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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>214,188</b>	<b>52,621</b>	<b>156,999</b>	<b>4,271</b>	<b>42</b>	<b>255</b>	<b>1,910,729</b>	<b>432,834</b>	<b>1,439,660</b>	<b>35,905</b>	<b>373</b>	<b>1,957</b>
<b>Age</b>												
5 and younger	7	0	6	0	1	0	71	0	68	0	3	0
6-14	19	0	14	0	5	0	197	0	162	0	35	0
15-20	360	0	332	0	28	0	3,931	0	3,663	0	268	0
21-44	40,961	1	38,535	2,407	8	10	379,435	3	358,980	20,305	67	80
45-64	78,303	59	76,534	1,563	0	147	709,098	504	694,335	13,119	0	1,140
65-74	44,521	13,628	30,524	272	0	97	400,921	116,236	281,685	2,266	0	734
75-84	29,928	20,587	9,314	26	0	1	257,489	171,830	85,452	204	0	3
85 and older	20,089	18,346	1,740	3	0	0	159,587	144,261	15,315	11	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	126,447	39,040	84,503	2,630	20	254	1,122,167	324,159	773,884	22,003	176	1,945
Male	87,741	13,581	72,496	1,641	22	1	788,562	108,675	665,776	13,902	197	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	144,218	37,280	103,516	3,252	32	138	1,258,942	298,885	931,786	26,927	281	1,063
African American	44,369	9,942	33,445	946	8	28	423,863	87,885	327,180	8,483	68	247
Other/unknown	25,601	5,399	20,038	73	2	89	227,924	46,064	180,694	495	24	647
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	17,329	14,228	3,100	1	0	0	138,419	111,601	26,815	3	0	0
Part year	11,073	9,165	1,908	0	0	0	88,375	72,210	16,165	0	0	0
None	185,786	29,228	151,991	4,270	42	255	1,683,935	249,023	1,396,680	35,902	373	1,957
<b>Maintenance Assistance Status</b>												
Cash	173,713	22,682	148,930	2,093	8	0	1,586,057	198,796	1,369,895	17,298	68	0
Medically needy	3,740	1,680	1,190	856	14	0	32,709	14,308	10,456	7,818	127	0
Poverty-related	3,322	2,469	524	69	5	255	19,789	13,036	4,219	542	35	1,957
Other/unknown	33,413	25,790	6,355	1,253	15	0	272,174	206,694	55,090	10,247	143	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	153,654	37,666	112,897	2,877	34	180	1,721,482	384,910	1,302,969	31,525	346	1,732
FFS part year, with Rx claims	4,467	420	3,344	644	7	52	13,740	1,178	10,429	1,955	24	154
FFS part year, no Rx claims	55,485	14,262	40,492	708	1	22	172,532	45,402	124,840	2,219	3	68

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>8.0</b>	<b>1.9</b>	<b>\$133</b>	<b>\$70</b>	<b>\$8,341</b>	<b>1.6</b>	<b>214,188</b>
<b>Age</b>							
5 and younger	42.9	13.7	3,561	260	23,503	15.1	7
6-14	57.9	21.4	3,486	163	26,554	13.1	19
15-20	68.1	12.9	1,470	114	9,894	14.9	360
21-44	13.3	2.9	269	94	7,141	3.8	40,961
45-64	9.6	2.5	160	65	6,519	2.4	78,303
65-74	5.8	1.6	81	50	5,638	1.4	44,521
75-84	2.3	0.3	14	40	11,438	0.1	29,928
85 and older	3.3	0.5	16	34	19,220	0.1	20,089
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	4.0	0.7	30	43	15,225	0.2	52,621
Disabled	8.3	1.9	140	72	6,133	2.3	156,999
Adults	42.4	13.5	993	73	4,613	21.5	4,271
Children	69.0	18.9	1,864	99	11,414	16.3	42
Unknown	72.2	21.8	1,996	92	9,223	21.6	255
<b>Gender</b>							
Female	7.9	1.9	125	65	8,821	1.4	126,447
Male	8.2	1.8	144	78	7,650	1.9	87,741
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	8.2	2.0	138	70	9,507	1.4	144,218
African American	8.0	1.8	130	73	7,751	1.7	44,369
Other/unknown	7.1	1.7	112	67	2,799	4.0	25,601
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	5.1	1.3	63	47	35,688	0.2	17,329
Part year	6.2	1.3	54	41	22,762	0.2	11,073
None	8.4	2.0	144	73	4,931	2.9	185,786
<b>Maintenance Assistance Status</b>							
Cash	7.8	1.8	132	73	4,495	2.9	173,713
Medically needy	34.0	10.8	717	67	5,919	12.1	3,740
Poverty related	11.1	2.6	208	79	8,649	2.4	3,322
Other/unknown	6.2	1.3	67	51	28,577	0.2	33,413

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.2</b>	<b>\$15</b>	<b>1.6</b>	<b>92.0</b>	<b>3.2</b>	<b>1.2</b>	<b>2.0</b>	<b>0.8</b>	<b>0.8</b>	<b>\$935</b>	<b>214,188</b>	<b>1,910,729</b>
<b>Age</b>												
5 and younger	1.4	351	15.1	57.1	14.3	14.3	0.0	14.3	0.0	2,317	7	71
6-14	2.1	336	13.1	42.1	31.6	0.0	10.5	10.5	5.3	2,561	19	197
15-20	1.2	135	14.9	31.9	37.2	13.9	10.8	3.6	2.5	906	360	3,931
21-44	0.3	29	3.8	86.7	6.1	2.0	3.1	1.1	1.1	771	40,961	379,435
45-64	0.3	18	2.4	90.4	3.6	1.5	2.5	1.0	1.0	720	78,303	709,098
65-74	0.2	9	1.4	94.2	2.0	0.9	1.6	0.7	0.6	626	44,521	400,921
75-84	0.0	2	0.1	97.7	0.9	0.4	0.5	0.3	0.2	1,329	29,928	257,489
85 and older	0.1	2	0.1	96.7	1.4	0.5	0.8	0.4	0.2	2,420	20,089	159,587
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.1	4	0.2	96.0	1.7	0.6	0.9	0.5	0.3	1,851	52,621	432,834
Disabled	0.2	15	2.3	91.7	3.5	1.3	2.0	0.8	0.7	669	156,999	1,439,660
Adults	1.6	118	21.5	57.6	9.9	5.2	13.8	5.3	8.2	549	4,271	35,905
Children	2.1	210	16.3	31.0	21.4	16.7	19.0	7.1	4.8	1,285	42	373
Unknown	2.8	260	21.6	27.8	17.3	9.0	25.5	10.2	10.2	1,202	255	1,957
<b>Gender</b>												
Female	0.2	14	1.4	92.1	3.0	1.2	2.1	0.8	0.8	994	126,447	1,122,167
Male	0.2	16	1.9	91.8	3.5	1.2	1.9	0.8	0.7	851	87,741	788,562
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.2	16	1.4	91.8	3.2	1.2	2.1	0.9	0.8	1,089	144,218	1,258,942
African American	0.2	14	1.7	92.0	3.6	1.2	1.9	0.7	0.6	811	44,369	423,863
Other/unknown	0.2	13	4.0	92.9	2.9	1.2	1.8	0.7	0.6	314	25,601	227,924
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.2	8	0.2	94.9	1.5	0.6	1.3	1.0	0.6	4,468	17,329	138,419
Part year	0.2	7	0.2	93.8	2.4	1.1	1.5	0.7	0.6	2,852	11,073	88,375
None	0.2	16	2.9	91.6	3.4	1.3	2.1	0.8	0.8	544	185,786	1,683,935
<b>Maintenance Assistance Status</b>												
Cash	0.2	14	2.9	92.2	3.2	1.2	1.9	0.7	0.7	492	173,713	1,586,057
Medically needy	1.2	82	12.1	66.0	10.1	4.1	10.2	4.5	5.1	677	3,740	32,709
Poverty related	0.4	35	2.4	88.9	3.8	1.7	3.4	1.3	1.0	1,452	3,322	19,789
Other/unknown	0.2	8	0.2	93.8	2.3	0.9	1.6	0.9	0.6	3,508	33,413	272,174

