

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 KENTUCKY

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KENTUCKY, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	763,686 (A)	146,862 (E)	616,824 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	728,488 (B)	112,279 (F)	616,209 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	596,720 (C)	99,450 (G)	497,270 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	17,269 (D)	16,182 (H)	1,087 (L)

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Kentucky in 2001 was \$616,106,960, of which \$20,680,045 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 2.1 percent were restricted benefit months without a pharmacy benefit in Kentucky, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 KENTUCKY, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>596,720</b>	<b>46,882</b>	<b>165,538</b>	<b>86,982</b>	<b>297,338</b>	<b>0</b>	<b>5,614,403</b>	<b>461,754</b>	<b>1,759,089</b>	<b>630,169</b>	<b>2,763,391</b>	<b>0</b>
<b>Age</b>												
5 and younger	116,625	2	3,709	29	112,885	0	1,046,503	13	38,966	117	1,007,407	0
6-14	144,884	0	12,367	19	132,498	0	1,425,478	0	136,312	106	1,289,060	0
15-20	71,483	2	9,264	10,832	51,385	0	638,510	11	98,424	75,936	464,139	0
21-44	129,447	11	57,157	71,739	540	0	1,129,893	92	605,734	521,348	2,719	0
45-64	68,422	55	64,005	4,333	29	0	698,586	425	665,461	32,637	63	0
65-74	25,896	11,648	14,240	8	0	0	276,359	115,329	161,013	17	0	0
75-84	22,795	18,795	3,999	1	0	0	233,605	188,917	44,687	1	0	0
85 and older	17,168	16,369	797	1	1	0	165,469	156,967	8,492	7	3	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	345,089	34,232	88,563	76,294	146,000	0	3,214,825	343,662	954,714	556,101	1,360,348	0
Male	251,625	12,650	76,969	10,668	151,338	0	2,399,506	118,092	804,303	74,068	1,403,043	0
Unknown	6	0	6	0	0	0	72	0	72	0	0	0
<b>Race</b>												
White	512,146	39,969	132,718	76,665	262,794	0	4,823,764	390,149	1,412,579	561,976	2,459,060	0
African American	49,698	3,493	8,637	8,698	28,870	0	446,002	35,046	89,521	62,382	259,053	0
Other/unknown	34,876	3,420	24,183	1,599	5,674	0	344,637	36,559	256,989	5,811	45,278	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	17,269	14,726	2,543	0	0	0	172,239	144,995	27,244	0	0	0
Part year	8,837	6,907	1,920	6	4	0	80,562	61,784	18,681	61	36	0
None	570,614	25,249	161,075	86,956	297,334	0	5,361,602	254,975	1,713,164	630,108	2,763,355	0
<b>Maintenance Assistance Status</b>												
Cash	279,437	18,209	153,923	38,290	69,015	0	2,845,692	199,660	1,658,246	305,181	682,605	0
Medically needy	33,071	3,104	3,085	12,742	14,140	0	259,926	19,799	12,917	91,410	135,800	0
Poverty-related	219,513	740	1,311	24,716	192,746	0	1,897,575	7,283	12,289	143,285	1,734,718	0
Other/unknown	64,699	24,829	7,219	11,214	21,437	0	611,210	235,012	75,637	90,293	210,268	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	95,659	43,064	52,007	572	16	0	996,776	428,883	564,417	3,407	69	0
Full dual, part year	3,791	1,914	1,852	25	0	0	37,723	19,676	17,812	235	0	0
Non-dual, all year	497,270	1,904	111,679	86,365	297,322	0	4,579,904	13,195	1,176,860	626,527	2,763,322	0
<b>Managed Care Status</b>												
FFS all year	585,463	46,215	163,330	84,289	291,629	0	5,571,801	457,698	1,747,851	622,695	2,743,557	0
FFS part year, with Rx claims	3,733	503	1,542	362	1,326	0	21,674	3,322	8,829	1,752	7,771	0
FFS part year, no Rx claims	7,524	164	666	2,311	4,383	0	20,928	734	2,409	5,722	12,063	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 KENTUCKY, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	76.5 %	19.8	\$998	\$50	\$4,755	21.0 %	596,720
<b>Age</b>							
5 and younger	74.2	5.4	194	36	1,891	10.2	116,625
6-14	70.0	5.8	273	47	1,832	14.9	144,884
15-20	69.5	6.4	321	50	2,891	11.1	71,483
21-44	77.7	18.5	1,100	59	4,979	22.1	129,447
45-64	86.1	52.1	2,885	55	9,303	31.0	68,422
65-74	88.3	58.0	2,753	48	9,173	30.0	25,896
75-84	90.8	61.8	2,638	43	13,757	19.2	22,795
85 and older	92.2	59.3	2,278	38	18,206	12.5	17,168
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	89.0	57.9	2,425	42	14,863	16.3	46,882
Disabled	85.6	41.1	2,352	57	8,567	27.5	165,538
Adults	73.6	9.1	415	45	2,840	14.6	86,962
Children	70.3	5.1	189	38	1,599	11.8	297,338
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	79.0	23.2	1,125	49	5,180	21.7	345,089
Male	73.0	15.2	823	54	4,171	19.7	251,625
Unknown	83.3	19.2	1,267	66	28,490	4.4	6
<b>Race</b>							
White	77.8	19.8	989	50	4,705	21.0	512,146
African American	61.6	11.5	554	48	4,176	13.3	49,698
Other/unknown	78.4	32.2	1,758	55	6,320	27.8	34,876
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.9	86.5	3,452	40	31,756	10.9	17,269
Part year	94.4	62.1	2,698	44	21,138	12.8	8,837
None	75.6	17.1	897	52	3,684	24.4	570,614

