

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS TENNESSEE 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

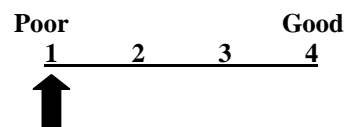
Tennessee Data Comments

Identification Numbers: About 400,000 people had shared MSIS ID numbers, meaning that information for these individuals is erroneous.

Dual Eligibility: Approximately 17% of beneficiaries reported by Tennessee as being dually eligible did not match to any record in Medicare's enrollment data, meaning their dual status is questionable.

Diagnosis Codes: On the limited number of FFS claims, diagnosis coding was relatively complete.

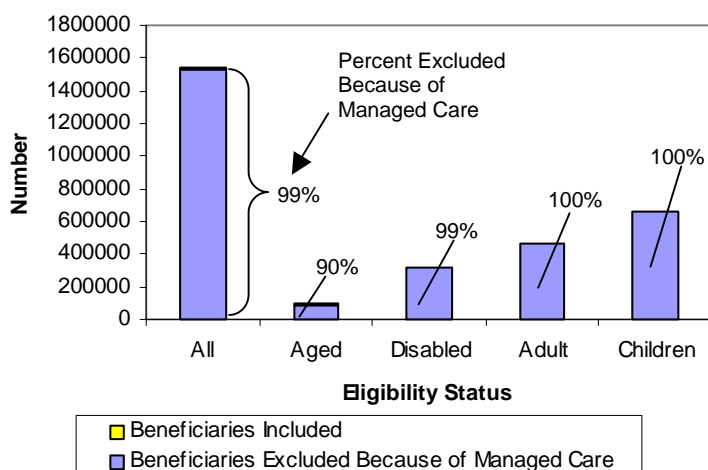
TENNESSEE DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in Tennessee by Eligibility Group