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007**

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
<b>All</b>	<b>0.2</b>	<b>\$15</b>	<b>\$70</b>	<b>0.1</b>	<b>\$11</b>	<b>\$210</b>	<b>0.0</b>	<b>\$1</b>	<b>\$122</b>	<b>0.2</b>	<b>\$3</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	1.4	351	260	0.5	296	636	0.0	0	0	0.9	56	63
6-14	2.1	336	163	0.8	296	371	0.1	19	138	1.1	22	19
15-20	1.2	135	114	0.4	113	277	0.1	7	128	0.7	15	21
21-44	0.3	29	94	0.1	22	280	0.0	1	159	0.2	6	26
45-64	0.3	18	65	0.1	12	195	0.0	1	116	0.2	4	21
65-74	0.2	9	50	0.0	6	143	0.0	1	105	0.1	2	18
75-84	0.0	2	40	0.0	1	116	0.0	0	67	0.0	0	15
85 and older	0.1	2	34	0.0	1	105	0.0	0	60	0.0	1	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.1	4	43	0.0	3	123	0.0	0	78	0.1	1	16
Disabled	0.2	15	72	0.1	11	218	0.0	1	126	0.2	3	22
Adults	1.6	118	73	0.4	83	219	0.0	5	128	1.2	30	25
Children	2.1	210	99	0.8	172	226	0.1	13	149	1.3	25	20
Unknown	2.8	260	92	0.8	201	250	0.1	15	159	1.9	45	23
<b>Gender</b>												
Female	0.2	14	65	0.1	10	192	0.0	1	124	0.2	3	21
Male	0.2	16	78	0.1	12	236	0.0	1	119	0.1	3	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.2	16	70	0.1	11	202	0.0	1	125	0.2	4	23
African American	0.2	14	73	0.0	10	250	0.0	1	103	0.1	3	19
Other/unknown	0.2	13	67	0.0	9	196	0.0	1	141	0.1	3	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.2	8	47	0.0	6	136	0.0	0	75	0.1	2	16
Part year	0.2	7	41	0.0	4	117	0.0	0	70	0.1	2	17
None	0.2	16	73	0.1	12	218	0.0	1	127	0.2	4	22
<b>Maintenance Assistance Status</b>												
Cash	0.2	14	73	0.0	10	220	0.0	1	127	0.1	3	23
Medically needy	1.2	82	67	0.3	58	196	0.0	5	112	0.9	19	21
Poverty related	0.4	35	79	0.1	26	224	0.0	2	135	0.3	7	22
Other/unknown	0.2	8	51	0.0	6	145	0.0	0	93	0.1	2	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 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented		Off-Brand-Name Generic	Total	Patented		Off-Brand-Name Generic	Total	Patented		Off-Brand-Name Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	
		Brand-Name	Off-Brand-Name			Brand-Name	Off-Brand-Name			Brand-Name	Off-Brand-Name					Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.3	\$34	\$26	\$0	\$8	\$109	\$524	\$126	\$29	23,533	\$2,554,180	8,389	3.9	74,237
Biologicals	0.2	0.2	0.0	0.0	16	16	0	0	94	94	0	0	70	6,576	61	0.0	420
Antineoplastic Agents	0.5	0.2	0.0	0.3	203	185	2	16	396	805	1,655	57	2,382	943,693	559	0.3	4,638
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	39	33	0	5	59	142	33	13	41,897	2,478,633	7,265	3.4	63,337
Cardiovascular Agents	1.1	0.1	0.1	1.0	30	12	5	13	26	93	84	14	104,121	2,715,138	10,405	4.9	90,613
Respiratory Agents	0.5	0.2	0.0	0.2	32	25	2	5	66	104	154	21	24,892	1,637,926	5,928	2.8	51,952
Gastrointestinal Agents	0.5	0.1	0.0	0.3	27	19	2	5	59	169	168	16	23,694	1,390,920	5,874	2.7	51,669
Genitourinary Agents	0.3	0.2	0.0	0.2	20	15	1	4	62	97	84	24	4,354	270,256	1,618	0.8	13,718
CNS Drugs	0.7	0.2	0.0	0.5	80	67	2	11	109	270	114	24	54,136	5,898,006	8,482	4.0	73,673
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	83	72	0	12	151	224	53	50	1,679	253,923	324	0.2	3,042
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	182	182	0	0	385	387	0	55	2,389	920,341	672	0.3	5,051
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	34	13	2	18	54	377	402	31	59,822	3,222,548	10,789	5.0	95,168
Neuromuscular Agents	0.6	0.2	0.0	0.4	56	39	5	12	94	192	192	33	33,912	3,177,972	6,495	3.0	56,714
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	6	16	33	52	15	7,622	119,988	2,295	1.1	19,878
Hematological Agents	0.5	0.2	0.0	0.3	61	53	0	7	117	223	33	27	11,728	1,374,766	2,656	1.2	22,700
Topical Products	0.3	0.1	0.0	0.2	18	13	1	4	68	148	78	25	8,365	566,345	3,624	1.7	31,606
Miscellaneous Products	0.6	0.4	0.0	0.2	326	302	6	17	508	698	202	98	1,712	869,459	320	0.1	2,671
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	34	0	0	0	152	0	0	0	490	74,238	232	0.1	2,175
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>406,798</b>	<b>28,474,908</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 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.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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