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	81.7	28.3	1,536	54	5,313	28.9	279,437
Medically needy	69.2	12.3	587	48	3,822	15.4	33,071
Poverty related	69.3	4.8	175	37	1,586	11.1	219,513
Other/unknown	81.9	38.0	1,676	44	13,572	12.4	64,699

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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

Table 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 KENTUCKY, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	2.1	\$106	21.0 %	23.5 %	45.8 %	8.3 %	11.3 %	8.1 %	3.0 %	\$505	596,720	5,614,403
<b>Age</b>												
5 and younger	0.6	22	10.2	25.8	65.2	6.6	2.3	0.1	0.0	211	116,625	1,046,503
6-14	0.6	28	14.9	30.0	60.2	5.9	3.4	0.4	0.1	186	144,884	1,425,478
15-20	0.7	36	11.1	30.5	56.7	7.7	4.4	0.6	0.1	324	71,483	638,510
21-44	2.1	126	22.1	22.3	41.2	12.3	15.7	6.9	1.6	571	129,447	1,129,893
45-64	5.1	283	31.0	13.9	14.4	9.6	26.3	25.7	10.1	911	68,422	698,586
65-74	5.4	258	30.0	11.7	11.7	8.8	26.7	29.0	12.1	860	25,896	276,359
75-84	6.0	257	19.2	9.2	9.0	7.6	27.5	32.2	14.5	1,342	22,795	233,605
85 and older	6.1	236	12.5	7.8	7.8	8.0	29.1	33.2	14.1	1,889	17,168	165,469
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>c</sup></b>												
Aged	5.9	246	16.3	11.0	9.7	8.0	27.1	30.3	14.0	1,509	46,882	461,754
Disabled	3.9	221	27.5	14.4	24.8	11.3	23.8	18.9	6.7	806	165,538	1,759,089
Adults	1.3	57	14.6	26.4	50.0	11.3	9.6	2.5	0.3	392	86,962	630,169
Children	0.5	20	11.8	29.7	62.0	5.8	2.4	0.2	0.0	172	297,338	2,763,391
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.5	121	21.7	21.0	44.2	8.7	12.5	9.9	3.9	556	345,089	3,214,825
Male	1.6	86	19.7	27.0	48.1	7.8	9.6	5.6	1.9	437	251,625	2,399,506
Unknown	1.6	106	4.4	16.7	16.7	50.0	16.7	0.0	0.0	2,374	6	72
<b>Race</b>												
White	2.1	105	21.0	22.2	47.2	8.5	11.1	8.0	3.1	500	512,146	4,823,764
African American	1.3	62	13.3	38.4	43.3	5.4	7.2	4.5	1.4	465	49,698	446,002
Other/unknown	3.3	178	27.8	21.6	29.6	9.9	19.3	14.8	4.7	640	34,876	344,637
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	8.7	346	10.9	2.1	3.5	4.5	22.0	37.8	30.2	3,184	17,269	172,239
Part year	6.8	296	12.8	5.6	7.6	8.0	27.0	34.2	17.6	2,319	8,837	80,562
None	1.8	96	24.4	24.4	47.7	8.4	10.7	6.8	2.0	392	570,614	5,361,602

