10.1	2.3	143	63	7,901	1.8	144,485	
Male	10.3	2.2	159	74	6,638	2.4	99,874	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	10.5	2.3	151	66	8,133	1.9	170,515	
African American	9.7	2.2	152	70	7,134	2.1	48,174	
Other/unknown	8.9	2.0	136	67	2,886	4.7	25,670	
Use of Nursing Facilities^f								
Entire year	8.8	2.0	97	47	34,254	0.3	17,980	
Part year	10.9	2.7	124	46	22,443	0.6	11,843	
None	10.3	2.2	155	70	4,301	3.6	214,536	
Maintenance Assistance Status								
Cash	9.5	2.2	154	70	4,781	3.2	172,351	
Medically needy	19.2	4.5	295	66	2,417	12.2	16,811	
Poverty related	8.7	0.9	54	61	3,183	1.7	20,888	
Other/unknown	10.4	2.1	112	53	25,456	0.4	34,309	

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 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 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 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.

Benef(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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number				
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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		Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	None	0, but 1 or Less	1, but 2 or Less	2, but 5 or Less	5, but 10 or Less	More than 10						
All	0.2	\$14	2.0	89.8	4.9	1.8	2.9	0.5	0.1	\$687	244,359	2,628,211			
Age															
5 and younger	0.5	20	0.5	40.0	40.0	20.0	0.0	0.0	0.0	4,018	5	60			
6-14	1.8	380	17.5	52.2	26.1	0.0	8.7	8.7	4.3	2,175	23	267			
15-20	1.6	167	16.5	28.5	37.3	11.3	15.2	7.2	0.6	1,008	362	4,189			
21-44	0.3	26	4.3	84.4	7.9	2.9	4.3	0.4	0.0	595	43,307	495,833			
45-64	0.3	17	3.2	87.8	5.5	2.2	3.7	0.7	0.1	534	84,997	936,219			
65-74	0.2	8	1.9	92.3	3.6	1.4	2.2	0.5	0.1	435	56,152	583,221			
75-84	0.1	3	0.3	95.4	2.6	0.6	0.9	0.4	0.1	917	36,958	384,352			
85 and older	0.1	4	0.2	93.4	3.6	0.9	1.4	0.5	0.1	1,781	22,555	224,070			
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	0.1	5	0.5	93.0	3.8	1.0	1.4	0.6	0.1	1,133	74,803	719,098			
Disabled	0.2	15	2.9	89.3	5.2	1.9	3.1	0.5	0.0	520	164,280	1,861,068			
Adults	1.2	84	19.9	62.2	11.6	7.5	16.4	2.3	0.1	423	5,069	46,001			
Children	2.1	317	16.2	23.7	31.6	7.9	26.3	10.5	0.0	1,954	38	379			
Unknown	2.4	163	13.6	23.7	20.1	16.0	33.7	6.5	0.0	1,194	169	1,665			
Gender															
Female	0.2	13	1.8	89.9	4.7	1.8	3.0	0.6	0.1	732	144,485	1,560,286			
Male	0.2	15	2.4	89.7	5.2	1.8	2.7	0.5	0.1	621	99,874	1,067,925			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Race															
White	0.2	14	1.9	89.5	5.0	1.8	3.0	0.6	0.1	769	170,515	1,802,452			
African American	0.2	14	2.1	90.3	4.8	1.7	2.7	0.5	0.1	647	48,174	530,911			
Other/unknown	0.2	12	4.7	91.1	4.3	1.7	2.5	0.4	0.0	251	25,670	294,848			
Use of Nursing Facilities^f															
Entire year	0.2	9	0.3	91.2	3.9	1.1	1.9	1.3	0.5	3,316	17,980	185,739			
Part year	0.3	13	0.6	89.1	4.9	1.6	2.8	1.3	0.3	2,250	11,843	118,148			
None	0.2	14	3.6	89.7	5.0	1.9	3.0	0.4	0.0	397	214,536	2,324,324			
Maintenance Assistance Status															
Cash	0.2	13	3.2	90.5	4.6	1.7	2.7	0.4	0.0	413	172,351	1,997,572			
Medically needy	1.0	66	12.2	80.8	6.5	3.8	7.0	1.6	0.2	537	16,811	75,606			
Poverty related	0.1	5	1.7	91.3	6.8	0.9	0.8	0.2	0.0	308	20,888	215,934			
Other/unknown	0.2	11	0.4	89.6	4.8	1.6	2.7	1.0	0.3	2,576	34,309	339,099			

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 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 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 1 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, 2006

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	0.2	\$14	\$67	0.1	\$10	\$172	0.0	\$1	\$115	0.1	\$3	\$23
Age												
5 and younger	0.5	20	42	0.2	12	55	0.0	0	20	0.2	7	32
6-14	1.8	380	215	0.9	348	408	0.0	4	152	0.9	28	31
15-20	1.6	167	104	0.6	134	231	0.1	9	130	0.9	23	25
21-44	0.3	26	88	0.1	19	235	0.0	1	125	0.2	6	27
45-64	0.3	17	65	0.1	12	165	0.0	1	121	0.2	4	24
65-74	0.2	8	50	0.0	5	121	0.0	1	113	0.1	2	19
75-84	0.1	3	46	0.0	2	107	0.0	0	77	0.0	1	16
85 and older	0.1	4	40	0.0	3	98	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	0.1	5	47	0.0	4	109	0.0	1	85	0.1	1	17
Disabled	0.2	15	71	0.1	11	184	0.0	1	120	0.1	4	24
Adults	1.2	84	71	0.3	56	182	0.0	5	128	0.8	23	28
Children	2.1	317	148	0.9	278	322	0.0	2	86	1.2	36	29
Unknown	2.4	163	68	0.7	105	155	0.1	20	200	1.6	38	24
Gender												
Female	0.2	13	63	0.1	9	161	0.0	1	111	0.1	3	22
Male	0.2	15	74	0.1	11	188	0.0	1	120	0.1	3	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.2	14	66	0.1	10	166	0.0	1	115	0.1	4	24
African American	0.2	14	70	0.1	10	190	0.0	1	117	0.1	3	21
Other/unknown	0.2	12	67	0.0	8	177	0.0	1	113	0.1	3	22
Use of Nursing Facilities^e												
Entire year	0.2	9	47	0.1	7	112	0.0	1	69	0.1	2	16
Part year	0.3	13	46	0.1	9	113	0.0	1	70	0.2	3	17
None	0.2	14	70	0.1	10	181	0.0	1	123	0.1	3	24
Maintenance Assistance Status												
Cash	0.2	13	70	0.1	9	185	0.0	1	122	0.1	3	24
Medically needy	1.0	66	66	0.3	45	159	0.0	5	109	0.7	16	24
Poverty related	0.1	5	61	0.0	3	147	0.0	1	129	0.1	1	22
Other/unknown	0.2	11	53	0.1	8	125	0.0	1	86	0.1	3	19

