

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 KENTUCKY

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	100,579	44,310	55,614	641	14	0	1,045,435	437,620	603,451	4,260	104	0		
Age														
5 and younger	4	0	4	0	0	0	40	0	40	0	0	0		
6-14	17	0	14	0	3	0	182	0	146	0	36	0		
15-20	230	0	224	6	0	0	2,441	0	2,385	56	0	0		
21-44	16,994	8	16,536	445	5	0	181,347	57	178,079	3,189	22	0		
45-64	21,673	44	21,448	177	4	0	227,764	380	226,397	954	33	0		
65-74	23,659	10,877	12,768	12	2	0	252,782	107,973	144,736	60	13	0		
75-84	21,885	18,049	3,835	1	0	0	225,810	182,636	43,173	1	0	0		
85 and older	16,116	15,331	785	0	0	0	155,059	146,564	8,495	0	0	0		
Unknown	1	1	0	0	0	0	10	10	0	0	0	0		
Gender														
Female	63,416	32,566	30,531	313	6	0	665,941	327,495	336,126	2,279	41	0		
Male	37,163	11,744	25,083	328	8	0	379,494	110,125	267,325	1,981	63	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	85,236	38,177	46,457	590	12	0	882,187	374,018	504,218	3,861	90	0		
African American	6,696	3,358	3,300	36	2	0	69,526	33,839	35,409	264	14	0		
Other/unknown	8,647	2,775	5,857	15	0	0	93,722	29,763	63,824	135	0	0		
Use of Nursing Facilities^c														
Entire year	15,050	13,192	1,858	0	0	0	152,982	132,772	20,210	0	0	0		
Part year	8,582	7,351	1,231	0	0	0	74,567	62,736	11,831	0	0	0		
None	76,947	23,767	52,525	641	14	0	817,886	242,112	571,410	4,260	104	0		
Maintenance Assistance Status														
Cash	63,338	16,585	46,491	261	1	0	701,528	182,710	516,675	2,134	9	0		
Medically needy	5,065	3,162	1,659	238	6	0	30,417	21,079	8,170	1,137	31	0		
Poverty-related	1,994	696	1,193	101	4	0	18,058	6,458	10,908	655	37	0		
Other/unknown	30,182	23,867	6,271	41	3	0	295,432	227,373	67,698	334	27	0		
Dual Medicare Status^d														
Full dual, all year	96,309	42,127	53,561	612	9	0	1,003,162	415,409	583,712	3,982	59	0		
Full dual, part year	4,270	2,183	2,053	29	5	0	42,273	22,211	19,739	278	45	0		
Managed Care Status														
FFS all year	99,283	43,725	54,910	634	14	0	1,038,631	434,528	599,781	4,218	104	0		
FFS part year, with Rx claims	977	449	525	3	0	0	5,412	2,526	2,865	21	0	0		
FFS part year, no Rx claims	319	136	179	4	0	0	1,392	566	805	21	0	0		

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

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	90.1 %	57.8	\$2,850	\$49	\$12,098	23.6 %	100,579
Age							
5 and younger	100.0	45.0	2,279	51	25,228	9.0	4
6-14	100.0	53.2	6,541	123	14,172	46.2	17
15-20	83.9	19.9	1,411	71	5,851	24.1	230
21-44	86.9	35.4	2,447	69	8,774	27.9	16,994
45-64	89.6	59.6	3,369	57	10,590	31.8	21,673
65-74	89.3	62.1	2,939	47	9,391	31.3	23,659
75-84	91.7	66.2	2,862	43	14,303	20.0	21,885
85 and older	93.1	61.7	2,447	40	18,692	13.1	16,116
Unknown	100.0	10.0	168	17	27,294	0.6	1
Basis of Eligibility^c							
Aged	90.0	61.5	2,628	43	15,434	17.0	44,310
Disabled	90.2	55.2	3,043	55	9,527	31.9	55,614
Adults	79.6	21.7	1,388	64	4,682	29.6	641
Children	50.0	30.6	3,189	104	5,769	55.3	14
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.8	64.4	3,067	48	12,989	23.6	63,416
Male	85.4	46.4	2,479	53	10,577	23.4	37,163
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.2	58.9	2,895	49	12,525	23.1	85,236
African American	87.7	48.8	2,396	49	14,278	16.8	6,696
Other/unknown	91.0	53.9	2,758	51	6,202	44.5	8,647
Use of Nursing Facilities^d							
Entire year	98.5	92.9	3,887	42	33,173	11.7	15,050
Part year	95.1	60.8	2,620	43	18,734	14.0	8,582
None	87.9	50.6	2,673	53	7,236	36.9	76,947
Maintenance Assistance Status							
Cash	91.1	53.3	2,766	52	6,545	42.3	63,338
Medically needy	68.2	33.7	1,642	49	9,958	16.5	5,065
Poverty related	67.6	15.4	918	60	3,090	29.7	1,994
Other/unknown	93.1	74.0	3,356	45	24,706	13.6	30,182

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

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	5.6	\$274	23.6 %	9.9 %	12.9 %	8.8 %	26.6 %	28.7 %	13.1 %	\$1,164	100,579	1,045,435