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	Bene Mos	
				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
							Less	More than 2, but 5 or Less				
<b>Maintenance</b>												
<b>Assistance Status</b>												
Cash	2.8	151	28.9	18.3	37.8	10.2	17.5	12.5	3.8	522	279,437	2,845,692
Medically needy	1.6	75	15.4	30.8	43.1	8.5	10.0	5.5	2.1	486	33,071	259,926
Poverty related	0.6	20	11.1	30.7	60.5	6.2	2.4	0.2	0.0	184	219,513	1,897,575
Other/unknown	4.0	178	12.4	18.1	32.1	7.4	15.1	17.0	10.2	1,437	64,699	611,210

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 KENTUCKY, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs					
	No. of Rx	Rx \$ \$106	No. of Rx	Rx \$ \$50	No. of Rx	Rx \$ \$82	No. of Rx	Rx \$ \$44	No. of Rx	Rx \$ \$19	No. of Rx	Rx \$ \$20
<b>All</b>	<b>2.1</b>	<b>\$106</b>	<b>1.0</b>	<b>\$50</b>	<b>1.0</b>	<b>\$82</b>	<b>0.2</b>	<b>\$7</b>	<b>1.0</b>	<b>\$19</b>	<b>1.0</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.6	22	0.3	36	0.3	61	0.0	1	0.3	4	0.3	14
6-14	0.6	28	0.3	47	0.3	74	0.0	1	0.3	5	0.3	19
15-20	0.7	36	0.3	50	0.3	86	0.0	2	0.3	5	0.3	16
21-44	2.1	126	1.0	59	1.0	97	0.1	9	1.0	19	1.0	20
45-64	5.1	283	2.5	55	2.5	85	0.4	18	2.2	48	2.2	22
65-74	5.4	258	2.5	48	2.5	76	0.4	17	2.5	50	2.5	20
75-84	6.0	257	2.6	43	2.6	71	0.6	19	2.9	54	2.9	19
85 and older	6.1	236	2.4	38	2.4	67	0.6	21	3.1	56	3.1	18
Unknown	0.0	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	5.9	246	2.5	42	2.5	70	0.5	19	2.8	53	2.8	19
Disabled	3.9	221	1.9	57	1.9	90	0.3	15	1.7	37	1.7	22
Adults	1.3	57	0.6	45	0.6	76	0.1	3	0.6	10	0.6	16
Children	0.5	20	0.3	38	0.3	62	0.0	1	0.3	4	0.3	15
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>												
Female	2.5	121	1.2	49	1.2	78	0.2	8	1.1	21	1.1	19
Male	1.6	86	0.7	54	0.7	88	0.1	5	0.7	15	0.7	21
Unknown	1.6	106	0.8	66	0.8	125	0.0	1	0.8	8	0.8	10
<b>Race</b>												
White	2.1	105	1.0	50	1.0	81	0.2	7	1.0	19	1.0	20
African American	1.3	62	0.6	48	0.6	81	0.1	4	0.6	12	0.6	19
Other/unknown	3.3	178	1.6	55	1.6	85	0.2	12	1.4	30	1.4	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.7	346	3.4	40	3.4	69	0.8	29	4.5	81	4.5	18
Part year	6.8	296	2.8	44	2.8	74	0.6	26	3.4	66	3.4	20
None	1.8	96	0.9	52	0.9	83	0.1	6	0.8	16	0.8	20