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 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.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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2006

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			Generic			Patented Brand-Name			Off-Patent Brand-Name			Generic			Total Number of Rx	Total Rx \$	Number of Dual Benef	As a Percentage of Dual Benef	Number of Benefit Months
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic								
Anti-infective Agents	0.2	0.0	0.0	0.2	\$24	\$18	\$0	\$6	\$101	\$414	\$135	\$29	30,498	\$3,084,574	11,274	4.6	126,459						
Biologicals	0.1	0.1	0.0	0.0	72	71	0	1	593	739	0	30	73	43,307	53	0.0	601						
Antineoplastic Agents	0.4	0.1	0.0	0.2	83	68	0	15	226	588	55	60	2,790	630,239	745	0.3	7,625						
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	23	1	4	56	131	42	14	55,350	3,102,385	10,284	4.2	112,059						
Cardiovascular Agents	0.9	0.2	0.1	0.6	32	15	7	10	37	79	126	16	138,819	5,086,070	14,940	6.1	160,414						
Respiratory Agents	0.4	0.2	0.0	0.2	22	18	0	4	61	117	36	19	31,488	1,920,388	7,953	3.3	88,164						
Gastrointestinal Agents	0.4	0.1	0.0	0.2	21	17	1	4	60	156	228	15	32,809	1,958,838	8,318	3.4	91,169						
Genitourinary Agents	0.2	0.1	0.0	0.1	13	10	1	3	55	83	74	23	5,481	300,584	2,110	0.9	22,688						
CNS Drugs	0.5	0.2	0.0	0.3	58	47	4	7	109	221	101	25	73,079	7,949,611	12,607	5.2	138,201						
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	59	53	0	6	150	199	87	51	2,250	338,527	507	0.2	5,699						
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	111	111	0	0	266	268	136	51	4,851	1,289,421	1,217	0.5	11,581						
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	26	11	2	14	54	259	230	31	79,661	4,269,589	14,616	6.0	161,804						
Neuromuscular Agents	0.4	0.1	0.0	0.3	33	21	1	11	75	177	109	36	44,790	3,363,614	9,235	3.8	102,641						
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	13	23	13	13	11,021	146,978	3,399	1.4	35,767						
Hematological Agents	0.4	0.2	0.0	0.2	34	27	0	6	82	168	24	26	17,447	1,431,609	4,037	1.7	42,384						
Topical Products	0.2	0.1	0.0	0.1	13	9	1	3	61	133	60	23	11,830	723,548	5,197	2.1	57,552						
Miscellaneous Products	0.4	0.2	0.0	0.2	178	153	8	16	421	632	289	108	2,037	858,082	462	0.2	4,827						
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	37	0	0	0	212	7,877	106	0.0	1,137						
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.	544,486	36,505,241	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 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.med-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.med-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.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$5,201,791	4,812	2.0	53,415	0.4	\$268	\$97
ANALGESICS - Narcotic	2,893,647	17,076	7.0	191,763	0.3	48	15
ANTICONVULSANT	2,794,635	6,312	2.6	70,008	0.4	112	40
ANTIDIABETIC	2,347,298	8,091	3.3	88,303	0.4	68	27
ANTIHYPERTENSIVE	2,287,212	6,838	2.8	75,637	0.3	91	30
ANTIDEPRESSANTS	2,220,581	12,101	5.0	133,748	0.3	51	17
ANTIVIRAL	2,061,354	1,040	0.4	11,915	0.3	542	173
ASTHMATIC	1,585,989	7,749	3.2	85,968	0.3	72	18
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,289,421	1,455	0.6	13,642	0.4	266	95
ULCER DRUGS	1,211,093	7,328	3.0	81,776	0.3	52	15
Total	23,893,021	72,802	n.a.	806,175	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 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 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						ANALGESICS - Narcotic					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	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	261,557	\$23,893,021	4,812	2.0	53,415	0.4	\$97	17,076	7.0	191,763	0.3	\$15							
Female																			
All Females	154,726	13,100,694	2,798	1.9	30,981	0.3	88	10,306	7.1	115,788	0.3	14							
Female, Disabled																			
All Ages	112,590	9,908,627	1,974	2.2	22,811	0.4	96	7,633	8.7	88,529	0.3	13							
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	83	9,599	0	0.0	0	0.0	0	3	30.0	36	0.2	1							
15-20	1,033	112,709	24	18.8	288	0.5	117	60	46.9	707	0.2	6							
21-44	32,790	3,584,425	926	5.0	10,877	0.3	97	2,705	14.6	31,716	0.3	13							
45-64	60,696	4,990,414	846	2.0	9,601	0.4	95	3,994	9.4	45,882	0.3	14							
65-74	17,428	1,178,531	163	0.9	1,872	0.4	94	842	4.5	9,883	0.3	10							
75-84	519	31,192	15	0.2	173	0.4	55	27	0.4	281	0.2	2							
85 and older	41	1,757	0	0.0	0	0.0	0	2	0.1	24	0.1	0							
Female, Other Eligibles																			
All Ages	42,136	3,192,067	824	1.5	8,170	0.3	64	2,673	4.8	27,259	0.4	16							
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	133	20,857	5	45.5	45	0.3	87	10	90.9	120	0.1	1							
21-44	10,508	1,042,138	181	11.2	2,056	0.3	93	845	52.3	9,610	0.4	23							
45-64	8,756	738,877	81	5.4	876	0.3	77	559	37.3	6,082	0.4	27							
65-74	9,422	590,747	97	0.6	1,009	0.4	78	531	3.4	5,257	0.3	7							
75-84	6,889	411,336	211	1.1	1,939	0.3	43	377	1.9	3,266	0.3	6							
85 and older	6,428	388,112	249	1.4	2,245	0.3	43	351	2.0	2,924	0.4	4							
Male																			
All Males	106,831	10,792,327	2,014	2.0	22,434	0.4	111	6,770	6.8	75,975	0.3	17							
Male, Disabled																			
All Ages	84,931	9,055,736	1,623	2.1	18,745	0.4	117	5,544	7.3	63,729	0.3	17							
5 and younger	4	129	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	38	3,293	0	0.0	0	0.0	0	2	22.2	24	0.2	1							
15-20	1,622	240,598	56	26.8	653	0.5	179	68	32.5	775	0.2	2							
21-44	28,509	3,836,039	909	4.1	10,628	0.4	125	2,051	9.2	23,955	0.3	16							
45-64	45,404	4,288,906	597	1.5	6,791	0.3	99	2,961	7.4	33,523	0.3	17							
65-74	9,109	671,302	57	0.5	645	0.5	127	449	4.0	5,296	0.4	16							
75-84	245	15,469	4	0.2	28	0.4	44	13	0.6	156	0.2	2							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	21,900	1,736,591	391	1.6	3,689	0.4	79	1,226	5.1	12,246	0.4	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	10	4,229	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	175	32,088	8	57.1	95	0.4	128	7	50.0	74	0.2	3
21-44	4,609	470,905	64	7.4	728	0.4	135	359	41.5	3,971	0.4	33
45-64	5,444	484,337	42	3.6	457	0.3	83	319	27.7	3,429	0.4	27
65-74	6,752	452,870	93	0.9	878	0.5	76	324	3.1	3,126	0.3	8
75-84	3,225	194,094	120	1.5	1,046	0.4	49	141	1.8	1,097	0.3	3
85 and older	1,685	98,068	64	1.9	485	0.4	52	76	2.2	549	0.3	3
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. 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 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); 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, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					ANTHYPERLIPIDEMIC				
	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	6,312	2.6	70,008	0.4	\$40	8,091	3.3	88,303	0.4	\$27	6,838	2.8	75,637	0.3	\$30
Female															
All Females	3,795	2.6	42,006	0.3	37	4,838	3.3	53,057	0.4	25	3,745	2.6	41,679	0.3	29
Female, Disabled															
All Ages	2,816	3.2	32,331	0.3	38	3,422	3.9	39,200	0.4	27	2,696	3.1	30,960	0.3	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	39	30.5	466	0.6	78	8	6.3	94	0.6	48	3	2.3	34	0.4	42
21-44	1,102	6.0	12,950	0.3	48	586	3.2	6,837	0.4	27	362	2.0	4,232	0.3	24
45-64	1,425	3.4	16,001	0.3	30	2,024	4.8	22,922	0.4	28	1,701	4.0	19,302	0.3	28
65-74	240	1.3	2,809	0.4	27	761	4.0	8,866	0.4	26	612	3.2	7,191	0.4	37
75-84	8	0.1	88	0.2	7	43	0.6	481	0.3	15	17	0.2	189	0.3	18
85 and older	2	0.1	17	0.2	6	0	0.0	0	0.0	0	1	0.1	12	0.1	4
Female, Other Eligibles															
All Ages	979	1.7	9,675	0.4	35	1,416	2.5	13,857	0.4	21	1,049	1.9	10,719	0.3	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	27.3	27	0.3	29	3	27.3	36	0.5	72	0	0.0	0	0.0	0
21-44	309	19.1	3,492	0.4	51	142	8.8	1,593	0.4	29	105	6.5	1,195	0.3	26
45-64	199	13.3	2,081	0.4	39	223	14.9	2,387	0.5	35	187	12.5	1,997	0.4	35
65-74	175	1.1	1,620	0.3	24	528	3.3	5,362	0.3	19	454	2.9	4,708	0.3	28
75-84	169	0.8	1,496	0.3	15	324	1.6	2,902	0.3	15	215	1.1	2,031	0.3	23
85 and older	124	0.7	959	0.4	19	196	1.1	1,577	0.4	12	88	0.5	788	0.3	31
Male															
All Males	2,517	2.5	28,002	0.4	45	3,253	3.3	35,246	0.4	28	3,093	3.1	33,958	0.3	32
Male, Disabled															
All Ages	2,031	2.7	23,292	0.4	45	2,401	3.2	27,329	0.4	29	2,338	3.1	26,720	0.3	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	12	0.1	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	44	21.1	522	0.7	129	15	7.2	180	0.5	32	11	5.3	132	0.4	44
21-44	851	3.8	9,967	0.4	56	451	2.0	5,201	0.4	34	464	2.1	5,398	0.3	28
45-64	1,002	2.5	11,251	0.3	34	1,613	4.0	18,165	0.4	28	1,546	3.9	17,455	0.3	31
65-74	131	1.2	1,516	0.4	27	311	2.8	3,851	0.4	24	310	2.8	3,851	0.4	40
75-84	2	0.1	24	0.5	17	11	0.5	132	0.3	17	7	0.3	84	0.4	30
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, 2006

