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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
TENNESSEE

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TENNESSEE, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1467595 (A)	282898 (E)	1184697 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1394582 (B)	215829 (F)	1178753 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1366612 (C)	214188 (G)	1152424 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	19000 (D)	17329 (H)	1671 (L)

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Tennessee in 2007 was $664,804,937, of which $10,124,137 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
TENNESSEE, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,366,612**	**54,475**	**319,671**	**276,197**	**713,114**	**3,155**	**11,395,920**	**446,784**	**3,054,286**	**2,135,383**	**5,740,151**	**19,316**
Age												
5 and younger	265,595	0	7,667	4	257,924	0	2,073,636	0	81,153	10	1,992,473	0
6-14	306,271	0	19,939	9	286,323	0	2,603,858	0	225,017	19	2,378,822	0
15-20	183,723	1	17,880	673	165,139	30	1,551,188	3	200,681	2,006	1,348,377	121
21-44	347,191	12	94,818	247,466	3,728	1,167	2,850,898	94	913,258	1,911,589	20,479	5,478
45-64	165,655	96	135,996	27,710	0	1,853	1,468,340	817	1,235,501	219,085	0	12,937
65-74	46,635	14,266	31,962	303	0	104	418,897	120,831	294,846	2,443	0	777
75-84	30,909	21,276	9,603	29	0	1	265,263	177,092	87,948	220	0	3
85 and older	20,633	18,824	1,806	3	0	0	163,840	147,947	15,882	11	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	793,458	40,170	162,942	226,530	360,666	3,150	6,550,870	332,649	1,539,711	1,754,140	2,905,085	19,285
Male	573,153	14,305	156,729	49,667	352,447	5	4,845,049	114,135	1,514,575	381,243	2,835,065	31
Unknown	1	0	0	0	1	0	1	0	0	0	1	0
Race												
White	814,471	37,966	185,441	177,220	411,814	2,030	6,536,509	303,925	1,705,645	1,307,630	3,208,014	11,295
African American	422,830	10,321	78,387	91,748	241,947	427	3,819,047	90,838	797,029	784,387	2,144,054	2,739
Other/unknown	129,311	6,188	55,843	7,229	59,353	698	1,040,364	52,021	551,612	43,366	388,083	5,282
Use of Nursing Facilities[c]												
Entire year	19,000	14,465	4,532	3	0	0	151,645	113,319	38,320	6	0	0
Part year	12,160	9,267	2,872	18	2	1	96,588	72,984	23,472	123	6	3
None	1,335,452	30,743	312,267	276,176	713,112	3,154	11,147,687	260,481	2,992,494	2,135,254	5,740,145	19,313
Maintenance Assistance Status												
Cash	738,785	23,416	308,928	132,867	273,574	0	6,520,435	204,533	2,965,500	1,030,085	2,320,317	0
Medically needy	86,830	2,395	2,144	46,683	35,608	0	724,940	19,773	17,217	421,471	266,479	0
Poverty-related	274,390	2,486	527	26,895	241,327	3,155	1,977,242	13,106	4,232	150,951	1,789,637	19,316
Other/unknown	266,607	26,178	8,072	69,752	162,605	0	2,173,303	209,372	67,337	532,876	1,363,718	0
Dual Medicare Status[d]												
Full dual, all year	208,999	48,389	156,131	4,182	42	255	1,872,781	403,074	1,432,311	35,066	373	1,957
Full dual, part year	5,189	4,232	868	89	0	0	37,948	29,760	7,349	839	0	0
Non-dual, all year	1,152,424	1,854	162,672	271,926	713,072	2,900	9,485,191	13,950	1,614,626	2,099,478	5,739,778	17,359
Managed Care (MC) Status												
Fee-for-service (FFS) all year	975,202	38,791	245,888	191,700	496,603	2,220	10,133,142	396,573	2,819,738	1,861,118	5,039,389	16,324
FFS part year, with Rx claims	233,871	788	26,348	61,079	145,047	609	713,564	2,294	84,714	182,383	442,436	1,737
FFS part year, no Rx claims	131,995	14,594	45,921	14,727	56,652	101	401,397	46,422	141,907	43,754	169,029	285