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	\$3,260,322	2,852	1.3	27,136	0.4	\$291	\$120
ANTICONVULSANT	2,203,042	3,974	1.9	37,517	0.4	133	59
ANALGESICS - Narcotic	1,801,299	11,169	5.2	109,320	0.3	50	16
ANTIDIABETIC	1,576,515	5,103	2.4	48,633	0.4	74	32
ANTIVIRAL	1,425,713	616	0.3	5,915	0.4	607	241
ANTIASTHMATIC	1,052,772	4,941	2.3	48,076	0.3	72	22
ANTIDEPRESSANTS	1,013,616	7,438	3.5	70,229	0.4	40	14
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	778,276	606	0.3	5,046	0.4	399	154
ANTINEOPLASTICS	762,213	526	0.2	4,662	0.4	418	163
ANTIHYPERTENSIVE	751,453	4,506	2.1	43,765	0.4	46	17
Total	14,625,221	41,731	n.a.	400,299	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 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 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; 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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
<b>All</b>	<b>147,968</b>	<b>\$14,625,221</b>	<b>2,852</b>	<b>1.3</b>	<b>27,136</b>	<b>0.4</b>	<b>\$120</b>	<b>3,974</b>	<b>1.9</b>	<b>37,517</b>	<b>0.4</b>	<b>\$59</b>
<b>Female</b>												
All Females	87,438	7,930,163	1,630	1.3	15,280	0.4	102	2,308	1.8	21,746	0.4	54
<b>Female, Disabled</b>												
All Ages	65,459	5,950,117	1,247	1.5	12,070	0.4	106	1,749	2.1	16,949	0.4	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	1,038	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	491	56,495	18	13.3	216	0.3	109	24	17.8	261	0.3	53
21-44	18,075	2,188,528	604	3.5	5,890	0.3	101	698	4.0	6,997	0.4	68
45-64	34,785	2,892,550	499	1.3	4,720	0.4	114	843	2.1	7,893	0.4	45
65-74	12,053	808,920	126	0.7	1,244	0.5	103	182	1.0	1,791	0.4	34
75-84	41	2,586	0	0.0	0	0.0	0	2	0.0	7	0.4	148
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	21,979	1,980,046	383	0.9	3,210	0.4	87	559	1.3	4,797	0.5	56
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	123	17,516	0	0.0	0	0.0	0	6	37.5	72	0.7	193
21-44	7,693	809,670	168	10.3	1,611	0.3	103	235	14.4	2,138	0.5	65
45-64	6,221	674,762	50	4.9	413	0.4	106	134	13.0	1,198	0.5	63
65-74	4,218	287,117	44	0.5	426	0.5	77	76	0.9	674	0.5	42
75-84	1,824	102,726	69	0.5	437	0.4	50	54	0.4	369	0.4	21
85 and older	1,900	88,255	52	0.3	323	0.5	41	54	0.3	346	0.4	18
<b>Male</b>												
All Males	60,530	6,695,058	1,222	1.4	11,856	0.4	143	1,666	1.9	15,771	0.5	65
<b>Male, Disabled</b>												
All Ages	48,968	5,685,172	1,035	1.4	10,324	0.4	146	1,371	1.9	13,244	0.5	65
5 and younger	12	2,305	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	7,364	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,006	187,944	51	25.9	523	0.6	221	43	21.8	456	0.6	122
21-44	17,505	2,743,274	643	3.0	6,570	0.4	149	676	3.2	6,670	0.5	79
45-64	24,338	2,313,789	290	0.8	2,751	0.4	122	562	1.5	5,215	0.4	46
65-74	6,091	430,315	51	0.4	480	0.6	159	89	0.8	897	0.5	39
75-84	7	181	0	0.0	0	0.0	0	1	0.0	6	0.3	10
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	11,562	1,009,886	187	1.2	1,532	0.5	127	295	1.9	2,527	0.5	68
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	11	4,210	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	71	2,184	1	8.3	12	0.2	17	3	25.0	36	0.6	44
21-44	3,322	413,939	68	8.6	620	0.4	168	98	12.3	828	0.6	123
45-64	4,017	343,999	27	3.6	238	0.5	195	86	11.6	761	0.4	49
65-74	2,510	151,577	42	0.8	335	0.5	73	59	1.1	527	0.4	36
75-84	1,064	63,082	34	0.6	230	0.5	67	37	0.7	291	0.4	31
85 and older	567	30,895	15	0.5	97	0.4	38	12	0.4	84	0.4	26
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 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 2007. 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 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIVIRAL				
	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
<b>All</b>	<b>11,169</b>	<b>5.2</b>	<b>109,320</b>	<b>0.3</b>	<b>\$17</b>	<b>5,103</b>	<b>2.4</b>	<b>48,633</b>	<b>0.4</b>	<b>\$32</b>	<b>616</b>	<b>0.3</b>	<b>5,915</b>	<b>0.4</b>	<b>\$241</b>
<b>Female</b>															
All Females	6,768	5.4	66,430	0.3	16	3,027	2.4	28,884	0.4	31	296	0.2	2,820	0.3	178
<b>Female, Disabled</b>															
All Ages	5,109	6.0	51,457	0.3	15	2,337	2.8	23,210	0.4	32	231	0.3	2,223	0.4	191
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	12.5	12	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	63	46.7	734	0.2	2	5	3.7	60	0.5	59	4	3.0	48	0.2	20
21-44	1,776	10.2	18,217	0.3	17	360	2.1	3,666	0.4	26	98	0.6	993	0.4	215
45-64	2,589	6.6	25,559	0.3	13	1,361	3.4	13,131	0.4	32	115	0.3	1,050	0.4	194
65-74	675	3.6	6,884	0.3	13	611	3.2	6,353	0.5	34	14	0.1	132	0.2	56
75-84	5	0.1	51	0.1	2	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
<b>Female, Other Eligibles</b>															
All Ages	1,659	4.0	14,973	0.4	19	690	1.6	5,674	0.5	30	65	0.2	597	0.2	126
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	8	50.0	80	0.3	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	715	43.8	6,959	0.4	21	129	7.9	1,215	0.5	34	35	2.1	297	0.3	201
45-64	462	45.0	4,144	0.4	26	165	16.1	1,448	0.5	44	15	1.5	157	0.2	85
65-74	227	2.6	2,087	0.3	9	199	2.3	1,748	0.5	29	12	0.1	108	0.2	20
75-84	119	0.8	851	0.4	5	109	0.7	687	0.4	15	1	0.0	12	0.1	6
85 and older	128	0.8	852	0.5	4	88	0.6	576	0.4	12	2	0.0	23	0.1	2
<b>Male</b>															
All Males	4,401	5.0	42,890	0.3	18	2,076	2.4	19,749	0.4	34	320	0.4	3,095	0.4	299
<b>Male, Disabled</b>															
All Ages	3,637	5.0	36,059	0.3	17	1,638	2.3	15,954	0.4	35	294	0.4	2,860	0.5	307
5 and younger	1	20.0	12	0.1	1	0	0.0	0	0.0	0	1	20.0	12	0.4	150
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.6	603
15-20	71	36.0	817	0.2	1	5	2.5	60	0.5	111	3	1.5	36	0.1	3
21-44	1,381	6.5	14,172	0.3	18	335	1.6	3,421	0.4	40	133	0.6	1,266	0.5	335
45-64	1,848	5.0	17,770	0.3	16	1,026	2.8	9,888	0.4	35	147	0.4	1,444	0.5	299
65-74	334	2.9	3,264	0.4	19	272	2.4	2,585	0.5	29	9	0.1	90	0.2	162
75-84	2	0.1	24	0.1	1	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
<b>Male, Other Eligibles</b>															
All Ages	764	5.0	6,831	0.5	25	438	2.9	3,795	0.5	29	26	0.2	235	0.3	196
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	2	50.0	24	0.2	151
15-20	7	58.3	84	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	286	36.0	2,585	0.5	33	44	5.5	416	0.6	43	8	1.0	87	0.3	203
45-64	271	36.5	2,531	0.5	32	149	20.1	1,417	0.5	38	7	0.9	40	0.5	267
65-74	126	2.4	1,109	0.4	5	162	3.0	1,399	0.4	21	8	0.2	78	0.4	178
75-84	46	0.8	324	0.4	4	61	1.1	386	0.4	17	0	0.0	0	0.0	0
85 and older	28	1.0	198	0.5	3	22	0.8	177	0.3	14	1	0.0	6	0.2	38
<b>Unknown</b>	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 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.  
 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>4,941</b>	<b>2.3</b>	<b>48,076</b>	<b>0.3</b>	<b>\$22</b>	<b>7,438</b>	<b>3.5</b>	<b>70,229</b>	<b>0.4</b>	<b>\$14</b>	<b>606</b>	<b>0.3</b>	<b>5,046</b>	<b>0.4</b>	<b>\$154</b>
<b>Female</b>															
All Females	3,091	2.4	30,174	0.3	21	4,985	3.9	46,878	0.4	15	386	0.3	3,144	0.4	174
<b>Female, Disabled</b>															
All Ages	2,431	2.9	24,306	0.3	21	3,654	4.3	35,525	0.3	14	105	0.1	1,025	0.5	321
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	12.5	12	0.8	85	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	16	11.9	192	0.3	35	38	28.1	438	0.3	15	0	0.0	0	0.0	0
21-44	510	2.9	5,203	0.2	17	1,166	6.7	11,700	0.3	15	28	0.2	276	0.4	574
45-64	1,382	3.5	13,604	0.3	22	2,023	5.1	19,087	0.4	15	46	0.1	418	0.5	352
65-74	518	2.7	5,265	0.3	23	425	2.2	4,276	0.4	12	30	0.2	328	0.4	71
75-84	4	0.1	30	0.2	24	2	0.0	24	1.0	18	1	0.0	3	0.3	53
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	660	1.6	5,868	0.3	20	1,331	3.2	11,353	0.4	18	281	0.7	2,119	0.4	103
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	56.3	87	0.5	33	2	12.5	18	0.4	13	0	0.0	0	0.0	0
21-44	193	11.8	1,857	0.3	19	480	29.4	4,578	0.4	19	13	0.8	108	0.6	953
45-64	154	15.0	1,455	0.3	26	352	34.3	3,018	0.5	26	8	0.8	63	0.5	473
65-74	135	1.6	1,199	0.3	21	179	2.1	1,597	0.4	14	26	0.3	256	0.4	54
75-84	79	0.5	633	0.2	9	146	1.0	1,015	0.3	7	109	0.7	785	0.3	43
85 and older	90	0.6	637	0.2	11	172	1.1	1,127	0.4	6	125	0.8	907	0.3	42
<b>Male</b>															
All Males	1,850	2.1	17,902	0.3	24	2,453	2.8	23,351	0.4	13	220	0.3	1,902	0.4	121
<b>Male, Disabled</b>															
All Ages	1,546	2.1	15,485	0.3	24	1,917	2.6	18,862	0.4	13	81	0.1	822	0.4	168
5 and younger	2	40.0	24	0.3	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	33.3	24	0.1	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	9.6	218	0.2	9	30	15.2	344	0.4	9	0	0.0	0	0.0	0
21-44	332	1.6	3,536	0.3	20	805	3.8	8,202	0.4	14	18	0.1	198	0.3	235
45-64	906	2.4	8,902	0.3	24	942	2.5	8,981	0.4	12	47	0.1	450	0.4	174
65-74	285	2.5	2,781	0.4	28	139	1.2	1,329	0.4	10	16	0.1	174	0.6	75
75-84	0	0.0	0	0.0	0	1	0.0	6	0.3	2	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
<b>Male, Other Eligibles</b>															
All Ages	304	2.0	2,417	0.3	21	536	3.5	4,489	0.4	15	139	0.9	1,080	0.4	86
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	0	0.0	0	0.0	0	4	33.3	48	0.5	6	0	0.0	0	0.0	0
21-44	44	5.5	405	0.2	15	148	18.6	1,408	0.4	19	6	0.8	54	0.4	524
45-64	95	12.8	895	0.4	25	151	20.4	1,320	0.4	18	5	0.7	58	0.4	342
65-74	89	1.7	675	0.3	24	96	1.8	783	0.4	12	27	0.5	231	0.4	61
75-84	36	0.7	207	0.4	15	71	1.3	493	0.4	5	61	1.1	430	0.4	46
85 and older	40	1.4	235	0.3	16	66	2.3	437	0.3	4	40	1.4	307	0.3	36
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 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 2007. 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 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIHYPERLIPIDEMIC					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		
<b>All</b>	<b>526</b>	<b>0.2</b>	<b>4,662</b>	<b>0.4</b>	<b>\$164</b>	<b>4,506</b>	<b>2.1</b>	<b>43,765</b>	<b>0.4</b>	<b>\$17</b>	<b>214,188</b>	<b>1,910,729</b>
<b>Female</b>												
All Females	403	0.3	3,605	0.4	135	2,448	1.9	23,848	0.4	16	126,447	1,122,167
<b>Female, Disabled</b>												
All Ages	199	0.2	1,942	0.4	102	1,927	2.3	19,257	0.4	16	84,503	773,884
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	96
15-20	1	0.7	12	0.3	2	1	0.7	12	0.1	1	135	1,517
21-44	51	0.3	510	0.3	99	221	1.3	2,280	0.3	13	17,359	160,447
45-64	118	0.3	1,155	0.4	115	1,219	3.1	11,994	0.3	15	39,511	357,013
65-74	29	0.2	265	0.4	58	485	2.6	4,968	0.4	19	18,981	176,658
75-84	0	0.0	0	0.0	0	1	0.0	3	1.0	50	6,965	64,492
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,543	13,653
<b>Female, Other Eligibles</b>												
All Ages	204	0.5	1,663	0.5	173	521	1.2	4,591	0.4	18	41,944	348,283
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	1	5
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	155
21-44	17	1.0	139	0.5	96	85	5.2	840	0.3	20	1,631	13,842
45-64	76	7.4	660	0.5	299	154	15.0	1,343	0.4	21	1,027	8,384
65-74	64	0.7	518	0.5	121	188	2.2	1,745	0.4	18	8,668	74,773
75-84	18	0.1	116	0.2	74	57	0.4	421	0.4	9	15,086	128,005
85 and older	29	0.2	230	0.3	22	37	0.2	242	0.3	7	15,515	123,119
<b>Male</b>												
All Males	123	0.1	1,057	0.4	262	2,058	2.3	19,917	0.4	18	87,741	788,562
<b>Male, Disabled</b>												
All Ages	86	0.1	803	0.3	300	1,658	2.3	16,338	0.4	18	72,496	665,776
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	66
15-20	3	1.5	36	0.3	18	6	3.0	72	0.5	43	197	2,146
21-44	31	0.1	307	0.4	407	373	1.8	3,815	0.3	16	21,176	198,533
45-64	44	0.1	390	0.3	274	1,009	2.7	9,841	0.4	18	37,023	337,322
65-74	8	0.1	70	0.4	124	269	2.3	2,598	0.4	20	11,543	105,027
75-84	0	0.0	0	0.0	0	1	0.0	12	0.1	8	2,349	20,960
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	197	1,662
<b>Male, Other Eligibles</b>												
All Ages	37	0.2	254	0.4	141	400	2.6	3,579	0.4	20	15,245	122,786
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	1	25.0	12	0.6	50	4	30
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	113
21-44	1	0.1	12	0.6	1,243	63	7.9	571	0.5	21	795	6,613
45-64	2	0.3	13	0.8	935	154	20.8	1,456	0.5	25	742	6,379
65-74	11	0.2	90	0.3	27	117	2.2	1,028	0.4	16	5,329	44,463
75-84	12	0.2	58	0.4	39	42	0.8	320	0.3	11	5,528	44,032
85 and older	11	0.4	81	0.2	51	23	0.8	192	0.2	5	2,834	21,153
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 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 2007. 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 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); 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007**