Beneficiary Characteristics	ANTICONSULSANT					ANTIDIABETIC					ANTHYPERLIPIDEMIC				
	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
Male, Other Eligibles															
All Ages	486	2.0	4,710	0.4	42	852	3.6	7,917	0.4	27	755	3.2	7,238	0.4	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	42.9	72	0.9	204	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	128	14.8	1,457	0.4	57	67	7.7	761	0.4	47	90	10.4	985	0.3	29
45-64	103	8.9	1,078	0.4	47	166	14.4	1,683	0.5	40	182	15.8	1,960	0.4	37
65-74	134	1.3	1,240	0.3	25	395	3.8	3,526	0.4	21	349	3.4	3,186	0.4	34
75-84	87	1.1	646	0.4	19	151	1.9	1,313	0.4	17	90	1.1	761	0.3	30
85 and older	28	0.8	217	0.3	13	73	2.1	634	0.3	15	44	1.3	346	0.2	16
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIVIRAL					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	12,101	5.0	133,748	0.3	\$17	1,040	0.4	11,915	0.3	\$173	7,749	3.2	85,968	0.3	\$18
Female															
All Females	7,981	5.5	88,609	0.3	17	497	0.3	5,748	0.3	121	4,700	3.3	52,402	0.2	17
Female, Disabled															
All Ages	5,625	6.4	64,968	0.3	17	385	0.4	4,549	0.3	125	3,476	3.9	40,350	0.2	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	10.0	12	0.8	10	2	20.0	24	0.4	242	4	40.0	48	0.6	34
15-20	38	29.7	453	0.5	24	5	3.9	56	0.2	181	32	25.0	384	0.2	17
21-44	1,914	10.4	22,422	0.3	17	163	0.9	1,929	0.3	153	854	4.6	9,992	0.2	15
45-64	3,126	7.4	35,699	0.3	18	190	0.4	2,240	0.3	109	1,990	4.7	22,960	0.3	18
65-74	528	2.8	6,173	0.4	14	24	0.1	288	0.1	46	576	3.1	6,746	0.3	17
75-84	14	0.2	161	0.4	14	1	0.0	12	0.1	1	18	0.3	196	0.2	16
85 and older	4	0.3	48	0.4	6	0	0.0	0	0.0	0	2	0.1	24	0.2	2
Female, Other Eligibles															
All Ages	2,356	4.2	23,641	0.3	17	112	0.2	1,199	0.2	103	1,224	2.2	12,052	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	81.8	84	0.3	10	1	9.1	12	0.8	845	8	72.7	90	0.2	15
21-44	593	36.7	6,726	0.4	21	44	2.7	514	0.3	94	212	13.1	2,449	0.2	24
45-64	435	29.1	4,660	0.4	26	32	2.1	340	0.3	182	224	15.0	2,458	0.3	18
65-74	446	2.8	4,378	0.3	14	17	0.1	171	0.1	10	350	2.2	3,375	0.3	20
75-84	426	2.1	3,754	0.3	11	6	0.0	50	0.1	13	226	1.1	1,969	0.2	16
85 and older	447	2.6	4,039	0.3	11	12	0.1	112	0.2	7	204	1.2	1,711	0.2	13
Male															
All Males	4,120	4.1	45,139	0.3	16	543	0.5	6,167	0.4	222	3,049	3.1	33,566	0.3	20
Male, Disabled															
All Ages	3,134	4.1	35,839	0.3	15	499	0.7	5,665	0.4	233	2,366	3.1	27,161	0.3	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	12	0.5	81	0	0.0	0	0.0	0	5	55.6	60	0.5	38
15-20	54	25.8	633	0.4	24	6	2.9	72	0.2	128	39	18.7	468	0.3	20
21-44	1,241	5.6	14,499	0.3	15	242	1.1	2,739	0.4	232	529	2.4	6,159	0.2	15
45-64	1,667	4.2	18,688	0.3	16	237	0.6	2,686	0.4	238	1,409	3.5	15,989	0.3	21
65-74	167	1.5	1,969	0.4	13	14	0.1	168	0.3	231	363	3.3	4,243	0.3	26
75-84	4	0.2	38	0.4	9	0	0.0	0	0.0	0	21	1.0	242	0.2	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIVIRAL					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
Male, Other Eligibles															
All Ages	986	4.1	9,300	0.4	16	44	0.2	502	0.3	95	683	2.9	6,405	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	12	0.3	316	1	50.0	12	0.1	22
15-20	9	64.3	107	0.4	14	2	14.3	13	0.3	262	1	7.1	12	0.1	1
21-44	189	21.8	2,176	0.3	20	15	1.7	177	0.3	53	67	7.7	746	0.2	13
45-64	214	18.6	2,234	0.4	24	8	0.7	89	0.7	343	108	9.4	1,161	0.3	21
65-74	232	2.2	2,064	0.4	14	10	0.1	116	0.1	3	275	2.6	2,604	0.3	23
75-84	211	2.7	1,648	0.3	10	3	0.0	36	0.1	5	151	1.9	1,265	0.3	18
85 and older	131	3.8	1,071	0.3	9	5	0.1	59	0.1	3	80	2.3	605	0.3	12
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. 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 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); 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, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					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	1,455	0.6	13,642	0.4	\$95	7,328	3.0	81,776	0.3	\$15	244,359	2,628,211
Female												
All Females	981	0.7	9,276	0.4	92	4,519	3.1	50,496	0.3	14	144,485	1,560,286
Female, Disabled												
All Ages	217	0.2	2,463	0.4	204	3,242	3.7	37,645	0.3	14	88,215	1,002,891
5 and younger	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	4	40.0	48	0.6	42	10	120
15-20	0	0.0	0	0.0	0	32	25.0	382	0.3	12	128	1,487
21-44	54	0.3	636	0.3	383	887	4.8	10,430	0.2	13	18,486	212,603
45-64	128	0.3	1,414	0.4	166	1,760	4.2	20,231	0.3	15	42,356	473,480
65-74	27	0.1	317	0.5	66	540	2.9	6,334	0.3	15	18,844	219,220
75-84	7	0.1	84	0.2	34	17	0.2	196	0.2	9	6,826	78,614
85 and older	1	0.1	12	0.5	74	2	0.1	24	0.2	16	1,565	17,367
Female, Other Eligibles												
All Ages	764	1.4	6,813	0.4	51	1,277	2.3	12,851	0.3	15	56,270	557,395
5 and younger	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	2	15
15-20	0	0.0	0	0.0	0	3	27.3	36	0.6	32	11	117
21-44	18	1.1	209	0.3	355	272	16.8	3,137	0.3	19	1,616	16,551
45-64	6	0.4	46	0.3	103	227	15.2	2,452	0.3	20	1,497	11,354
65-74	90	0.6	847	0.3	41	329	2.1	3,321	0.3	12	15,794	148,471
75-84	312	1.6	2,728	0.4	39	218	1.1	1,932	0.3	9	20,030	207,445
85 and older	338	2.0	2,983	0.4	43	228	1.3	1,973	0.3	10	17,320	173,442
Male												
All Males	474	0.5	4,366	0.3	100	2,809	2.8	31,280	0.3	16	99,874	1,067,925
Male, Disabled												
All Ages	177	0.2	2,017	0.3	151	2,179	2.9	25,093	0.3	16	76,065	858,177
5 and younger	0	0.0	0	0.0	0	2	50.0	24	0.2	5	4	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	108
15-20	1	0.5	12	0.7	51	39	18.7	462	0.3	20	209	2,431
21-44	54	0.2	624	0.3	267	689	3.1	8,076	0.3	15	22,339	258,058
45-64	101	0.3	1,132	0.3	110	1,186	3.0	13,447	0.3	16	39,991	442,585
65-74	19	0.2	225	0.4	49	251	2.3	2,940	0.3	16	11,111	128,066
75-84	2	0.1	24	0.5	78	12	0.6	144	0.2	12	2,181	24,651
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	221	2,230