Age												
5 and younger	4.5	228	9.0	0.0	0.0	50.0	25.0	25.0	0.0	2,523	4	40
6-14	5.0	611	46.2	0.0	11.8	5.9	58.8	17.6	5.9	1,324	17	182
15-20	1.9	133	24.1	16.1	44.8	14.8	17.8	5.7	0.9	551	230	2,441
21-44	3.3	229	27.9	13.1	27.6	13.5	25.6	15.7	4.4	822	16,994	181,347
45-64	5.7	321	31.8	10.4	12.3	8.8	27.0	27.9	13.6	1,008	21,673	227,764
65-74	5.8	275	31.3	10.7	10.6	7.7	26.5	30.5	14.1	879	23,659	252,782
75-84	6.4	277	20.0	8.3	8.4	7.0	25.9	33.7	16.7	1,386	21,885	225,810
85 and older	6.4	254	13.1	6.9	7.1	7.6	28.6	34.2	15.6	1,943	16,116	155,059
Unknown	1.0	17	0.6	0.0	100.0	0.0	0.0	0.0	0.0	2,729	1	10
Basis of Eligibility^c												
Aged	6.2	266	17.0	10.0	8.9	7.4	26.5	31.5	15.9	1,563	44,310	437,620
Disabled	5.1	281	31.9	9.8	15.9	9.8	26.8	26.6	11.1	878	55,614	603,451
Adults	3.3	209	29.6	20.4	22.2	14.4	26.8	13.6	2.7	705	641	4,260
Children	4.1	429	55.3	50.0	0.0	0.0	28.6	14.3	7.1	777	14	104
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.1	292	23.6	7.2	10.0	8.0	27.3	32.1	15.4	1,237	63,416	665,941
Male	4.5	243	23.4	14.6	17.8	10.0	25.5	22.8	9.2	1,036	37,163	379,494
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.7	280	23.1	9.8	12.6	8.6	26.2	29.0	13.9	1,210	85,236	882,187
African American	4.7	231	16.8	12.3	15.4	9.8	28.5	25.5	8.6	1,375	6,696	69,526
Other/unknown	5.0	254	44.5	9.0	14.0	9.9	29.7	28.2	9.3	572	8,647	93,722
use of nursing Facilities^d												
Entire year	9.1	382	11.7	1.5	2.7	4.1	20.2	38.2	33.3	3,264	15,050	152,982
Part year	7.0	302	14.0	4.9	7.4	7.2	27.3	35.2	18.0	2,156	8,582	74,567
None	4.8	251	36.9	12.1	15.5	9.8	27.8	26.1	8.7	681	76,947	817,886
Maintenance Assistance Status												
Cash	4.8	250	42.3	8.9	15.8	10.2	28.9	27.1	9.0	591	63,338	701,528
Medically needy	5.6	273	16.5	31.8	8.4	7.4	19.9	21.2	11.3	1,658	5,065	30,417
Poverty related	1.7	101	29.7	32.4	34.1	11.0	15.9	5.7	0.9	341	1,994	18,058
Other/unknown	7.6	343	13.6	6.9	6.2	5.8	23.7	34.6	22.9	2,524	30,182	295,432

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	5.6	\$274	\$49	2.3	\$195	\$84	0.4	\$16	\$40	2.8	\$62	\$22
Age												
5 and younger	4.5	228	51	1.7	151	90	0.4	35	93	2.5	43	17
6-14	5.0	611	123	1.6	507	309	0.6	59	98	2.7	44	17
15-20	1.9	133	71	0.8	102	122	0.1	7	55	0.9	24	27
21-44	3.3	229	69	1.5	173	116	0.2	14	63	1.6	42	26
45-64	5.7	321	57	2.5	237	93	0.4	17	45	2.7	67	24
65-74	5.8	275	47	2.5	196	79	0.4	15	37	2.9	64	22
75-84	6.4	277	43	2.6	192	74	0.5	17	34	3.3	69	21
85 and older	6.4	254	40	2.4	168	71	0.5	18	34	3.5	69	20
Unknown	1.0	17	17	0.2	8	42	0.0	0	0	0.6	4	7
Basis of Eligibility^d												
Aged	6.2	266	43	2.5	183	74	0.5	17	35	3.3	66	20
Disabled	5.1	281	55	2.2	205	92	0.3	16	46	2.5	60	24
Adults	3.3	209	64	1.5	159	109	0.2	11	51	1.6	38	24
Children	4.1	429	104	2.0	359	184	0.3	25	96	1.9	46	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.1	292	48	2.6	208	81	0.4	17	38	3.1	67	22
Male	4.5	243	53	1.9	174	93	0.3	14	44	2.4	55	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.7	280	49	2.4	200	84	0.4	16	39	2.9	64	22
African American	4.7	231	49	1.9	160	84	0.3	13	41	2.4	57	24
Other/unknown	5.0	254	51	2.2	183	83	0.3	17	49	2.4	54	23
Use of Nursing Facilities^e												
Entire year	9.1	382	42	3.4	256	74	0.7	25	36	5.0	101	20
Part year	7.0	302	43	2.7	204	76	0.6	20	36	3.7	77	21
None	4.8	251	53	2.1	183	88	0.3	14	42	2.3	54	23
Maintenance Assistance Status												
Cash	4.8	250	52	2.1	182	87	0.3	14	42	2.4	54	23
Medically needy	5.6	273	49	2.3	184	82	0.4	17	40	2.9	72	25
Poverty related	1.7	101	60	0.7	69	92	0.1	6	47	0.8	27	33
Other/unknown	7.6	343	45	3.0	236	80	0.6	22	37	4.0	84	21

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 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 (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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