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
TENNESSEE, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**60.1**	**7.7**	**$479**	**$62**	**$4,089**	**11.7**	**1,366,612**
Age							
5 and younger	69.8	4.3	270	62	2,170	12.4	265,595
6-14	63.2	5.0	404	82	1,726	23.4	306,271
15-20	67.7	6.5	419	64	2,759	15.2	183,723
21-44	67.7	10.5	579	55	4,665	12.4	347,191
45-64	47.0	17.3	1,046	61	8,075	12.9	165,655
65-74	8.3	2.8	142	52	5,880	2.4	46,635
75-84	3.3	0.8	33	44	11,375	0.3	30,909
85 and older	3.9	0.7	26	38	19,047	0.1	20,633
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	5.4	1.2	54	45	15,023	0.4	54,475
Disabled	41.5	12.6	1,006	80	8,370	12.0	319,671
Adults	75.9	11.1	480	43	3,205	15.0	276,197
Children	66.4	4.7	272	58	1,654	16.4	713,114
Unknown	81.6	18.2	1,194	66	9,170	13.0	3,155
Gender							
Female	63.3	8.7	467	54	4,263	10.9	793,458
Male	55.8	6.3	496	78	3,847	12.9	573,153
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	63.2	8.8	524	59	4,463	11.8	814,471
African American	55.8	5.5	319	58	3,213	9.9	422,830
Other/unknown	54.6	7.8	717	91	4,597	15.6	129,311
Use of Nursing Facilities[f]							
Entire year	12.5	8.8	507	58	36,993	1.4	19,000
Part year	13.7	6.6	350	53	24,501	1.4	12,160
None	61.2	7.7	480	62	3,435	14.0	1,335,452
Maintenance Assistance Status							
Cash	57.2	9.3	623	67	4,533	13.7	738,785
Medically needy	62.7	8.6	425	50	2,607	16.3	86,830
Poverty related	66.6	4.6	241	52	1,893	12.7	274,390
Other/unknown	60.7	6.3	343	55	5,602	6.1	266,607

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.
a. Table 3 includes beneficiaries represented by Cell C of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
TENNESSEE, 2007