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, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					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	297	1.2	2,349	0.4	57	630	2.6	6,187	0.3	15	23,809	209,748
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	1	50.0	12	0.4	15	2	24
15-20	0	0.0	0	0.0	0	5	35.7	49	0.2	3	14	154
21-44	4	0.5	48	0.2	154	120	13.9	1,332	0.3	20	866	8,621
45-64	7	0.6	84	0.4	335	125	10.8	1,321	0.4	18	1,153	8,800
65-74	71	0.7	606	0.4	51	203	2.0	1,934	0.3	16	10,403	87,464
75-84	118	1.5	843	0.4	41	120	1.5	1,043	0.3	9	7,921	73,642
85 and older	97	2.8	768	0.3	42	56	1.6	496	0.3	9	3,449	31,031
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. 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 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); 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, 2006

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	\$9	0.2	17,980	185,739
Age				
0-64	18	0.3	1,543	17,395
65-74	18	0.3	2,549	27,559
75-84	8	0.2	5,910	61,228
85 and older	6	0.1	7,978	79,557
Unknown	0	0.0	0	0
Gender				
Female	8	0.2	13,571	140,819
Male	13	0.2	4,409	44,920
Unknown	0	0.0	0	0
Race				
White	10	0.2	14,917	152,842
African American	7	0.1	2,863	30,921
Other/unknown	19	0.3	200	1,976
Basis of Eligibility^c				
AGED	8	0.2	14,701	148,587
DISABLED	15	0.3	3,279	37,152
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,148 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	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 of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$8	\$0	\$6	\$47	\$150	\$64	\$24	1,580	\$73,864	574	3.2	5,147
Biologicals	0.1	0.0	0.0	0.1	4	1	0	3	30	25	0	32	8	239	7	0.0	62
Antineoplastic Agents	0.3	0.0	0.0	0.3	32	6	0	26	95	253	111	83	220	20,903	78	0.4	660
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	23	17	1	5	36	80	34	12	3,093	110,023	555	3.1	4,797
Cardiovascular Agents	1.0	0.2	0.1	0.8	28	11	7	10	27	61	111	13	8,318	228,270	956	5.3	8,122
Respiratory Agents	0.5	0.2	0.0	0.3	18	14	0	4	38	88	21	13	1,487	56,591	366	2.0	3,096
Gastrointestinal Agents	0.6	0.1	0.0	0.5	16	9	0	6	28	110	31	13	2,389	66,244	479	2.7	4,235
Genitourinary Agents	0.4	0.2	0.0	0.1	21	18	1	3	59	78	54	23	769	45,059	234	1.3	2,096
CNS Drugs	0.6	0.3	0.0	0.3	48	40	3	5	81	148	74	19	6,161	499,388	1,093	6.1	10,347
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	31	25	0	6	36	119	0	9	103	3,698	12	0.1	120
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	68	68	0	0	126	126	0	0	1,965	247,612	423	2.4	3,664
Analgesics and Anesthetics	0.6	0.1	0.0	0.6	13	5	1	7	21	83	73	12	3,078	63,596	555	3.1	4,757
Neuromuscular Agents	0.7	0.2	0.0	0.4	38	25	1	12	57	117	55	28	2,416	138,376	409	2.3	3,644
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	5	13	18	12	13	1,413	18,804	387	2.2	3,230
Hematological Agents	0.6	0.2	0.0	0.4	30	23	0	7	46	123	12	15	2,152	98,682	405	2.3	3,332
Topical Products	0.3	0.1	0.1	0.2	15	6	5	4	42	79	57	21	1,425	60,100	459	2.6	4,133
Miscellaneous Products	0.3	0.0	0.0	0.3	23	16	0	6	71	365	0	23	114	8,128	38	0.2	354
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	26	0	0	0	49	1,257	20	0.1	170
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.	36,740	1,740,834	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,148 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 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.
 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, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$358,378	494	2.7	4,663	0.5	\$163	\$77
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	247,612	542	3.0	4,668	0.4	126	53
ANTIDEPRESSANTS	109,392	787	4.4	7,123	0.4	36	15
ANTICONVULSANT	95,073	314	1.7	2,902	0.5	62	33
ANTIDIABETIC	85,123	434	2.4	3,908	0.5	42	22
ANTIHYPERTENSIVE	80,377	216	1.2	1,928	0.4	93	42
MISC. HEMATOLOGICAL	65,430	169	0.9	1,368	0.5	99	48
ANTIHYPERTENSIVE	50,163	551	3.1	4,894	0.4	26	10
ASTHMATIC	43,968	359	2.0	2,991	0.3	49	15
CALCIUM BLOCKERS	43,465	275	1.5	2,343	0.5	39	19
Total	1,178,981	4,141	n.a.	36,788	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,148 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
			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	16,241	\$1,178,981	494	2.7	4,663	0.5	\$77	542	3.0	4,668	0.4	\$53
Female												
All Females	11,185	802,212	342	2.5	3,258	0.5	70	408	3.0	3,618	0.4	52
Female, Disabled												
All Ages	2,831	238,725	58	2.9	667	0.7	129	28	1.4	283	0.6	105
64 or younger	1,408	125,851	23	3.1	258	0.8	163	17	2.3	157	0.6	122
65-74	1,275	100,116	30	6.7	349	0.6	105	9	2.0	102	0.6	90
75-84	107	11,058	5	1.0	60	0.7	122	1	0.2	12	0.3	33
85 and older	41	1,700	0	0.0	0	0.0	0	1	0.3	12	0.5	74
Female, Other Eligibles												
All Ages	8,354	563,487	284	2.5	2,591	0.4	54	380	3.3	3,335	0.4	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,535	116,344	28	2.6	302	0.6	123	39	3.7	357	0.5	58
75-84	3,091	207,840	105	2.7	956	0.4	52	164	4.2	1,395	0.4	43
85 and older	3,728	239,303	151	2.3	1,333	0.3	40	177	2.7	1,583	0.4	48
Male												
All Males	5,056	376,769	152	3.4	1,405	0.5	94	134	3.0	1,050	0.4	58
Male, Disabled												
All Ages	1,767	137,164	45	3.5	497	0.5	103	15	1.2	166	0.5	65
64 or younger	974	69,764	25	3.2	268	0.4	66	6	0.8	61	0.5	67
65-74	754	63,916	18	6.6	205	0.6	158	8	2.9	93	0.5	57
75-84	39	3,484	2	1.2	24	0.4	50	1	0.6	12	0.8	105
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	3,289	239,605	107	3.4	908	0.5	89	119	3.8	884	0.4	57
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,074	86,027	28	3.6	293	0.6	115	23	3.0	208	0.5	63
75-84	1,333	95,889	45	3.4	365	0.5	85	46	3.5	298	0.5	61
85 and older	882	57,689	34	3.3	250	0.5	64	50	4.8	378	0.4	50
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,148 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Benefit Month(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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONSULSANT					ANTIDIABETIC				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year					of All-Year					Nursing Facility			
All	787	4.4	7,123	0.4	\$15	314	1.7	2,902	0.5	\$33	434	2.4	3,908	0.5	\$22
Female															
All Females	550	4.1	5,098	0.4	15	213	1.6	1,957	0.5	29	302	2.2	2,722	0.5	21
Female, Disabled															
All Ages	81	4.0	912	0.6	22	54	2.7	612	0.6	44	61	3.0	641	0.7	37
64 or younger	49	6.5	536	0.5	17	31	4.1	345	0.5	47	32	4.2	334	0.7	37
65-74	26	5.8	304	0.7	32	21	4.7	250	0.7	42	26	5.8	271	0.7	39
75-84	4	0.8	48	0.5	16	1	0.2	12	0.4	13	3	0.6	36	0.2	14