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
<b>All</b>	<b>\$8</b>	<b>0.2</b>	<b>17,329</b>	<b>138,419</b>
<b>Age</b>				
0-64	26	0.5	1,548	13,333
65-74	18	0.3	2,573	21,141
75-84	4	0.1	5,626	45,160
85 and older	3	0.1	7,582	58,785
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	6	0.1	12,946	104,004
Male	14	0.3	4,383	34,415
Unknown	0	0.0	0	0
<b>Race</b>				
White	8	0.2	14,285	113,043
African American	9	0.2	2,856	23,903
Other/unknown	23	0.3	188	1,473
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	5	0.1	14,228	111,601
Disabled	20	0.4	3,100	26,815
Adults	179	10.0	1	3
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total						
Anti-infective Agents	0.4	0.0	0.0	0.4	\$17	\$10	\$0	\$7	\$40	\$197	\$87	\$19	945	\$37,728	327	1.9	2,218
Biologicals	0.3	0.3	0.0	0.0	16	16	0	0	58	58	0	0	22	1,286	17	0.1	82
Antineoplastic Agents	0.3	0.0	0.0	0.3	38	13	0	25	109	572	0	76	123	13,368	52	0.3	356
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.5	35	27	1	6	41	91	40	12	1,975	81,643	376	2.2	2,362
Cardiovascular Agents	1.3	0.1	0.1	1.1	27	8	4	15	21	90	68	13	5,426	116,420	653	3.8	4,292
Respiratory Agents	0.7	0.2	0.0	0.4	27	20	2	5	39	91	81	11	1,121	43,241	247	1.4	1,630
Gastrointestinal Agents	0.7	0.1	0.0	0.6	22	12	2	9	31	158	142	14	1,746	53,255	355	2.0	2,405
Genitourinary Agents	0.5	0.3	0.0	0.2	33	28	0	5	64	85	66	26	595	38,027	176	1.0	1,142
CNS Drugs	1.0	0.4	0.0	0.6	83	70	2	11	84	196	92	18	3,552	296,823	529	3.1	3,587
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.7	66	58	0	8	78	297	0	12	39	3,030	8	0.0	46
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	68	68	0	0	132	132	0	0	936	123,861	275	1.6	1,830
Analgesics and Anesthetics	0.9	0.0	0.0	0.8	14	2	0	12	16	72	28	14	2,124	33,802	372	2.1	2,481
Neuromuscular Agents	1.0	0.3	0.0	0.6	69	46	4	18	71	136	156	31	1,787	126,895	266	1.5	1,848
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	9	19	8	27	19	884	16,877	256	1.5	1,723
Hematological Agents	0.7	0.2	0.0	0.4	45	39	0	6	69	164	8	16	1,115	77,019	266	1.5	1,705
Topical Products	0.5	0.1	0.0	0.3	18	9	3	6	38	82	66	18	802	30,121	252	1.5	1,717
Miscellaneous Products	0.5	0.2	0.0	0.3	28	21	0	7	61	124	0	24	78	4,752	24	0.1	172
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	44	0	0	0	10	438	6	0.0	42
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	23,280	1,098,586	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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 2007. 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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$203,910	187	1.1	1,492	0.7	\$194	\$137
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	100,754	247	1.4	1,842	0.4	133	55
ANTICONVULSANT	86,119	185	1.1	1,444	0.7	83	60
ANTIDIABETIC	57,783	279	1.6	2,033	0.6	45	28
ANTIDEPRESSANTS	37,273	418	2.4	3,028	0.5	25	12
MISC. HEMATOLOGICAL	30,948	103	0.6	742	0.4	101	42
ANTIASTHMATIC	26,304	193	1.1	1,288	0.5	43	20
ANTIHYPERTENSIVE	27,056	298	1.7	2,168	0.5	27	12
ULCER DRUGS	21,622	214	1.2	1,662	0.5	27	13
ANALGESICS - Narcotic	20,692	288	1.7	2,141	0.7	15	10
<b>Total</b>	<b>612,461</b>	<b>2,412</b>	<b>n.a.</b>	<b>17,840</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>9,747</b>	<b>\$612,461</b>	<b>187</b>	<b>1.1</b>	<b>1,492</b>	<b>0.7</b>	<b>\$137</b>	<b>247</b>	<b>1.4</b>	<b>1,842</b>	<b>0.4</b>	<b>\$55</b>
<b>Female</b>												
All Females	5,472	319,644	116	0.9	854	0.7	113	172	1.3	1,252	0.4	51
<b>Female, Disabled</b>												
All Ages	2,032	139,897	33	1.7	277	0.9	196	13	0.7	84	0.9	126
64 or younger	1,286	72,341	16	2.1	127	0.8	185	6	0.8	18	1.0	136
65-74	746	67,556	17	4.3	150	0.9	204	7	1.8	66	0.8	123
75-84	0	0	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
<b>Female, Other Eligibles</b>												
All Ages	3,440	179,747	83	0.8	577	0.5	73	159	1.4	1,168	0.3	46
64 or younger	8	100	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	897	58,132	18	1.6	177	0.6	120	11	1.0	100	0.6	85
75-84	1,105	55,153	36	1.0	220	0.5	59	65	1.8	454	0.3	41
85 and older	1,430	66,362	29	0.5	180	0.5	45	83	1.3	614	0.3	42
<b>Male</b>												
All Males	4,275	292,817	71	1.6	638	0.8	169	75	1.7	590	0.5	63
<b>Male, Disabled</b>												
All Ages	2,422	187,831	26	2.1	301	1.0	277	11	0.9	94	0.8	108
64 or younger	1,701	123,121	17	2.2	195	1.0	288	8	1.0	58	0.6	95
65-74	717	64,639	9	3.7	106	1.0	255	3	1.2	36	1.1	127
75-84	4	71	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
<b>Male, Other Eligibles</b>												
All Ages	1,853	104,986	45	1.4	337	0.6	72	64	2.0	496	0.4	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	870	48,928	22	2.6	169	0.6	63	17	2.0	143	0.4	55
75-84	614	36,588	17	1.3	121	0.6	93	23	1.7	161	0.5	71
85 and older	369	19,470	6	0.6	47	0.5	48	24	2.4	192	0.3	41
<b>Unknown</b>	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 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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 2007. 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 2007 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); 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	<b>185</b>	<b>1.1</b>	<b>1,444</b>	<b>0.7</b>	<b>\$60</b>	<b>279</b>	<b>1.6</b>	<b>2,033</b>	<b>0.6</b>	<b>\$28</b>	<b>418</b>	<b>2.4</b>	<b>3,028</b>	<b>0.5</b>	<b>\$12</b>
<b>Female</b>															
All Females	114	0.9	853	0.7	44	160	1.2	1,128	0.6	26	272	2.1	1,881	0.5	12
<b>Female, Disabled</b>															
All Ages	33	1.7	312	0.9	64	40	2.1	352	0.8	45	55	2.9	469	0.7	23
64 or younger	26	3.4	246	0.9	64	25	3.2	217	0.6	22	42	5.4	358	0.7	27
65-74	7	1.8	66	0.8	66	15	3.8	135	1.1	81	13	3.3	111	0.6	10
75-84	0	0.0	0	0.0	0	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
<b>Female, Other Eligibles</b>															
All Ages	81	0.7	541	0.6	32	120	1.1	776	0.4	18	217	2.0	1,412	0.4	8
64 or younger	0	0.0	0	0.0	0	1	100.0	3	0.7	24	0	0.0	0	0.0	0
65-74	25	2.3	207	0.7	44	18	1.6	133	0.7	38	36	3.3	280	0.5	15
75-84	23	0.6	136	0.4	22	49	1.3	292	0.4	14	75	2.0	491	0.4	6
85 and older	33	0.5	198	0.5	25	52	0.8	348	0.4	13	106	1.7	641	0.4	7
<b>Male</b>															
All Males	71	1.6	591	0.8	83	119	2.7	905	0.7	31	146	3.3	1,147	0.5	13
<b>Male, Disabled</b>															
All Ages	39	3.2	361	1.0	104	44	3.6	411	1.0	45	48	4.0	464	0.7	20
64 or younger	30	3.9	269	1.0	104	29	3.8	263	0.9	41	37	4.8	347	0.7	13
65-74	8	3.3	86	0.9	113	15	6.1	148	1.2	52	10	4.1	111	0.7	42
75-84	1	0.7	6	0.3	10	0	0.0	0	0.0	0	1	0.7	6	0.3	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	32	1.0	230	0.6	49	75	2.4	494	0.5	20	98	3.1	683	0.4	9
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	15	1.8	122	0.6	56	35	4.2	242	0.6	23	33	4.0	243	0.5	15
75-84	13	1.0	85	0.4	41	29	2.2	168	0.4	17	32	2.4	225	0.4	6
85 and older	4	0.4	23	0.6	37	11	1.1	84	0.2	15	33	3.3	215	0.3	5
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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 2007. 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 2007 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); 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007**