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**0.9**	**$57**	**11.7**	**39.9**	**38.9**	**7.5**	**8.6**	**3.1**	**2.1**	**$490**	**1,366,612**	**11,395,920**
Age												
5 and younger	0.6	35	12.4	30.2	56.2	6.9	5.2	1.3	0.2	278	265,595	2,073,636
6-14	0.6	48	23.4	36.8	49.1	6.5	5.4	1.6	0.6	203	306,271	2,603,858
15-20	0.8	50	15.2	32.3	48.7	8.3	7.4	2.5	0.8	327	183,723	1,551,188
21-44	1.3	71	12.4	32.3	35.6	11.0	13.1	4.6	3.4	568	347,191	2,850,898
45-64	1.9	118	12.9	53.0	10.5	5.9	15.9	7.3	7.4	911	165,655	1,468,340
65-74	0.3	16	2.4	91.7	2.4	1.1	2.4	1.2	1.2	655	46,635	418,897
75-84	0.1	4	0.3	96.7	1.1	0.5	0.8	0.5	0.4	1,325	30,909	265,263
85 and older	0.1	3	0.1	96.1	1.5	0.6	0.9	0.5	0.3	2,399	20,633	163,840
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	7	0.4	94.6	2.0	0.7	1.4	0.7	0.6	1,832	54,475	446,784
Disabled	1.3	105	12.0	58.5	15.4	5.6	11.4	4.7	4.4	876	319,671	3,054,286
Adults	1.4	62	15.0	24.1	40.1	12.4	14.5	5.2	3.7	415	276,197	2,135,383
Children	0.6	34	16.4	33.6	51.9	6.9	5.5	1.6	0.5	206	713,114	5,740,151
Unknown	3.0	195	13.0	18.4	25.1	14.2	26.0	8.9	7.3	1,498	3,155	19,316
Gender												
Female	1.1	57	10.9	36.7	39.0	8.3	9.8	3.6	2.5	516	793,458	6,550,870
Male	0.8	59	12.9	44.2	38.8	6.3	6.8	2.3	1.5	455	573,153	4,845,049
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Race												
White	1.1	65	11.8	36.8	38.1	8.5	10.2	3.7	2.7	556	814,471	6,536,509
African American	0.6	35	9.9	44.2	41.8	5.7	5.5	1.8	0.9	356	422,830	3,819,047
Other/unknown	1.0	89	15.6	45.4	34.8	6.5	8.4	3.0	2.0	571	129,311	1,040,364
Use of Nursing Facilities[f]												
Entire year	1.1	64	1.4	87.5	1.6	0.8	2.3	3.4	4.5	4,635	19,000	151,645
Part year	0.8	44	1.4	86.3	2.4	1.5	3.4	3.1	3.4	3,085	12,160	96,588
None	0.9	58	14.0	38.8	39.8	7.6	8.7	3.1	2.0	412	1,335,452	11,147,687
Maintenance Assistance Status												
Cash	1.1	71	13.7	42.8	33.7	7.3	9.8	3.6	2.8	514	738,785	6,520,435
Medically needy	1.0	51	16.3	37.3	37.7	8.6	10.0	3.8	2.6	312	86,830	724,940
Poverty related	0.6	33	12.7	33.4	50.8	7.6	5.9	1.7	0.5	263	274,390	1,977,242
Other/unknown	0.8	42	6.1	39.3	41.5	7.5	7.6	2.7	1.4	687	266,607	2,173,303

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.
a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-

term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
TENNESSEE, 2007

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.9**	**$57**	**$62**	**0.2**	**$41**	**$171**	**0.0**	**$3**	**$101**	**0.7**	**$13**	**$20**
Age												
5 and younger	0.6	35	62	0.2	25	151	0.0	2	59	0.4	7	21
6-14	0.6	48	82	0.3	38	148	0.0	3	93	0.3	7	24
15-20	0.8	50	64	0.2	37	172	0.0	3	114	0.5	10	18
21-44	1.3	71	55	0.3	48	190	0.0	3	118	1.0	19	19
45-64	1.9	118	61	0.4	82	187	0.0	6	123	1.5	30	21
65-74	0.3	16	52	0.1	11	151	0.0	1	101	0.2	4	18
75-84	0.1	4	44	0.0	3	128	0.0	0	73	0.1	1	16
85 and older	0.1	3	38	0.0	2	113	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	7	45	0.0	5	128	0.0	0	85	0.1	2	16
Disabled	1.3	105	80	0.3	80	232	0.0	5	133	0.9	20	22
Adults	1.4	62	43	0.3	39	147	0.0	3	97	1.1	20	18
Children	0.6	34	58	0.2	24	127	0.0	2	77	0.4	7	20
Unknown	3.0	195	66	0.7	149	202	0.1	6	96	2.2	41	19
Gender												
Female	1.1	57	54	0.2	39	157	0.0	3	98	0.8	15	19
Male	0.8	59	78	0.2	45	192	0.0	3	104	0.5	11	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	65	59	0.3	46	162	0.0	4	104	0.8	16	20
African American	0.6	35	58	0.2	26	168	0.0	2	88	0.4	8	18
Other/unknown	1.0	89	91	0.3	71	236	0.0	4	106	0.6	14	22
Use of Nursing Facilities[e]												
Entire year	1.1	64	58	0.3	46	166	0.0	2	79	0.8	15	19
Part year	0.8	44	53	0.2	29	168	0.0	2	85	0.6	13	20
None	0.9	58	62	0.2	41	172	0.0	3	101	0.7	13	20
Maintenance Assistance Status												
Cash	1.1	71	67	0.3	52	191	0.0	3	112	0.8	16	21
Medically needy	1.0	51	50	0.2	35	149	0.0	3	97	0.8	14	18
Poverty related	0.6	33	52	0.2	23	128	0.0	2	71	0.4	8	19
Other/unknown	0.8	42	55	0.2	30	138	0.0	2	87	0.5	10	19