85 and older	2	0.7	24	0.6	9	1	0.3	5	0.2	6	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	469	4.1	4,186	0.4	14	159	1.4	1,345	0.4	22	241	2.1	2,081	0.4	17
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	57	5.4	539	0.5	20	31	2.9	287	0.6	39	56	5.3	549	0.4	19
75-84	191	4.9	1,629	0.4	14	62	1.6	522	0.4	21	102	2.6	862	0.4	18
85 and older	221	3.4	2,018	0.4	12	66	1.0	536	0.4	14	83	1.3	670	0.5	14
Male															
All Males	237	5.4	2,025	0.5	16	101	2.3	945	0.6	41	132	3.0	1,186	0.6	23
Male, Disabled															
All Ages	56	4.4	560	0.6	26	45	3.5	494	0.7	48	41	3.2	399	0.7	31
64 or younger	37	4.7	350	0.6	30	30	3.8	325	0.7	43	26	3.3	222	0.8	40
65-74	18	6.6	198	0.6	19	15	5.5	169	0.9	56	15	5.5	177	0.5	20
75-84	1	0.6	12	0.4	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	181	5.8	1,465	0.4	12	56	1.8	451	0.5	34	91	2.9	787	0.5	19
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	37	4.8	372	0.5	15	21	2.7	213	0.5	51	30	3.9	281	0.7	20
75-84	85	6.4	660	0.4	11	27	2.0	180	0.5	21	35	2.6	281	0.5	24
85 and older	59	5.7	433	0.4	12	8	0.8	58	0.3	11	26	2.5	225	0.3	10
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,149 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					MISC. HEMATOLOGICAL					ANTHYPERTENSIVE				
	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	216	1.2	1,928	0.4	\$42	169	0.9	1,368	0.5	\$48	551	3.1	4,894	0.4	\$10
Female															
All Females	154	1.1	1,431	0.4	42	109	0.8	901	0.5	46	395	2.9	3,566	0.4	9
Female, Disabled															
All Ages	39	1.9	424	0.6	54	16	0.8	164	0.5	55	52	2.6	552	0.5	16
64 or younger	24	3.2	269	0.5	47	9	1.2	97	0.5	43	29	3.8	305	0.5	17
65-74	14	3.1	143	0.7	66	3	0.7	33	0.9	105	22	4.9	235	0.5	15
75-84	1	0.2	12	0.7	62	1	0.2	12	0.7	77	1	0.2	12	0.4	10
85 and older	0	0.0	0	0.0	0	3	1.0	22	0.4	15	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	115	1.0	1,007	0.4	36	93	0.8	737	0.5	44	343	3.0	3,014	0.4	8
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	19	1.8	202	0.5	40	9	0.9	90	0.5	55	45	4.3	441	0.5	11
75-84	59	1.5	498	0.3	31	37	0.9	275	0.5	37	116	3.0	1,005	0.4	8
85 and older	37	0.6	307	0.4	43	47	0.7	372	0.5	47	182	2.8	1,568	0.3	7
Male															
All Males	62	1.4	497	0.5	42	60	1.4	467	0.5	52	156	3.5	1,328	0.4	13
Male, Disabled															
All Ages	16	1.3	159	0.6	49	8	0.6	68	0.5	67	35	2.7	367	0.6	21
64 or younger	10	1.3	92	0.6	54	6	0.8	44	0.5	65	17	2.2	162	0.6	23
65-74	6	2.2	67	0.6	43	2	0.7	24	0.5	70	17	6.3	193	0.6	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.6	12	0.8	34
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	46	1.5	338	0.4	38	52	1.7	399	0.5	49	121	3.9	961	0.4	10
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	11	1.4	107	0.4	35	7	0.9	74	0.5	58	24	3.1	227	0.5	16
75-84	21	1.6	129	0.5	56	25	1.9	190	0.5	49	53	4.0	397	0.3	9
85 and older	14	1.3	102	0.3	19	20	1.9	135	0.4	44	44	4.2	337	0.4	7
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,149 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					CALCIUM BLOCKERS					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	All-Year Nursing Facility Residents
All	359	2.0	2,991	0.3	\$15	275	1.5	2,343	0.5	\$19	17,980	185,739
Female												
All Females	244	1.8	2,044	0.3	15	203	1.5	1,744	0.5	18	13,571	140,819
Female, Disabled												
All Ages	43	2.1	474	0.2	13	25	1.2	281	0.6	22	2,006	22,909
64 or younger	15	2.0	153	0.2	19	11	1.5	116	0.4	15	754	8,623
65-74	24	5.4	273	0.2	11	13	2.9	153	0.7	27	447	5,141
75-84	2	0.4	24	0.2	4	0	0.0	0	0.0	0	498	5,733
85 and older	2	0.7	24	0.2	2	1	0.3	12	0.5	16	307	3,412
Female, Other Eligibles												
All Ages	201	1.7	1,570	0.3	16	178	1.5	1,463	0.4	18	11,565	117,910
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	32	3.0	223	0.4	20	12	1.1	109	0.7	31	1,057	11,142
75-84	67	1.7	495	0.3	17	59	1.5	461	0.4	15	3,920	40,753
85 and older	102	1.5	852	0.3	15	107	1.6	893	0.4	17	6,588	66,015
Male												
All Males	115	2.6	947	0.3	13	72	1.6	599	0.5	19	4,409	44,920
Male, Disabled												
All Ages	25	2.0	221	0.3	6	13	1.0	126	0.5	27	1,273	14,243
64 or younger	18	2.3	143	0.4	9	8	1.0	66	0.5	31	789	8,772
65-74	7	2.6	78	0.2	3	4	1.5	48	0.5	22	272	3,137
75-84	0	0.0	0	0.0	0	1	0.6	12	0.4	29	168	1,866
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	44	468
Male, Other Eligibles												
All Ages	90	2.9	726	0.4	15	59	1.9	473	0.5	17	3,136	30,677
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	21	2.7	217	0.3	15	9	1.2	62	0.7	35	773	8,139
75-84	38	2.9	314	0.3	18	27	2.0	226	0.5	15	1,324	12,876
85 and older	31	3.0	195	0.4	11	23	2.2	185	0.4	13	1,039	9,662
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 11,843 beneficiaries who were in nursing facilities for part of their enrollment and their 118,148 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx		Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Total 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	6,878	2.8	0.1	20,254	\$1	\$270,985	\$13	0.7	244,359	
Age										
5 and younger	4	80.0	8.2	41	133	663	16	56.4	5	
6-14	16	69.6	8.4	194	70	1,614	8	1.6	23	
15-20	113	31.2	2.0	721	22	7,998	11	1.1	362	
21-44	1,577	3.6	0.1	4,296	2	74,317	17	0.6	43,307	
45-64	2,853	3.4	0.1	8,455	1	110,755	13	0.7	84,997	
65-74	1,241	2.2	0.1	4,009	1	46,565	12	1.0	56,152	
75-84	546	1.5	0.0	1,264	0	14,625	12	1.2	36,958	
85 and older	528	2.3	0.1	1,274	1	14,448	11	1.6	22,555	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	1,551	2.1	0.1	3,949	1	46,577	12	1.2	74,803	
Disabled	4,784	2.9	0.1	14,593	1	179,350	12	0.6	164,280	
Adults	492	9.7	0.3	1,495	8	42,764	29	1.1	5,069	
Children	15	39.5	2.5	96	21	786	8	0.7	38	
Unknown	36	21.3	0.7	121	9	1,508	12	0.6	169	
Gender										
Female	4,448	3.1	0.1	13,013	1	181,570	14	0.9	144,485	
Male	2,430	2.4	0.1	7,241	1	89,415	12	0.6	99,874	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	4,891	2.9	0.1	13,594	1	191,369	14	0.7	170,515	
African American	1,385	2.9	0.1	4,581	1	54,060	12	0.7	48,174	
Other/unknown	602	2.3	0.1	2,079	1	25,556	12	0.7	25,670	
Use of Nursing Facilities^d										
Entire year	665	3.7	0.1	1,788	1	23,295	13	1.3	17,980	
Part year	483	4.1	0.1	1,341	1	15,527	12	1.1	11,843	
None	5,730	2.7	0.1	17,125	1	232,163	14	0.7	214,536	
Maintenance Assistance Status										
Cash	4,446	2.6	0.1	13,737	1	183,802	13	0.7	172,351	
Medically needy	818	4.9	0.2	2,582	2	37,828	15	0.8	16,811	
Poverty related	430	2.1	0.0	768	0	9,529	12	0.9	20,888	
Other/unknown	1,184	3.5	0.1	3,167	1	39,826	13	1.0	34,309	