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	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 \$
<b>All</b>	<b>103</b>	<b>0.6</b>	<b>742</b>	<b>0.4</b>	<b>\$42</b>	<b>193</b>	<b>1.1</b>	<b>1,288</b>	<b>0.5</b>	<b>\$20</b>	<b>298</b>	<b>1.7</b>	<b>2,168</b>	<b>0.5</b>	<b>\$13</b>
<b>Female</b>															
All Females	72	0.6	466	0.4	38	110	0.8	779	0.4	20	184	1.4	1,297	0.4	12
<b>Female, Disabled</b>															
All Ages	9	0.5	72	0.5	48	25	1.3	190	0.7	44	30	1.6	252	0.7	30
64 or younger	6	0.8	45	0.5	43	13	1.7	100	0.5	42	18	2.3	162	0.6	22
65-74	3	0.8	27	0.5	56	12	3.0	90	0.9	46	12	3.0	90	0.9	46
75-84	0	0.0	0	0.0	0	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
<b>Female, Other Eligibles</b>															
All Ages	63	0.6	394	0.4	36	85	0.8	589	0.3	12	154	1.4	1,045	0.4	7
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	9	0.8	55	0.2	29	16	1.5	126	0.7	23	17	1.5	148	0.4	10
75-84	23	0.6	158	0.3	34	28	0.8	179	0.2	8	67	1.8	454	0.3	8
85 and older	31	0.5	181	0.4	40	41	0.7	284	0.2	10	70	1.1	443	0.4	6
<b>Male</b>															
All Males	31	0.7	276	0.5	48	83	1.9	509	0.6	21	114	2.6	871	0.5	13
<b>Male, Disabled</b>															
All Ages	7	0.6	67	0.6	69	28	2.3	244	0.7	20	35	2.9	309	0.7	18
64 or younger	5	0.6	53	0.6	62	20	2.6	204	0.8	17	26	3.4	229	0.6	20
65-74	2	0.8	14	0.7	94	8	3.3	40	0.4	34	9	3.7	80	0.8	14
75-84	0	0.0	0	0.0	0	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
<b>Male, Other Eligibles</b>															
All Ages	24	0.8	209	0.4	41	55	1.7	265	0.4	22	79	2.5	562	0.4	11
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	9	1.1	75	0.5	60	19	2.3	121	0.3	17	25	3.0	214	0.5	18
75-84	6	0.5	64	0.3	28	17	1.3	56	0.9	32	29	2.2	193	0.4	6
85 and older	9	0.9	70	0.4	34	19	1.9	88	0.3	24	25	2.5	155	0.4	6
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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 2007. 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 2007 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); 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>214</b>	<b>1.2</b>	<b>1,662</b>	<b>0.5</b>	<b>\$13</b>	<b>288</b>	<b>1.7</b>	<b>2,141</b>	<b>0.7</b>	<b>\$10</b>	<b>17,329</b>	<b>138,419</b>
<b>Female</b>												
All Females	132	1.0	1,006	0.4	9	196	1.5	1,417	0.6	9	12,946	104,004
<b>Female, Disabled</b>												
All Ages	32	1.7	285	0.6	12	35	1.9	313	1.2	18	1,889	16,365
64 or younger	23	3.0	222	0.6	10	27	3.5	235	1.2	18	776	6,608
65-74	9	2.3	63	0.6	17	8	2.0	78	1.0	20	399	3,496
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	439	3,942
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	275	2,319
<b>Female, Other Eligibles</b>												
All Ages	100	0.9	721	0.3	8	161	1.5	1,104	0.5	6	11,057	87,639
64 or younger	0	0.0	0	0.0	0	1	100.0	3	2.0	9	1	3
65-74	19	1.7	162	0.3	7	27	2.5	208	0.6	14	1,097	8,985
75-84	33	0.9	194	0.4	8	61	1.6	401	0.4	4	3,707	30,016
85 and older	48	0.8	365	0.3	9	72	1.2	492	0.5	5	6,252	48,635
<b>Male</b>												
All Males	82	1.9	656	0.6	19	92	2.1	724	0.7	11	4,383	34,415
<b>Male, Disabled</b>												
All Ages	37	3.1	345	0.7	22	43	3.6	407	0.7	16	1,211	10,450
64 or younger	23	3.0	225	0.8	13	33	4.3	306	0.7	13	771	6,722
65-74	14	5.7	120	0.6	40	10	4.1	101	0.8	24	244	2,130
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	153	1,233
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	43	365
<b>Male, Other Eligibles</b>												
All Ages	45	1.4	311	0.5	15	49	1.5	317	0.6	5	3,172	23,965
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	21	2.5	168	0.6	19	18	2.2	129	0.6	5	833	6,530
75-84	12	0.9	64	0.4	12	20	1.5	122	0.6	6	1,327	9,969
85 and older	12	1.2	79	0.3	8	11	1.1	66	0.7	5	1,012	7,466
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,073 beneficiaries who were in nursing facilities for part of their enrollment and their 88,375 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 2007. 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 2007 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); 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 CHARACTERISTICS<sup>a,b</sup>  
 TENNESSEE, 2007