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. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$17	\$1	\$3	\$55	\$84	\$89	\$16	272,128	\$14,992,005	64,587	64.2 %	712,818
Biologics	0.1	0.1	0.0	0.0	88	3	23	62	665	33	3,822	1,276	1,735	1,154,407	1,180	1.2	13,192
Antineoplastic Agents	0.6	0.1	0.1	0.4	89	45	11	33	147	301	136	87	37,255	5,464,411	6,145	6.1	61,581
Endocrine/Metabolic Drugs	1.1	0.6	0.2	0.3	44	33	4	8	41	58	21	23	560,100	23,029,917	48,190	47.9	526,111
Cardiovascular Agents	2.1	0.7	0.2	1.2	70	42	6	22	34	59	33	19	1,490,050	50,884,483	67,190	66.8	725,161
Respiratory Agents	0.9	0.5	0.1	0.4	47	35	3	9	50	68	46	25	565,649	28,109,360	54,643	54.3	601,313
Gastrointestinal Agents	0.8	0.3	0.0	0.5	43	28	1	14	52	107	93	26	467,089	24,453,253	52,146	51.8	570,708
Genitourinary Agents	0.5	0.4	0.0	0.1	28	25	0	3	55	67	36	23	97,087	5,381,011	17,564	17.5	193,458
CNS Drugs	1.4	0.7	0.0	0.6	97	77	3	17	71	114	75	26	795,129	56,437,362	54,097	53.8	582,985
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	46	33	4	8	82	138	79	30	3,490	286,501	564	0.6	6,282
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	87	87	0	1	125	129	11	21	44,910	5,599,676	6,268	6.2	64,208
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	39	31	1	8	49	97	56	16	505,219	24,988,836	57,652	57.3	633,421
Neuromuscular Agents	0.9	0.4	0.1	0.5	56	38	6	13	60	108	52	26	333,630	19,894,718	32,171	32.0	352,929
Nutritional Products	0.7	0.0	0.1	0.7	14	0	1	12	20	31	22	19	194,962	3,815,815	25,621	25.5	272,438
Hematological Agents	0.8	0.3	0.1	0.4	53	44	2	7	64	143	19	17	205,949	13,090,280	23,147	23.0	246,322
Topical Products	0.5	0.2	0.0	0.2	16	11	1	4	35	57	38	17	196,600	6,787,149	39,321	39.1	435,614
Miscellaneous Products	0.4	0.1	0.0	0.2	41	24	9	8	114	269	270	33	15,101	1,726,066	4,000	4.0	41,992
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	21	0	0	0	26,010	535,580	7,886	7.8	88,070
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,812,093	286,630,830	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.6 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 therapeutic category during 2002. 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/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 (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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$28,114,662	23,805	23.7 %	257,788	0.7	\$160	\$109
ANTIDEPRESSANTS	23,145,574	54,496	54.2	596,178	0.7	58	39
ULCER DRUGS	20,146,507	67,640	67.3	758,177	0.4	61	27
ANTIASTHMATIC	17,422,709	53,505	53.2	590,097	0.5	57	30
ANTIDIABETIC	15,950,471	35,730	35.5	392,754	0.7	56	41
ANTICONVULSANT	15,009,040	25,998	25.8	285,884	0.8	66	53
ANALGESICS - ANTI-INFLAMMATORY	14,997,630	43,141	42.9	488,001	0.5	68	31
ANTHYPERLIPIDEMIC	14,641,500	24,520	24.4	277,520	0.7	78	53
ANTHYPERTENSIVE	13,534,030	45,314	45.1	498,859	0.7	39	27
CALCIUM BLOCKERS	8,919,259	22,392	22.3	245,448	0.8	47	36
Total	171,881,382	396,541		4,390,706	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,665,463	\$171,881,382	23,805	23.7 %	257,788	0.7	\$109	54,496	54.2 %	596,178	0.7	\$39
Female	1,806,745	113,936,959	14,715	23.2	159,262	0.7	98	38,178	60.2	419,104	0.7	40
Disabled	954,728	65,441,331	6,812	22.3	77,193	0.6	111	21,573	70.7	245,254	0.6	40
5 and younger	29	607	0	0.0	0	0.0	0	2	66.7	8	0.3	2
6-14	54	7,018	1	16.7	7	0.9	643	3	50.0	23	0.5	27
15-20	761	63,041	23	27.7	270	0.4	90	42	50.6	481	0.4	33
21-44	146,805	12,374,587	2,271	32.5	25,741	0.6	112	5,779	82.8	65,513	0.5	40
45-64	407,466	28,983,306	2,836	23.4	32,199	0.7	122	9,930	82.0	112,206	0.6	43
65-74	292,329	17,956,758	1,063	13.4	12,060	0.7	97	4,344	54.7	50,158	0.7	35
75-84	91,326	5,182,128	490	17.5	5,569	0.6	75	1,258	44.9	14,508	0.7	31
85 and older	15,958	873,886	128	21.2	1,347	0.7	80	215	35.5	2,357	0.7	38
Other Eligibles	852,017	48,495,628	7,903	24.0	82,069	0.7	85	16,605	50.5	173,850	0.8	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	695	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	1,118	1	16.7	10	0.1	28	2	33.3	12	0.3	18