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Tennessee's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
TENNESSEE, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	1,541,222	100%	12,975	1%	\$3,270,992,135	100%	\$1,063,727	0%
Age								
0-3	161,595	10%	0	0%	\$149,092,822	5%	\$0	0%
4-5	75,289	5%	0	0%	\$58,387,471	2%	\$0	0%
6-12	244,620	16%	1	0%	\$235,519,654	7%	\$0	0%
13-18	165,952	11%	0	0%	\$333,665,732	10%	\$0	0%
19-21	79,509	5%	2	0%	\$143,923,247	4%	\$0	0%
22-44	416,887	27%	700	0%	\$1,009,592,659	31%	\$64,603	0%
45-64	245,027	16%	2,020	1%	\$738,424,624	23%	\$172,291	0%
65 and older	152,343	10%	10,252	7%	\$602,385,926	18%	\$826,833	0%
Gender								
Female	887,946	58%	8,091	1%	\$1,942,931,240	59%	\$677,494	0%
Male	653,275	42%	4,884	1%	\$1,328,060,804	41%	\$386,233	0%
Race								
White	1,016,951	66%	10,048	1%	\$2,230,885,513	68%	\$772,656	0%
Black	436,765	28%	2,779	1%	\$838,227,386	26%	\$277,174	0%
Hispanic	23,050	2%	22	0%	\$23,436,973	1%	\$1,033	0%
American Indian/Alaskan Native	3,932	0%	10	0%	\$4,879,151	0%	\$905	0%
Asian/Pacific Islander	8,496	1%	24	0%	\$10,138,034	0%	\$6,989	0%
Other/Unknown	52,028	3%	92	0%	\$163,425,078	5%	\$4,970	0%
Dual Status								
Aged Duals with Full Medicaid	99,944	6%	0	0%	\$313,314,457	10%	\$0	0%
Disabled Duals with Full Medicaid	83,970	5%	0	0%	\$303,677,197	9%	\$0	0%
Duals with Limited Medicaid	63,745	4%	12,867	20%	\$426,600,710	13%	\$1,057,921	0%
Other Duals	6,113	0%	0	0%	\$12,830,262	0%	\$0	0%
Disabled Non-Duals	179,143	12%	37	0%	\$866,932,931	27%	\$2,092	0%
All Other Non-Duals	1,108,307	72%	71	0%	\$1,347,636,578	41%	\$3,714	0%
Eligibility Group								
Aged	94,662	6%	9,344	10%	\$445,414,673	14%	\$688,460	0%
Disabled	321,280	21%	3,564	1%	\$1,451,213,996	44%	\$371,070	0%
Adults	466,647	30%	67	0%	\$714,221,338	22%	\$4,197	0%
Children	658,608	43%	0	0%	\$660,118,146	20%	\$0	0%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
TENNESSEE, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	12,975	1,053	8%	\$1,063,727	\$146,124	14%
Age						
0-3	0	0	0%	\$0	\$0	0%
4-5	0	0	0%	\$0	\$0	0%
6-12	1	0	0%	\$0	\$0	0%
13-18	0	0	0%	\$0	\$0	0%
19-21	2	0	0%	\$0	\$0	0%
22-44	700	164	23%	\$64,603	\$17,657	27%
45-64	2,020	283	14%	\$172,291	\$29,860	17%
65 and Older	10,252	606	6%	\$826,833	\$98,607	12%
Gender						
Female	8,091	707	9%	\$677,494	\$98,669	15%
Male	4,884	346	7%	\$386,233	\$47,455	12%
Race						
White	10,048	867	9%	\$772,656	\$114,316	15%
Black	2,779	171	6%	\$277,174	\$30,765	11%
Hispanic	22	3	14%	\$1,033	\$30	3%
American Indian/Alaskan Native	10	0	0%	\$905	\$0	0%
Asian/Pacific Islander	24	5	21%	\$6,989	\$557	8%
Other/Unknown	92	7	8%	\$4,970	\$456	9%
Dual Status						
Aged Duals with Full Medicaid	0	0	0%	\$0	\$0	0%
Disabled Duals with Full Medicaid	0	0	0%	\$0	\$0	0%
Duals with Limited Medicaid	12,867	1,046	8%	\$1,057,921	\$145,761	14%
Other Duals	0	0	0%	\$0	\$0	0%
Disabled Non-Duals	37	3	8%	\$2,092	\$15	1%
All Other Non-Duals	71	4	6%	\$3,714	\$348	9%
Eligibility Group						
Aged	9,344	528	6%	\$688,460	\$72,862	11%
Disabled	3,564	517	15%	\$371,070	\$72,994	20%
Adults	67	8	12%	\$4,197	\$268	6%
Children	0	0	0%	\$0	\$0	0%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
TENNESSEE, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	132	13%	0	0%	100	22%	32	5%
Major depression and affective psychoses	366	35%	0	0%	185	41%	181	30%
Other psychoses	80	8%	0	0%	16	4%	64	11%
Childhood psychoses	0	0%	0	0%	0	0%	0	0%
Neurotic & other depressive disorders	354	34%	0	0%	103	23%	251	41%
Personality disorders	3	0%	0	0%	1	0%	2	0%
Other mental disorders	22	2%	0	0%	7	2%	15	2%
Special symptoms or syndromes	39	4%	0	0%	14	3%	25	4%
Stress & adjustment reactions	49	5%	0	0%	15	3%	34	6%
Conduct disorders	8	1%	0	0%	6	1%	2	0%
Emotional disturbances	0	0%	0	0%	0	0%	0	0%
Hyperkinetic syndrome	0	0%	0	0%	0	0%	0	0%
No Diagnosis	0	0%	0	0%	0	0%	0	0%
Total	1,053	100%	0	0%	447	100%	606	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
TENNESSEE, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	0	0%	0
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	0	0	0	0	0	0%	0	0	0%	0
	13-18	0	0	0	0	0	0%	0	0	0%	0
	19-21	0	0	0	0	0	0%	0	0	0%	0
	22-44	0	0	1	0	1	1%	0	1	1%	0
	45-64	0	0	3	0	3	2%	0	12	8%	0
	65+	0	0	7	0	7	1%	0	22	5%	0
	All Ages	0	0	11	0	11	2%	0	35	5%	0
Male	0-3	0	0	0	0	0	0%	0	0	0%	0
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	0	0	0	0	0	0%	0	0	0%	0
	13-18	0	0	0	0	0	0%	0	0	0%	0
	19-21	0	0	0	0	0	0%	0	0	0%	0
	22-44	0	0	2	0	2	2%	0	2	2%	0
	45-64	0	0	5	0	5	4%	0	3	2%	0
	65+	0	0	0	0	0	0%	0	9	7%	0
	All Ages	0	0	7	0	7	2%	0	14	4%	0
Total	0-3	0	0	0	0	0	0%	0	0	0%	0
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	0	0	0	0	0	0%	0	0	0%	0
	13-18	0	0	0	0	0	0%	0	0	0%	0
	19-21	0	0	0	0	0	0%	0	0	0%	0
	22-44	0	0	3	0	3	2%	0	3	2%	0
	45-64	0	0	8	0	8	3%	0	15	5%	0
	65+	0	0	7	0	7	1%	0	31	5%	0
	All Ages	0	0	18	0	18	2%	0	49	5%	0