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	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
<b>All</b>	<b>3,800</b>	<b>1.8</b>	<b>0.1</b>	<b>12,669</b>	<b>\$1</b>	<b>\$174,763</b>	<b>\$14</b>	<b>0.6</b>	<b>214,188</b>
<b>Age</b>									
5 and younger	3	42.9	6.3	44	222	1,555	35	6.2	7
6-14	15	78.9	7.9	150	61	1,159	8	1.7	19
15-20	89	24.7	1.4	504	24	8,741	17	1.7	360
21-44	1,016	2.5	0.1	2,921	1	39,811	14	0.4	40,961
45-64	1,651	2.1	0.1	5,682	1	74,244	13	0.6	78,303
65-74	660	1.5	0.1	2,482	1	36,884	15	1.0	44,521
75-84	178	0.6	0.0	421	0	6,337	15	1.5	29,928
85 and older	188	0.9	0.0	465	0	6,032	13	1.9	20,089
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	519	1.0	0.0	1,443	0	23,767	16	1.5	52,621
Disabled	2,836	1.8	0.1	9,751	1	133,242	14	0.6	156,999
Adults	397	9.3	0.3	1,260	4	15,321	12	0.4	4,271
Children	12	28.6	2.1	87	22	910	10	1.2	42
Unknown	36	14.1	0.5	128	6	1,523	12	0.3	255
<b>Gender</b>									
Female	2,450	1.9	0.1	7,866	1	103,907	13	0.7	126,447
Male	1,350	1.5	0.1	4,803	1	70,856	15	0.6	87,741
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	2,490	1.7	0.1	8,126	1	118,452	15	0.6	144,218
African American	915	2.1	0.1	3,106	1	37,709	12	0.7	44,369
Other/unknown	395	1.5	0.1	1,437	1	18,602	13	0.7	25,601
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	255	1.5	0.1	885	1	16,933	19	1.5	17,329
Part year	216	2.0	0.1	555	1	8,070	15	1.3	11,073
None	3,329	1.8	0.1	11,229	1	149,760	13	0.6	185,786
<b>Maintenance Assistance Status</b>									
Cash	2,914	1.7	0.1	9,817	1	130,699	13	0.6	173,713
Medically needy	260	7.0	0.3	1,060	4	16,658	16	0.6	3,740
Poverty related	76	2.3	0.1	235	1	2,718	12	0.4	3,322
Other/unknown	550	1.6	0.0	1,557	1	24,688	16	1.1	33,413