21-44	2,704	200,579	54	20.7	498	0.4	79	203	77.8	1,927	0.4	30
45-64	1,530	114,547	13	18.6	149	0.5	117	61	87.1	585	0.7	46
65-74	186,334	11,227,785	1,306	19.3	13,856	0.7	103	3,299	48.7	35,239	0.7	39
75-84	381,350	21,803,869	3,212	24.2	33,646	0.7	89	6,978	52.5	74,398	0.8	40
85 and older	280,058	15,147,035	3,317	26.6	33,910	0.6	74	6,062	48.6	61,689	0.8	40
Male	858,718	57,944,423	9,090	24.5	98,526	0.7	128	16,318	43.9	177,074	0.6	36
Disabled	592,806	42,838,899	6,096	24.3	68,715	0.7	146	11,425	45.5	128,061	0.6	36
5 and younger	11	662	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	126	17,053	0	0.0	0	0.0	0	4	50.0	40	0.4	8
15-20	1,395	140,607	30	21.3	343	0.7	150	48	34.0	551	0.4	34
21-44	159,522	14,048,046	2,895	30.3	32,894	0.7	151	4,792	50.2	53,964	0.5	36
45-64	248,329	17,821,268	2,334	25.0	26,086	0.8	157	4,446	47.6	49,178	0.6	38
65-74	152,389	9,060,809	653	13.5	7,398	0.7	102	1,788	37.1	20,366	0.6	31
75-84	27,005	1,527,313	137	13.3	1,495	0.7	100	293	28.4	3,343	0.6	30
85 and older	4,029	223,141	47	26.1	499	0.7	68	54	30.0	619	0.8	39
Other Eligibles	265,912	15,105,524	2,994	24.8	29,811	0.7	86	4,893	40.5	49,013	0.8	38
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	45	1,441	0	0.0	0	0.0	0	2	100.0	24	0.6	39
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,190	167,603	27	13.7	258	0.4	88	131	66.5	1,196	0.4	31
45-64	1,420	119,121	21	13.5	201	0.8	183	44	28.4	353	0.5	31
65-74	91,931	5,471,352	816	19.8	8,529	0.7	102	1,518	36.9	15,583	0.7	39
75-84	115,748	6,380,452	1,309	27.5	12,998	0.7	84	2,031	42.7	20,427	0.8	39
85 and older	54,578	2,965,555	821	28.8	7,825	0.6	70	1,167	40.9	11,430	0.8	36
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTI-ASTHMATIC					ANTI-DIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	67,640	67.3 %	758,177	0.4	\$27	53,505	53.2 %	590,097	0.5	\$30	35,730	35.5 %	392,754	0.7	\$41
Female	46,161	72.8	518,279	0.4	27	35,123	55.4	389,408	0.5	29	24,744	39.0	273,505	0.7	40
Disabled	25,117	82.3	290,012	0.4	25	20,457	67.0	233,855	0.5	31	12,629	41.4	143,850	0.7	45
5 and younger	1	33.3	12	0.8	6	1	33.3	12	0.2	14	1	33.3	12	0.5	18
6-14	5	83.3	45	0.4	23	1	16.7	7	0.3	7	1	16.7	2	0.5	14
15-20	20	24.1	237	0.3	20	19	22.9	221	0.2	9	8	9.6	93	0.5	28
21-44	4,236	60.7	48,580	0.3	22	3,195	45.8	36,649	0.4	24	1,131	16.2	12,648	0.6	42
45-64	10,676	88.2	122,867	0.4	26	8,955	74.0	101,944	0.5	33	5,352	44.2	60,165	0.7	47
65-74	7,262	91.4	84,581	0.4	26	6,234	78.5	71,689	0.5	33	4,591	57.8	53,186	0.7	46
75-84	2,462	87.8	28,553	0.4	26	1,732	61.8	19,765	0.5	28	1,347	48.1	15,565	0.7	39
85 and older	455	75.2	5,137	0.5	28	320	52.9	3,568	0.5	28	198	32.7	2,179	0.7	31
Other Eligibles	21,044	64.0	228,267	0.5	29	14,666	44.6	155,553	0.5	26	12,115	36.8	129,655	0.7	35
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	2	33.3	20	0.2	5	4	66.7	34	0.4	13	1	16.7	11	0.1	1
21-44	116	44.4	1,109	0.3	19	66	25.3	556	0.3	22	33	12.6	239	0.5	28
45-64	52	74.3	530	0.3	27	26	37.1	257	0.5	43	24	34.3	253	0.6	43
65-74	4,206	62.1	46,659	0.4	26	3,472	51.2	37,811	0.5	30	3,122	46.1	34,005	0.7	39
75-84	9,059	68.1	99,786	0.5	29	6,131	46.1	65,778	0.5	27	5,512	41.5	59,768	0.8	36
85 and older	7,609	61.0	80,163	0.5	32	4,967	39.8	51,117	0.4	20	3,423	27.4	35,379	0.7	29
Male	21,479	57.8	239,898	0.4	26	18,382	49.5	200,689	0.5	31	10,986	29.6	119,249	0.7	42
Disabled	14,902	59.4	170,654	0.4	25	11,919	47.5	134,598	0.5	32	7,054	28.1	79,003	0.7	46
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	6	75.0	68	0.3	27	1	12.5	12	0.1	1	1	12.5	12	0.5	38
15-20	34	24.1	403	0.4	23	37	26.2	398	0.6	38	2	1.4	17	0.6	61
21-44	4,230	44.3	48,544	0.4	23	2,404	25.2	27,349	0.4	25	1,310	13.7	14,663	0.7	47
45-64	5,932	63.5	67,325	0.4	26	4,800	51.4	53,525	0.5	32	3,284	35.1	36,156	0.7	46