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx
d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
TENNESSEE, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	$14	$7	$1	$7	$47	$298	$97	$25	1,580,404	$74,442,749	593,291	43.4	5,138,184
Biologicals	0.3	0.3	0.0	0.0	445	445	0	0	1297	1,297	0	0	17,210	22,327,908	5,947	0.4	50,187
Antineoplastic Agents	0.6	0.2	0.0	0.4	193	173	2	18	323	772	102	50	27,070	8,755,735	5,217	0.4	45,323
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	21	1	6	56	132	36	19	1,061,346	59,753,964	250,257	18.3	2,169,604
Cardiovascular Agents	1.2	0.1	0.0	1.0	29	12	4	13	25	97	82	13	1,326,277	33,316,118	128,973	9.4	1,142,888
Respiratory Agents	0.4	0.3	0.0	0.1	27	23	1	3	65	90	62	18	1,266,843	81,791,870	339,074	24.8	2,992,870
Gastrointestinal Agents	0.4	0.1	0.0	0.3	22	14	2	6	53	166	113	19	528,106	28,232,433	145,963	10.7	1,285,304
Genitourinary Agents	0.2	0.1	0.0	0.2	10	6	0	4	46	100	71	26	117,734	5,360,306	60,373	4.4	522,796
CNS Drugs	0.7	0.2	0.0	0.5	73	61	1	10	101	259	102	22	1,097,369	110,533,433	173,869	12.7	1,522,782
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	88	82	1	5	109	127	47	36	309,174	33,821,652	41,634	3.0	384,344
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	271	271	0	1	473	480	0	59	13,713	6,491,631	2,786	0.2	23,926
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	15	6	1	8	31	269	329	18	1,575,294	49,138,691	379,552	27.8	3,288,267
Neuromuscular Agents	0.6	0.2	0.0	0.3	56	39	7	9	97	194	191	28	661,780	63,980,393	129,805	9.5	1,147,958
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	3	14	28	14	12	179,081	2,514,303	63,376	4.6	549,902
Hematological Agents	0.5	0.3	0.0	0.3	144	138	0	6	280	550	35	23	122,046	34,166,519	27,307	2.0	236,621
Topical Products	0.2	0.1	0.0	0.2	11	7	1	4	48	113	80	21	618,630	29,615,584	298,872	21.9	2,603,478
Miscellaneous Products	0.2	0.2	0.0	0.0	53	48	2	3	252	286	281	84	37,557	9,449,026	20,799	1.5	179,484
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	19	0	0	0	100	0	0	0	9,848	988,485	5,578	0.4	52,539
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10,549,482	654,680,800	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.
a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
TENNESSEE, 2007

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$63,614,228	46,090	3.4	464,121	0.5	$275	$137
ANTIASTHMATIC	47,654,332	220,073	16.1	2,257,903	0.3	81	21
ANTICONVULSANT	46,757,486	60,441	4.4	605,460	0.5	143	77
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	27,237,072	43,363	3.2	438,118	0.6	109	62
ANALGESICS - Narcotic	25,541,182	341,651	25.0	3,468,854	0.2	30	7
ANTIVIRAL	22,201,057	25,144	1.8	244,617	0.2	374	91
ANTIDIABETIC	21,907,674	51,988	3.8	509,407	0.6	77	43
MISC. HEMATOLOGICAL	21,826,397	7,548	0.6	73,465	0.5	552	297
PASSIVE IMMUNIZING AGENTS	19,341,452	3,695	0.3	32,767	0.4	1,448	590
ULCER DRUGS	16,892,738	106,997	7.8	1,082,116	0.3	54	16
Total	312,973,618	906,990	n.a.	9,176,828	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.