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 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 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>\$14</b>	<b>\$0</b>	<b>\$0</b>	<b>1,910,729</b>
<b>Age</b>						
5 and younger	0.6	22	35	0	0	71
6-14	0.8	6	8	1	0	197
15-20	0.1	2	17	0	0	3,931
21-44	0.0	0	14	0	0	379,435
45-64	0.0	0	13	0	0	709,098
65-74	0.0	0	15	0	0	400,921
75-84	0.0	0	15	0	0	257,489
85 and older	0.0	0	13	0	0	159,587
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	16	0	0	432,834
Disabled	0.0	0	14	0	0	1,439,660
Adults	0.0	0	12	0	0	35,905
Children	0.2	2	10	0	0	373
Unknown	0.1	1	12	0	0	1,957
<b>Gender</b>						
Female	0.0	0	13	0	0	1,122,167
Male	0.0	0	15	0	0	788,562
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	15	0	0	1,258,942
African American	0.0	0	12	0	0	423,863
Other/unknown	0.0	0	13	0	0	227,924
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.0	0	19	0	0	138,419
Part year	0.0	0	15	0	0	88,375
None	0.0	0	13	0	0	1,683,935
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	13	0	0	1,586,057
Medically needy	0.0	1	16	0	0	32,709
Poverty related	0.0	0	12	0	0	19,789
Other/unknown	0.0	0	16	0	0	272,174

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
TENNESSEE, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
<b>All</b>	<b>4,179</b>	<b>\$42</b>	<b>\$174,763</b>	<b>100.0</b>	<b>12,669</b>	<b>\$14</b>	<b>100.0</b>
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	7	11	76	0.0	8	10	0.1
Cough and cold medications	115	64	7,359	4.2	222	33	1.8
Vitamins and minerals	1,931	54	103,487	59.2	6,379	16	50.4
Non-prescription drugs	1,738	27	47,103	27.0	5,098	9	40.2
Barbiturates	3	65	195	0.1	19	10	0.2
Benzodiazepines	93	24	2,247	1.3	203	11	1.6
Other Part D Excl Rx Drugs	292	49	14,296	8.2	740	19	5.8

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 TENNESSEE, 2007

Total Number of Dual Eligible Beneficiaries: 214,188  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$28,474,908  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$132

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	196,982	92.0	\$0	0.0
1-500	7,581	3.5	1,376,188	4.8
501-1,000	2,735	1.3	1,994,197	7.0
1,001-1,500	1,734	0.8	2,143,273	7.5
1,501-2,000	1,162	0.5	2,022,266	7.1
2,001-2,500	854	0.4	1,917,861	6.7
2,501-3,000	657	0.3	1,803,607	6.3
3,001-3,500	446	0.2	1,444,943	5.1
3,501-4,000	362	0.2	1,352,346	4.7
4,001-4,500	283	0.1	1,201,183	4.2
4,501-5,000	198	0.1	938,358	3.3
5,001-5,500	187	0.1	980,771	3.4
5,501-6,000	147	0.1	843,743	3.0
6,001-6,500	104	0.0	648,621	2.3
6,501-7,000	91	0.0	613,498	2.2
7,001-7,500	69	0.0	497,914	1.7
7,501-8,000	58	0.0	449,771	1.6
8,001-8,500	51	0.0	419,728	1.5
8,501-9,000	47	0.0	409,483	1.4
9,001-9,500	35	0.0	324,715	1.1
9,501-10,000	31	0.0	302,688	1.1
10,001+	374	0.2	6,789,754	23.8

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. 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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 TENNESSEE, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 115,421  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$19,438,457  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$168

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	104,035	90.1	\$0	0.0
1-500	5,070	4.4	903,285	4.6
501-1,000	1,767	1.5	1,284,674	6.6
1,001-1,500	1,146	1.0	1,415,170	7.3
1,501-2,000	751	0.7	1,308,371	6.7
2,001-2,500	561	0.5	1,261,940	6.5
2,501-3,000	418	0.4	1,147,209	5.9
3,001-3,500	284	0.2	920,859	4.7
3,501-4,000	227	0.2	847,364	4.4
4,001-4,500	191	0.2	810,208	4.2
4,501-5,000	129	0.1	612,753	3.2
5,001-5,500	125	0.1	655,489	3.4
5,501-6,000	103	0.1	591,419	3.0
6,001-6,500	76	0.1	473,623	2.4
6,501-7,000	53	0.0	357,210	1.8
7,001-7,500	40	0.0	288,707	1.5
7,501-8,000	39	0.0	301,586	1.6
8,001-8,500	40	0.0	328,988	1.7
8,501-9,000	38	0.0	331,032	1.7
9,001-9,500	25	0.0	231,725	1.2
9,501-10,000	20	0.0	195,113	1.0
10,001+	283	0.2	5,171,732	26.6

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. 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 2007.
- 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.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 TENNESSEE, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 94,538  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,342,121  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$45

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	90,607	95.8	0	0.0
1-500	1,965	2.1	361,737	8.3
501-1,000	696	0.7	509,617	11.7
1,001-1,500	395	0.4	487,653	11.2
1,501-2,000	250	0.3	435,063	10.0
2,001-2,500	177	0.2	396,583	9.1
2,501-3,000	128	0.1	352,612	8.1
3,001-3,500	86	0.1	278,694	6.4
3,501-4,000	57	0.1	212,809	4.9
4,001-4,500	44	0.0	186,931	4.3
4,501-5,000	21	0.0	98,727	2.3
5,001-5,500	18	0.0	94,261	2.2
5,501-6,000	17	0.0	97,202	2.2
6,001-6,500	9	0.0	55,343	1.3
6,501-7,000	12	0.0	81,079	1.9
7,001-7,500	7	0.0	50,379	1.2
7,501-8,000	8	0.0	62,726	1.4
8,001-8,500	4	0.0	33,090	0.8
8,501-9,000	2	0.0	17,630	0.4
9,001-9,500	3	0.0	28,059	0.6
9,501-10,000	5	0.0	49,167	1.1
10,001+	27	0.0	452,759	10.4

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. 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 2007.