65-74	3,770	78.2	43,676	0.4	26	3,846	79.7	43,946	0.6	36	2,133	44.2	24,511	0.7	46
75-84	791	76.6	9,100	0.5	26	733	71.0	8,329	0.6	31	283	27.4	3,185	0.7	40
85 and older	139	77.2	1,538	0.5	28	98	54.4	1,039	0.5	26	41	22.8	459	0.7	41
Other Eligibles	6,577	54.4	69,244	0.5	29	6,463	53.5	66,091	0.5	29	3,932	32.5	40,246	0.7	34
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	82	41.6	750	0.3	22	59	29.9	529	0.4	26	38	19.3	250	0.7	43
45-64	47	30.3	403	0.4	26	42	27.1	330	0.4	22	32	20.6	199	0.6	49
65-74	2,075	50.4	22,402	0.5	27	2,145	52.1	22,526	0.6	34	1,418	34.5	14,799	0.7	38
75-84	2,721	57.2	28,890	0.5	29	2,765	58.1	28,595	0.5	28	1,701	35.8	17,622	0.7	34
85 and older	1,652	57.9	16,799	0.5	31	1,452	50.9	14,111	0.5	25	743	26.0	7,376	0.7	29
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	ANTICONVULSANT				ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERLIPIDEMIC						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	25,998	25.8 %	285,884	0.8	\$53	43,141	42.9 %	488,001	0.5	\$31	24,520	24.4 %	277,520	0.7	\$55
Female	16,026	25.3	176,762	0.8	50	29,614	46.7	335,503	0.5	33	16,326	25.7	185,381	0.7	53
Disabled	10,067	33.0	114,214	0.7	57	17,455	57.2	201,788	0.4	31	9,852	32.3	113,581	0.7	53
5 and younger	0	0.0	0	0.0	0	1	33.3	4	0.3	4	1	33.3	4	0.3	1
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	27	32.5	315	0.5	30	27	32.5	319	0.3	7	2	2.4	24	0.6	45
21-44	3,352	48.0	37,845	0.7	71	3,829	54.8	43,911	0.3	19	801	11.5	9,151	0.5	40
45-64	4,434	36.6	50,183	0.8	57	7,143	59.0	82,024	0.4	34	4,472	36.9	51,047	0.6	52
65-74	1,677	21.1	19,300	0.7	40	4,693	59.1	54,979	0.5	36	3,553	44.7	41,454	0.7	57
75-84	494	17.6	5,638	0.7	31	1,526	54.4	17,869	0.5	34	931	33.2	10,895	0.7	56
85 and older	83	13.7	933	0.8	26	236	39.0	2,682	0.5	35	92	15.2	1,006	0.7	56
Other Eligibles	5,959	18.1	62,548	0.9	38	12,159	37.0	133,715	0.5	37	6,474	19.7	71,800	0.7	53
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	2	33.3	13	0.3	4	0	0.0	0	0.0	0
21-44	95	36.4	949	0.4	30	127	48.7	1,230	0.3	18	16	6.1	157	0.3	22
45-64	23	32.9	244	0.8	59	35	50.0	348	0.4	23	12	17.1	106	0.6	50
65-74	1,499	22.1	15,972	0.9	45	2,568	37.9	28,827	0.5	35	2,124	31.4	23,611	0.7	53
75-84	2,588	19.5	27,592	0.9	39	5,401	40.6	60,350	0.5	37	3,156	23.7	35,454	0.7	54
85 and older	1,754	14.1	17,791	0.8	31	4,026	32.3	42,947	0.6	38	1,166	9.3	12,472	0.7	49
Male	9,972	26.8	109,122	0.8	56	13,527	36.4	152,498	0.4	25	8,194	22.0	92,139	0.7	52
Disabled	7,580	30.2	85,069	0.8	61	10,297	41.1	117,892	0.4	23	6,143	24.5	70,086	0.7	52
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	2	25.0	24	0.8	462	1	12.5	8	0.1	8	0	0.0	0	0.0	0
15-20	42	29.8	492	0.6	67	45	31.9	509	0.2	9	1	0.7	12	0.3	15
21-44	3,554	37.2	40,079	0.8	67	3,629	38.0	41,419	0.3	14	1,204	12.6	13,749	0.6	42
45-64	2,916	31.2	32,388	0.9	60	3,852	41.2	43,716	0.4	27	2,909	31.1	32,773	0.7	53
65-74	885	18.3	10,065	0.7	41	2,236	46.4	26,068	0.5	30	1,741	36.1	20,217	0.7	57
75-84	153	14.8	1,730	0.7	29	474	45.9	5,480	0.4	28	267	25.9	3,105	0.7	57
85 and older	28	15.6	291	0.7	31	60	33.3	692	0.5	29	21	11.7	230	0.8	56
Other Eligibles	2,392	19.8	24,053	0.8	39	3,230	26.7	34,606	0.5	31	2,051	17.0	22,053	0.7	51
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	69	35.0	582	0.4	42	88	44.7	818	0.3	20	40	20.3	325	0.4	35
45-64	23	14.8	189	0.7	71	43	27.7	378	0.4	24	17	11.0	121	0.6	58
65-74	857	20.8	9,064	0.9	44	1,080	26.2	11,866	0.5	28	932	22.6	10,231	0.7	51
75-84	995	20.9	9,952	0.9	36	1,276	26.8	13,962	0.5	32	871	18.3	9,361	0.7	52
85 and older	448	15.7	4,266	0.8	34	743	26.0	7,582	0.5	34	191	6.7	2,015	0.7	48
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				CALCIUM BLOCKERS				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Bene Mos
	No. of Users	45.1 %	No. of Bene Mos among Users	0.7	Mean Rx \$	No. of Users	22.3 %	No. of Bene Mos among Users											
All	45,314	45.1 %	498,859	0.7	\$27	22,392	22.3 %	245,448	0.8	\$36	100,579	1,045,435							