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 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 2006.
 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 1 on Table 1 for methodology used to determine use of nursing facilities.
 Beneficiary = 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, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$0	\$13	\$0	\$0	2,628,211
Age						
5 and younger	0.7	11	16	0	0	60
6-14	0.7	6	8	0	0	267
15-20	0.2	2	11	0	0	4,189
21-44	0.0	0	17	0	0	495,833
45-64	0.0	0	13	0	0	936,219
65-74	0.0	0	12	0	0	583,221
75-84	0.0	0	12	0	0	384,352
85 and older	0.0	0	11	0	0	224,070
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.0	0	12	0	0	719,098
Disabled	0.0	0	12	0	0	1,861,068
Adults	0.0	1	29	0	0	46,001
Children	0.3	2	8	0	0	379
Unknown	0.1	1	12	0	0	1,665
Gender						
Female	0.0	0	14	0	0	1,560,286
Male	0.0	0	12	0	0	1,067,925
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	14	0	0	1,802,452
African American	0.0	0	12	0	0	530,911
Other/unknown	0.0	0	12	0	0	294,848
Use of Nursing Facilities^d						
Entire year	0.0	0	13	0	0	185,739
Part year	0.0	0	12	0	0	118,148
None	0.0	0	14	0	0	2,324,324
Maintenance Assistance Status						
Cash	0.0	0	13	0	0	1,997,572
Medically needy	0.0	1	15	0	0	75,606
Poverty related	0.0	0	12	0	0	215,934
Other/unknown	0.0	0	13	0	0	339,099