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<sup>a, b</sup>  
 TENNESSEE, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 44,521  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,609,838  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$81

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41,926	94.2	\$0	0.0
1-500	1,051	2.4	194,793	5.4
501-1,000	453	1.0	336,135	9.3
1,001-1,500	318	0.7	395,247	10.9
1,501-2,000	212	0.5	370,040	10.3
2,001-2,500	158	0.4	354,341	9.8
2,501-3,000	114	0.3	313,793	8.7
3,001-3,500	78	0.2	253,164	7.0
3,501-4,000	51	0.1	190,297	5.3
4,001-4,500	40	0.1	169,922	4.7
4,501-5,000	18	0.0	84,817	2.3
5,001-5,500	17	0.0	88,895	2.5
5,501-6,000	15	0.0	85,300	2.4
6,001-6,500	8	0.0	49,143	1.4
6,501-7,000	10	0.0	67,699	1.9
7,001-7,500	7	0.0	50,379	1.4
7,501-8,000	7	0.0	54,857	1.5
8,001-8,500	3	0.0	25,058	0.7
8,501-9,000	2	0.0	17,630	0.5
9,001-9,500	3	0.0	28,059	0.8
9,501-10,000	5	0.0	49,167	1.4
10,001+	25	0.1	431,102	11.9

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. 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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 TENNESSEE, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 29,928  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$413,227  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$13

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	29,253	97.7	\$0	0.0
1-500	453	1.5	84,159	20.4
501-1,000	125	0.4	89,206	21.6
1,001-1,500	35	0.1	42,231	10.2
1,501-2,000	24	0.1	41,135	10.0
2,001-2,500	10	0.0	22,161	5.4
2,501-3,000	4	0.0	11,318	2.7
3,001-3,500	5	0.0	16,052	3.9
3,501-4,000	4	0.0	14,875	3.6
4,001-4,500	4	0.0	17,009	4.1
4,501-5,000	3	0.0	13,910	3.4
5,001-5,500	0	0.0	0	0.0
5,501-6,000	2	0.0	11,902	2.9
6,001-6,500	1	0.0	6,200	1.5
6,501-7,000	2	0.0	13,380	3.2
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,032	1.9
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+	2	0.0	21,657	5.2

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. 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 2007.

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<sup>a, b</sup>  
 TENNESSEE, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 20,089  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$319,056  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$15

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	19,428	96.7	\$0	0.0
1-500	461	2.3	82,785	25.9
501-1,000	118	0.6	84,276	26.4
1,001-1,500	42	0.2	50,175	15.7
1,501-2,000	14	0.1	23,888	7.5
2,001-2,500	9	0.0	20,081	6.3
2,501-3,000	10	0.0	27,501	8.6
3,001-3,500	3	0.0	9,478	3.0
3,501-4,000	2	0.0	7,637	2.4
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,366	1.7
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,869	2.5
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 2007 file for Tennessee, released by CMS in 6/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL BENEFICIARIES, TENNESSEE, 2007**

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
<b>All</b>	<b>215,829</b>	<b>53,754</b>	<b>157,470</b>	<b>4,307</b>	<b>42</b>	<b>256</b>	<b>2,434,603</b>	<b>558,396</b>	<b>1,825,811</b>	<b>47,446</b>	<b>442</b>	<b>2,508</b>
<b>Age</b>												
5 and younger	7	0	6	0	1	0	71	0	68	0	3	0
6-14	19	0	14	0	5	0	215	0	162	0	53	0
15-20	362	0	334	0	28	0	4,218	0	3,899	0	319	0
21-44	41,137	1	38,684	2,434	8	10	476,940	12	449,872	26,891	67	98
45-64	78,593	60	76,815	1,570	0	148	909,741	695	890,347	17,211	0	1,488
65-74	44,862	13,937	30,554	274	0	97	509,409	149,866	355,603	3,030	0	910
75-84	30,363	21,013	9,323	26	0	1	329,097	222,127	106,664	294	0	12
85 and older	20,486	18,743	1,740	3	0	0	204,912	185,696	19,196	20	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	127,486	39,801	84,759	2,651	20	255	1,433,910	417,822	984,150	29,242	200	2,496
Male	88,343	13,953	72,711	1,656	22	1	1,000,693	140,574	841,661	18,204	242	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	145,530	38,230	103,847	3,282	32	139	1,630,835	390,140	1,202,993	36,021	341	1,340
African American	44,583	10,075	33,521	951	8	28	507,699	107,179	389,557	10,628	77	258
Other/unknown	25,716	5,449	20,102	74	2	89	296,069	61,077	233,261	797	24	910
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	17,664	14,553	3,110	1	0	0	181,588	146,755	34,830	3	0	0
Part year	11,433	9,505	1,928	0	0	0	113,624	92,831	20,793	0	0	0
None	186,732	29,696	152,432	4,306	42	256	2,139,391	318,810	1,770,188	47,443	442	2,508
<b>Maintenance Assistance Status</b>												
Cash	174,276	22,820	149,326	2,122	8	0	2,016,575	257,921	1,735,436	23,132	86	0
Medically needy	3,741	1,681	1,190	856	14	0	42,745	18,718	13,723	10,150	154	0
Poverty related	3,325	2,469	524	71	5	256	22,141	14,396	4,550	646	41	2,508
Other/unknown	34,487	26,784	6,430	1,258	15	0	353,142	267,361	72,102	13,518	161	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	210,640	49,522	156,602	4,218	42	256	2,391,288	524,326	1,817,541	46,471	442	2,508
Full dual, part year	5,189	4,232	868	89	0	0	43,315	34,070	8,270	975	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	153,654	37,666	112,897	2,877	34	180	1,721,482	384,910	1,302,969	31,525	346	1,732
FFS part year, with Rx claims	4,467	420	3,344	644	7	52	52,269	4,578	39,573	7,483	84	551
FFS part year, no Rx claims	55,485	14,262	40,492	708	1	22	650,361	162,439	479,613	8,079	12	218
MC all year, with Rx claims	582	273	266	42	0	1	2,975	1,344	1,422	206	0	3
MC all year, no Rx claims	1,641	1,133	471	36	0	1	7,516	5,125	2,234	153	0	4
	0	0	0	0	0	0	0	0	0	0	0	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. 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<sup>a</sup>  
 DUAL BENEFICIARIES, TENNESSEE, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Benefit Months in Cell F of Table 1	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>215,829</b>	<b>2,434,603</b>	<b>214,188</b>	<b>1,910,729</b>	<b>0</b>	<b>523,874</b>
Fee-for-service (FFS) all year	153,654	1,721,482	153,654	1,721,482	0	0
FFS part year, with Rx claims	4,467	52,269	4,467	13,740	0	38,529
FFS part year, with no Rx claims	55,485	650,361	55,485	172,532	0	477,829
Managed care (MC) all year, with Rx claims	582	2,975	582	2,975	0	0
MC all year, with no Rx claims	1,641	7,516	0	0	0	7,516

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

All Medicaid Beneficiaries