Female	30,686	48.4	338,798	0.7	28	15,995	25.2	175,842	0.8	36	63,415	665,931							
Disabled	14,031	46.0	160,354	0.7	28	6,907	22.6	78,952	0.8	37	30,531	336,126							
5 and younger	1	33.3	12	0.3	2	1	33.3	12	0.4	8	3	28							
6-14	1	16.7	9	0.8	7	1	16.7	12	0.5	60	6	54							
15-20	3	3.6	27	0.1	3	1	1.2	12	0.5	30	83	901							
21-44	1,245	17.8	14,038	0.6	22	449	6.4	5,079	0.6	34	6,982	75,804							
45-64	5,540	45.8	62,353	0.7	27	2,591	21.4	29,267	0.7	36	12,104	130,547							
65-74	5,077	63.9	58,947	0.7	30	2,672	33.6	30,794	0.8	38	7,945	90,442							
75-84	1,832	65.4	21,297	0.7	28	979	34.9	11,409	0.8	37	2,803	31,795							
85 and older	332	54.9	3,671	0.7	28	213	35.2	2,367	0.8	39	605	6,555							
Other Eligibles	16,655	50.6	178,444	0.7	27	9,088	27.6	96,890	0.8	36	32,884	329,805							
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
6-14	2	200.0	24	0.2	6	1	100.0	12	0.8	47	1	12							
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	56							
21-44	41	15.7	348	0.5	21	19	7.3	170	0.5	21	261	1,882							
45-64	20	28.6	218	0.5	20	10	14.3	86	0.7	30	70	558							
65-74	3,653	53.9	40,011	0.7	28	1,791	26.4	19,377	0.8	37	6,775	68,940							
75-84	7,286	54.8	79,630	0.7	28	3,979	29.9	43,181	0.8	36	13,294	137,347							
85 and older	5,653	45.3	58,213	0.7	26	3,288	26.4	34,064	0.8	34	12,477	121,010							
Male	14,628	39.4	160,061	0.7	26	6,397	17.2	69,606	0.8	37	37,163	379,494							
Disabled	9,311	37.1	104,741	0.7	27	4,003	16.0	45,016	0.8	38	25,083	267,325							
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.9	55	1	12							
6-14	6	75.0	68	0.6	10	3	37.5	36	0.7	72	8	92							
15-20	16	11.3	179	0.6	23	6	4.3	70	0.7	49	141	1,484							
21-44	1,903	19.9	21,400	0.6	25	681	7.1	7,528	0.7	38	9,554	102,275							
45-64	3,936	42.1	43,388	0.7	27	1,647	17.6	18,194	0.7	37	9,344	95,850							
65-74	2,824	58.6	32,481	0.7	28	1,336	27.7	15,409	0.8	39	4,823	54,294							
75-84	555	53.8	6,424	0.7	26	280	27.1	3,209	0.8	36	1,032	11,378							
85 and older	71	39.4	801	0.6	24	49	27.2	558	0.7	29	180	1,940							
Other Eligibles	5,317	44.0	55,320	0.7	26	2,394	19.8	24,590	0.8	34	12,080	112,169							
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
6-14	3	150.0	36	0.9	14	0	0.0	0	0.0	0	2	24							
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
21-44	53	26.9	421	0.5	20	18	9.1	134	0.7	49	197	1,386							
45-64	43	27.7	350	0.7	28	17	11.0	116	0.7	36	155	809							
65-74	1,913	46.5	20,232	0.7	26	790	19.2	8,163	0.7	35	4,116	39,106							
75-84	2,214	46.6	23,380	0.7	26	1,028	21.6	10,797	0.8	34	4,756	45,290							
85 and older	1,091	38.2	10,901	0.7	24	541	19.0	5,380	0.7	32	2,854	25,554							
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10							

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$382	9.1	15,050	152,982
Age				
0-64	503	10.7	982	10,684
65-74	475	10.7	2,003	20,919
75-84	410	9.7	5,245	53,731
85 and older	313	8.0	6,819	67,638
Unknown	17	1.0	1	10
Gender				
Female	371	9.0	11,323	116,013
Male	417	9.4	3,727	36,969
Unknown	0	0.0	0	0
Race				
White	387	9.2	13,707	139,142
African American	335	8	1,220	12,681
Other/unknown	366	8.4	123	1,159
Basis of Eligibility^c				
Aged	368	9.0	13,192	132,772
Disabled	478	10.3	1,858	20,210
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx			Total Rx \$			Users		
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.5	0.3	0.0	0.2	\$25	\$20	\$2	\$3	\$55	\$80	\$79	\$16	55,237	\$3,027,211	11,478	76.3 %	121,809
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	21	18	0	26	889	18,350	693	4.6	7,811
Antineoplastic Agents	0.7	0.1	0.1	0.5	83	19	17	47	114	209	130	93	16,618	1,890,820	2,280	15.1	22,741
Endocrine/Metabolic Drugs	1.2	0.7	0.1	0.4	45	34	3	8	36	52	19	18	108,779	3,935,364	8,323	55.3	87,263
Cardiovascular Agents	2.2	0.5	0.2	1.5	59	26	7	26	26	50	30	18	274,866	7,231,873	11,914	79.2	122,549