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 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 2006.
 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 1 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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Total Number Rx.
All	7,670	\$35	\$270,985	100.0	20,254	\$13	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	6	34	202	0.1	7	29	0.0
Cough and cold medications	199	38	7,542	2.8	320	24	1.6
Vitamins and minerals	3,083	44	135,369	50.0	9,929	14	49.0
Non-prescription drugs	2,293	25	57,840	21.3	6,826	8	33.7
Barbiturates	23	30	682	0.3	46	15	0.2
Benzodiazepines	1,587	15	24,376	9.0	1,849	13	9.1
Other Part D Excl Rx Drugs	479	94	44,974	16.6	1,277	35	6.3

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 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 2006.
 A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.
 b. Includes OTC drugs as well as prescription drugs.
 c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 TENNESSEE, 2006

Total Number of Dual Eligible Beneficiaries: 244,359
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$36,505,241
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$149

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	219,463	89.8	\$0	0.0
1-500	10,926	4.5	1,939,549	5.3
501-1,000	4,009	1.6	2,914,602	8.0
1,001-1,500	2,546	1.0	3,156,151	8.6
1,501-2,000	1,936	0.8	3,377,198	9.3
2,001-2,500	1,329	0.5	2,976,813	8.2
2,501-3,000	973	0.4	2,661,458	7.3
3,001-3,500	702	0.3	2,270,759	6.2
3,501-4,000	506	0.2	1,892,317	5.2
4,001-4,500	391	0.2	1,654,395	4.5
4,501-5,000	252	0.1	1,195,971	3.3
5,001-5,500	194	0.1	1,019,147	2.8
5,501-6,000	174	0.1	998,056	2.7
6,001-6,500	127	0.1	791,264	2.2
6,501-7,000	111	0.0	749,824	2.1
7,001-7,500	83	0.0	601,680	1.6
7,501-8,000	76	0.0	587,061	1.6
8,001-8,500	54	0.0	444,801	1.2
8,501-9,000	54	0.0	471,910	1.3
9,001-9,500	53	0.0	490,286	1.3
9,501-10,000	35	0.0	341,317	0.9
10,001+	365	0.1	5,970,682	16.4

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. 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 2006.
 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, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 123,532
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$25,313,737
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$204

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	108,162	87.6	\$0	0.0	
1-500	6,293	5.1	1,136,112	4.5	
501-1,000	2,442	2.0	1,785,899	7.1	
1,001-1,500	1,629	1.3	2,018,947	8.0	
1,501-2,000	1,249	1.0	2,185,694	8.6	
2,001-2,500	868	0.7	1,943,085	7.7	
2,501-3,000	645	0.5	1,763,235	7.0	
3,001-3,500	461	0.4	1,490,422	5.9	
3,501-4,000	336	0.3	1,257,168	5.0	
4,001-4,500	266	0.2	1,123,756	4.4	
4,501-5,000	161	0.1	764,105	3.0	
5,001-5,500	134	0.1	703,726	2.8	
5,501-6,000	137	0.1	784,453	3.1	
6,001-6,500	93	0.1	578,475	2.3	
6,501-7,000	85	0.1	573,504	2.3	
7,001-7,500	63	0.1	455,824	1.8	
7,501-8,000	57	0.0	440,896	1.7	
8,001-8,500	39	0.0	321,531	1.3	
8,501-9,000	42	0.0	366,917	1.4	
9,001-9,500	47	0.0	434,860	1.7	
9,501-10,000	26	0.0	253,868	1.0	
10,001+	297	0.2	4,931,260	19.5	

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. 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 2006.
 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, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 115,655
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$6,985,739
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$60