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	2.8	151	1.3	116	0.2	10	1.2	25
Medically needy	1.6	75	0.7	56	0.1	5	0.7	13
Poverty related	0.6	20	0.3	16	0.0	1	0.3	4
Other/unknown	4.0	178	1.7	126	0.4	14	2.0	37

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.6 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 combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 KENTUCKY, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos				
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.3	0.2	0.0	0.1	\$13	\$11	\$0	\$2	\$41	\$65	\$52	\$13	1,194,816	\$49,045,934	354,087	59.3 %	3,737,525	
Biologics	0.2	0.2	0.0	0.0	146	117	10	18	700	662	3,036	678	7,384	5,170,557	3,411	0.6	35,527	
Antineoplastic Agents	0.6	0.2	0.2	0.2	113	66	31	16	184	363	141	74	50,398	9,260,795	8,080	1.4	81,883	
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	28	23	2	3	40	56	20	16	1,045,095	41,622,953	138,705	23.2	1,489,571	
Cardiovascular Agents	1.7	0.7	0.1	0.9	60	39	4	17	35	56	30	19	2,294,801	80,479,375	124,599	20.9	1,349,738	
Respiratory Agents	0.6	0.3	0.0	0.2	26	20	1	6	44	61	18	26	1,682,647	74,779,726	263,693	44.2	2,827,892	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	55	47	2	6	81	120	104	23	893,694	72,099,016	119,384	20.0	1,299,815	
Genitourinary Agents	0.3	0.2	0.0	0.1	15	13	0	2	46	59	44	20	158,804	7,379,748	45,752	7.7	486,687	
CNS Drugs	1.0	0.5	0.1	0.4	76	58	8	10	74	113	111	23	1,522,464	112,790,029	138,447	23.2	1,486,153	
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	34	26	1	7	59	72	49	35	102,788	6,065,213	16,353	2.7	178,948	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	82	81	0	1	120	128	37	20	39,615	4,772,379	5,564	0.9	58,218	
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	23	18	1	4	48	100	63	14	1,035,182	49,564,481	201,798	33.8	2,169,942	
Neuromuscular Agents	0.7	0.3	0.1	0.4	40	29	3	8	55	99	40	23	690,193	38,064,096	88,157	14.8	960,218	
Nutritional Products	0.6	0.0	0.2	0.4	12	1	4	7	22	35	27	19	300,950	6,588,764	53,173	8.9	536,031	
Hematological Agents	0.7	0.2	0.2	0.3	61	49	4	8	82	210	22	24	247,412	20,258,887	31,008	5.2	331,111	
Topical Products	0.3	0.1	0.0	0.2	7	4	0	2	28	57	33	14	478,897	13,379,444	170,572	28.6	1,840,789	
Miscellaneous Products	0.3	0.1	0.0	0.2	38	24	8	6	111	274	220	28	24,849	2,766,951	6,854	1.1	71,979	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	25	0	0	0	53,598	1,338,567	19,996	3.4	221,867	
<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.	11,823,587	595,426,915	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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 Kentucky, 0.6 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 KENTUCKY, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ULCER DRUGS	\$66,076,118	21.3 %	1,399,196	0.5	\$94	\$47		
ANTIDEPRESSANTS	52,120,437	24.5	1,594,684	0.5	62	33		
ANTIPSYCHOTICS	49,593,650	8.1	532,072	0.6	153	93		
ANTIASTHMATIC	45,310,111	32.3	2,112,587	0.4	55	21		
ANALGESICS - ANTI-INFLAMMATORY	31,645,344	30.3	1,979,758	0.3	54	16		
ANTICONVULSANT	29,274,104	10.0	660,647	0.7	65	44		
ANTIDIABETIC	27,197,367	10.3	675,567	0.7	58	40		
ANTHYPERLIPIDEMIC	24,476,538	6.8	457,058	0.7	81	54		
ANTIHYPERTENSIVE	20,830,561	13.0	854,564	0.7	37	24		
ANTIHISTAMINES	16,647,223	39.2	2,578,429	0.2	28	6		
Total	363,171,453		12,844,562	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2001 file for Kentucky, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.