Respiratory Agents	0.9	0.4	0.1	0.5	38	23	3	12	40	58	43	24	102,025	4,039,349	10,194	67.7	107,638
Gastrointestinal Agents	1.2	0.4	0.0	0.8	51	31	0	19	44	82	58	25	119,483	5,236,782	9,826	65.3	103,297
Genitourinary Agents	0.7	0.4	0.0	0.2	33	27	1	6	51	63	34	28	32,002	1,636,303	4,579	30.4	48,950
CNS Drugs	2.2	1.1	0.1	1.0	122	99	4	19	55	87	54	19	260,018	14,230,250	11,244	74.7	116,767
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	26	14	2	10	28	73	43	14	853	23,686	87	0.6	924
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	96	96	0	0	120	121	0	23	22,617	2,708,075	2,763	18.4	28,280
Analgesics and Anesthetics	1.1	0.4	0.1	0.7	44	34	2	8	39	79	38	13	104,036	4,026,582	8,669	57.6	90,554
Neuromuscular Agents	1.5	0.5	0.2	0.8	68	38	8	22	47	78	46	28	82,357	3,853,041	5,333	35.4	56,542
Nutritional Products	0.9	0.0	0.1	0.9	17	0	1	16	18	22	22	18	67,592	1,228,959	6,888	45.8	71,424
Hematological Agents	1.1	0.3	0.3	0.5	49	39	4	7	44	114	15	13	65,202	2,853,004	5,583	37.1	57,884
Topical Products	0.7	0.3	0.1	0.4	22	13	2	6	31	49	36	17	74,641	2,344,265	10,109	67.2	108,650
Miscellaneous Products	0.3	0.0	0.0	0.2	5	2	0	3	20	39	176	14	5,199	104,624	1,904	12.7	20,271
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	5,086	113,926	1,673	11.1	18,242
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,397,500	58,502,464	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 2002. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). 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.

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; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$7,164,021	6,740	44.8 %	71,895	0.8	\$128	\$100
ANTIDEPRESSANTS	5,401,473	10,173	67.6	107,251	1.0	51	50
ULCER DRUGS	4,202,244	10,350	68.8	110,962	0.6	61	38
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,708,075	2,714	18.0	28,084	0.8	120	96
ANTICONVULSANT	2,647,529	4,722	31.4	50,792	1.2	45	52
ANTIDIABETIC	2,415,072	6,403	42.5	68,159	0.8	42	35
ANTIASTHMATIC	2,384,635	8,537	56.7	89,862	0.5	49	27
ANALGESICS - ANTI-INFLAMMATORY	2,054,003	4,882	32.4	52,767	0.6	60	39
ANTHYPERTENSIVE	2,014,950	6,642	44.1	69,820	0.8	35	29
DERMATOLOGICAL	2,008,346	26,616	176.9	291,595	0.3	21	7
Total	33,000,348	87,779		941,187	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

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

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, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Users of All-Year NF Residents	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
			No. of Rx	Rx \$	No. of Users										Residents
All	607,073	\$33,000,348	6,740	44.8 %	71,895	0.8	\$100	10,173	67.6 %	107,251	1.0	\$50			
Female	445,716	24,120,518	4,856	42.9	52,063	0.8	98	7,696	68.0	81,487	1.0	50			
Disabled	53,187	3,163,426	607	58.9	6,799	0.8	120	700	67.9	7,726	1.1	58			
64 or younger	26,587	1,615,409	264	55.2	2,987	0.9	129	347	72.6	3,841	1.1	60			
65-74	13,783	782,996	149	57.5	1,650	0.9	117	176	68.0	1,945	1.1	56			
75-84	8,635	530,441	138	74.2	1,548	0.8	109	124	66.7	1,377	0.9	52			
85 and older	4,182	234,580	56	51.9	614	0.8	113	53	49.1	563	1.1	62			
Other Eligibles	392,526	20,957,070	4,249	41.3	45,264	0.8	94	6,996	68.0	73,761	1.0	49			
64 or younger	36	1,181	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	50,643	2,822,973	516	54.6	5,605	0.9	114	817	86.5	8,736	1.0	54			
75-84	161,455	8,872,312	1,737	47.0	18,546	0.8	101	2,808	75.9	29,917	1.0	51			
85 and older	180,392	9,260,604	1,996	35.4	21,113	0.7	83	3,371	59.7	35,108	0.9	47			
Male	161,357	8,879,830	1,884	50.6	19,832	0.8	105	2,477	66.5	25,764	1.0	51			
Disabled	42,791	2,491,864	441	53.3	4,887	0.8	132	538	65.1	5,891	1.0	59			
64 or younger	27,074	1,552,696	254	50.5	2,798	0.8	141	341	67.8	3,738	1.1	61			
65-74	11,310	667,716	115	57.2	1,314	0.8	122	143	71.1	1,550	1.0	55			
75-84	3,101	208,959	54	65.1	589	0.8	127	38	45.8	417	1.0	59			