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
TENNESSEE, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	0	0%	0.00	0.00	0.00	0	0%	0.00
	4-5	0	0%	0.00	0.00	0.00	0	0%	0.00
	6-12	0	0%	0.00	0.00	0.00	0	0%	0.00
	13-18	0	0%	0.00	0.00	0.00	0	0%	0.00
	19-21	0	0%	0.00	0.00	0.00	0	0%	0.00
	22-44	8	11%	0.25	1.25	1.50	18	10%	1.17
	45-64	22	14%	0.05	1.36	1.41	57	8%	1.39
	65+	60	12%	0.08	1.32	1.40	432	7%	1.37
	All Ages	90	13%	0.09	1.32	1.41	507	7%	1.37
Male	0-3	0	0%	0.00	0.00	0.00	0	0%	0.00
	4-5	0	0%	0.00	0.00	0.00	0	0%	0.00
	6-12	0	0%	0.00	0.00	0.00	0	0%	0.00
	13-18	0	0%	0.00	0.00	0.00	0	0%	0.00
	19-21	0	0%	0.00	0.00	0.00	0	0%	0.00
	22-44	13	14%	0.38	1.08	1.46	27	8%	1.48
	45-64	12	9%	0.08	2.00	2.08	67	7%	1.36
	65+	16	13%	0.13	1.69	1.81	168	5%	1.37
	All Ages	41	12%	0.20	1.59	1.78	262	6%	1.38
Total	0-3	0	0%	0.00	0.00	0.00	0	0%	0.00
	4-5	0	0%	0.00	0.00	0.00	0	0%	0.00
	6-12	0	0%	0.00	0.00	0.00	0	0%	0.00
	13-18	0	0%	0.00	0.00	0.00	0	0%	0.00
	19-21	0	0%	0.00	0.00	0.00	0	0%	0.00
	22-44	21	13%	0.33	1.14	1.48	45	8%	1.36
	45-64	34	12%	0.06	1.59	1.65	124	7%	1.37
	65+	76	13%	0.09	1.39	1.49	600	6%	1.37
	All Ages	131	12%	0.12	1.40	1.53	769	6%	1.37

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
TENNESSEE, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	0	0%	0	0%	0	0%
4-5	0	0%	0	0%	0	0%
6-12	0	0%	0	0%	0	0%
13-18	0	0%	0	0%	0	0%
19-21	0	0%	0	0%	0	0%
22-44	0	0%	0	0%	0	0%
45-64	0	0%	0	0%	0	0%
65+	0	0%	0	0%	0	0%
All Ages	0	0%	0	0%	0	0%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
TENNESSEE, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	0	0%	0%	0%	0%	0%	0%	0%
Major depression and affective psychoses	0	0%	0%	0%	0%	0%	0%	0%
Other psychoses	0	0%	0%	0%	0%	0%	0%	0%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	0	0%	0%	0%	0%	0%	0%	0%
Personality disorders	0	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	0	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	0	0%	0%	0%	0%	0%	0%	0%
Stress & adjustment reactions	0	0%	0%	0%	0%	0%	0%	0%
Conduct disorders	0	0%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	0	0%	0%	0%	0%	0%	0%	0%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
TENNESSEE, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	100	0%	0%	0%	0%	0%	0%	0%
Major depression and affective psychoses	185	0%	0%	0%	0%	0%	0%	0%
Other psychoses	16	0%	0%	0%	0%	0%	0%	0%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	103	0%	0%	0%	0%	0%	0%	0%
Personality disorders	1	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	7	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	14	0%	0%	0%	0%	0%	0%	0%
Stress & adjustment reactions	15	0%	0%	0%	0%	0%	0%	0%
Conduct disorders	6	0%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	447	0%	0%	0%	0%	0%	0%	100%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
TENNESSEE, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotro- pic Drug Use
		Antidepres- sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	
Schizophrenia	32	0%	0%	0%	0%	0%	0%	0%
Major depression and affective psychoses	181	0%	0%	0%	0%	0%	0%	0%
Other psychoses	64	0%	0%	0%	0%	0%	0%	0%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	251	0%	0%	0%	0%	0%	0%	0%
Personality disorders	2	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	15	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	25	0%	0%	0%	0%	0%	0%	0%
Stress & adjustment reactions	34	0%	0%	0%	0%	0%	0%	0%
Conduct disorders	2	0%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	606	0%	0%	0%	0%	0%	0%	100%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).