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	108,153	93.5	0	0.0
1-500	4,051	3.5	685,178	9.8
501-1,000	1,260	1.1	905,880	13.0
1,001-1,500	689	0.6	853,646	12.2
1,501-2,000	496	0.4	861,456	12.3
2,001-2,500	316	0.3	709,914	10.2
2,501-3,000	211	0.2	576,287	8.2
3,001-3,500	149	0.1	483,660	6.9
3,501-4,000	91	0.1	340,165	4.9
4,001-4,500	72	0.1	305,900	4.4
4,501-5,000	48	0.0	227,388	3.3
5,001-5,500	26	0.0	136,974	2.0
5,501-6,000	14	0.0	81,900	1.2
6,001-6,500	22	0.0	137,655	2.0
6,501-7,000	14	0.0	94,352	1.4
7,001-7,500	8	0.0	58,275	0.8
7,501-8,000	6	0.0	46,351	0.7
8,001-8,500	7	0.0	57,742	0.8
8,501-9,000	4	0.0	35,312	0.5
9,001-9,500	1	0.0	9,276	0.1
9,501-10,000	6	0.0	58,268	0.8
10,001+	21	0.0	320,160	4.6

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. 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 2006.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 TENNESSEE, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 56,152
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$4,878,305
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$86

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	51,816	92.3	\$0	0.0
1-500	2,030	3.6	368,762	7.6
501-1,000	722	1.3	524,230	10.7
1,001-1,500	452	0.8	560,862	11.5
1,501-2,000	365	0.7	633,901	13.0
2,001-2,500	234	0.4	526,473	10.8
2,501-3,000	162	0.3	442,301	9.1
3,001-3,500	115	0.2	372,583	7.6
3,501-4,000	74	0.1	276,627	5.7
4,001-4,500	47	0.1	199,407	4.1
4,501-5,000	37	0.1	175,903	3.6
5,001-5,500	21	0.0	110,901	2.3
5,501-6,000	9	0.0	52,820	1.1
6,001-6,500	13	0.0	81,503	1.7
6,501-7,000	10	0.0	67,759	1.4
7,001-7,500	8	0.0	58,275	1.2
7,501-8,000	5	0.0	38,353	0.8
8,001-8,500	5	0.0	41,427	0.8
8,501-9,000	4	0.0	35,312	0.7
9,001-9,500	1	0.0	9,276	0.2
9,501-10,000	4	0.0	38,716	0.8
10,001+	18	0.0	262,914	5.4

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. 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 2006.
 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, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 36,958
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,209,054
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$32

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	35,263	95.4	\$0	0.0
1-500	1,065	2.9	170,908	14.1
501-1,000	288	0.8	205,928	17.0
1,001-1,500	119	0.3	145,719	12.1
1,501-2,000	77	0.2	133,310	11.0
2,001-2,500	52	0.1	117,009	9.7
2,501-3,000	22	0.1	61,587	5.1
3,001-3,500	21	0.1	68,880	5.7
3,501-4,000	11	0.0	41,237	3.4
4,001-4,500	14	0.0	60,284	5.0
4,501-5,000	4	0.0	18,557	1.5
5,001-5,500	3	0.0	15,684	1.3
5,501-6,000	3	0.0	17,568	1.5
6,001-6,500	5	0.0	31,249	2.6
6,501-7,000	3	0.0	20,023	1.7
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,998	0.7
8,001-8,500	2	0.0	16,315	1.3
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	2	0.0	19,552	1.6
10,001+	3	0.0	57,246	4.7

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. 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 2006.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 TENNESSEE, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+ 22,555
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$899,380
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$39

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,074	93.4	\$0	0.0
1-500	956	4.2	145,508	16.2
501-1,000	250	1.1	175,722	19.6
1,001-1,500	118	0.5	147,065	16.4
1,501-2,000	54	0.2	94,245	10.5
2,001-2,500	30	0.1	66,432	7.4
2,501-3,000	27	0.1	72,399	8.1
3,001-3,500	13	0.1	42,197	4.7
3,501-4,000	6	0.0	22,301	2.5
4,001-4,500	11	0.0	46,209	5.1
4,501-5,000	7	0.0	32,928	3.7
5,001-5,500	2	0.0	10,389	1.2
5,501-6,000	2	0.0	11,512	1.3
6,001-6,500	4	0.0	24,903	2.8
6,501-7,000	1	0.0	6,570	0.7
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	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. 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 2006.
 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 BENEFICIARIES, TENNESSEE, 2006

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	244,359	74,803	164,280	5,069	38	169	2,628,211	719,098	1,861,068	46,001	379	1,665
Age												
5 and younger	5	0	4	0	1	0	60	0	48	0	12	0
6-14	23	0	19	0	4	0	267	0	228	0	39	0
15-20	362	0	337	0	25	0	4,189	0	3,918	0	271	0
21-44	43,307	1	40,825	2,462	8	11	495,833	12	470,661	25,000	57	103
45-64	84,997	375	82,347	2,181	0	94	936,219	1,528	916,065	17,646	0	980
65-74	56,152	25,746	29,955	389	0	62	583,221	232,327	347,286	3,050	0	558
75-84	36,958	27,912	9,007	37	0	2	384,352	280,758	103,265	305	0	24
85 and older	22,555	20,769	1,786	0	0	0	224,070	204,473	19,597	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	144,485	53,166	88,215	2,918	18	168	1,560,286	528,037	1,002,891	27,524	181	1,653
Male	99,874	21,637	76,065	2,151	20	1	1,067,925	191,061	858,177	18,477	198	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	170,515	55,878	110,517	3,996	32	92	1,802,452	524,185	1,241,829	35,222	318	898
African American	48,174	13,212	33,937	996	5	24	530,911	131,378	389,219	10,044	55	215
Other/unknown	25,670	5,713	19,826	77	1	53	294,848	63,535	230,020	735	6	552
Use of Nursing Facilities^c												
Entire year	17,980	14,701	3,279	0	0	0	185,739	148,587	37,152	0	0	0
Part year	11,843	9,840	2,002	1	0	0	118,148	96,313	21,833	2	0	0
None	214,536	50,262	158,999	5,068	38	169	2,324,324	474,198	1,802,083	45,999	379	1,665
Maintenance Assistance Status												
Cash	172,351	24,202	146,399	1,744	6	0	1,997,572	274,371	1,704,104	19,025	72	0
Medically needy	16,811	9,634	5,704	1,455	18	0	75,606	38,319	26,987	10,145	155	0
Poverty related	20,888	14,994	5,646	74	5	169	215,934	152,874	60,697	647	51	1,665
Other/unknown	34,309	25,973	6,531	1,796	9	0	339,099	253,534	69,280	16,184	101	0
Dual 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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	244,359	74,803	164,280	5,069	38	169	2,628,211	719,098	1,861,068	46,001	379	1,665
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 1 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 2006. 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 BENEFICIARIES, TENNESSEE, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	244,359	2,628,211	244,359	2,628,211	0	0
Fee-for-service (FFS) all year	244,359	2,628,211	244,359	2,628,211	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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
 a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Benef(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.

All Medicaid Beneficiaries