85 and older	1,306	62,493	18	45.0	186	1.0	82	16	40.0	186	0.9	45			
Other Eligibles	118,566	6,387,966	1,443	49.8	14,945	0.8	96	1,939	66.9	19,873	1.0	49			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	29,325	1,641,785	350	58.5	3,803	0.7	105	447	74.7	4,676	1.0	53			
75-84	56,163	3,014,524	672	52.6	6,873	0.8	100	890	69.7	9,150	1.0	50			
85 and older	33,078	1,731,657	421	41.1	4,269	0.7	83	602	58.7	6,047	0.9	44			
Unknown	3	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a,b,c,d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	ULCER DRUGS										MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL										ANTICONVULSANT															
	Users as %					Users as %					Users as %					Users as %					Users as %					Users as %										
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	NF	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	NF	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	NF	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	NF	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	Mean No. of Rx		
All	10,350	68.8 %	0.6	\$38	0.6	2,714	18.0 %	28,084	0.8	\$96	4,722	31.4 %	50,792	1.2	\$52																					
Female	7,675	67.8	0.6	38	0.6	2,057	18.2	21,384	0.8	95	3,211	28.4	34,667	1.1	50																					
Disabled	785	76.1	0.6	40	0.6	90	8.7	973	0.8	117	634	61.5	7,104	1.3	67																					
64 or younger	356	74.5	0.7	40	0.7	27	5.6	289	0.9	187	375	78.5	4,218	1.4	75																					
65-74	217	83.8	0.6	41	0.6	21	8.1	212	0.8	93	154	59.5	1,708	1.2	63																					
75-84	135	72.6	0.6	39	0.6	22	11.8	257	0.7	91	73	39.2	824	1.0	48																					
85 and older	77	71.3	0.6	38	0.6	20	18.5	215	0.6	77	32	29.6	354	1.0	36																					
Other Eligibles	6,890	67.0	0.6	38	0.6	1,967	19.1	20,411	0.8	94	2,577	25.0	27,563	1.1	46																					
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	1	100.0	12	2.5	85																					
65-74	688	72.8	0.6	39	0.6	160	16.9	1,635	0.8	97	494	52.3	5,413	1.2	59																					
75-84	2,607	70.5	0.6	38	0.6	828	22.4	8,627	0.8	97	1,142	30.9	12,334	1.1	48																					
85 and older	3,595	63.7	0.6	38	0.6	979	17.3	10,149	0.8	91	940	16.6	9,804	1.0	36																					
Male	2,675	71.8	0.6	38	0.6	657	17.6	6,700	0.8	102	1,511	40.5	16,125	1.2	56																					
Disabled	644	77.9	0.7	41	0.7	70	8.5	776	0.8	123	543	65.7	6,062	1.4	69																					
64 or younger	383	76.1	0.7	39	0.7	30	6.0	331	0.8	160	381	75.7	4,229	1.4	75																					
65-74	164	81.6	0.6	42	0.6	23	11.4	256	0.8	100	121	60.2	1,382	1.2	60																					
75-84	66	79.5	0.7	43	0.7	11	13.3	126	0.6	97	31	37.3	337	1.0	39																					
85 and older	31	77.5	0.6	41	0.6	6	15.0	63	0.7	75	10	25.0	114	1.0	35																					
Other Eligibles	2,031	70.0	0.6	37	0.6	587	20.2	5,924	0.8	99	968	33.4	10,063	1.1	49																					
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0																					
65-74	453	75.8	0.6	37	0.6	83	13.9	880	0.8	97	293	49.0	3,256	1.2	60																					
75-84	895	70.1	0.6	38	0.6	303	23.7	3,068	0.9	100	457	35.8	4,728	1.1	44																					
85 and older	683	66.6	0.6	35	0.6	201	19.6	1,976	0.8	98	218	21.3	2,079	0.9	43																					
Unknown	0	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 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
All	6,403	42.5 %	0.8	\$35	0.5	8,537	56.7 %	0.5	\$27	0.5	8,882	32.4 %	0.6	\$39	4,882	52,767	0.6	\$39
Female	4,802	42.4	0.9	36	6,093	53.8	0.5	25	3,806	33.6	41,292	0.7	40	40	41,292	0.7	40	
Disabled	546	53.0	0.9	42	637	61.8	0.6	33	377	36.6	4,265	0.6	38	38	4,265	0.6	38	
64 or younger	248	51.9	1.0	48	269	56.3	0.6	39	180	37.7	2,040	0.6	35	35	2,040	0.6	35	
65-74	140	54.1	0.9	39	187	72.2	0.7	34	98	37.8	1,094	0.6	40	40	1,094	0.6	40	
75-84	118	63.4	0.8	37	123	66.1	0.5	24	70	37.6	788	0.6	42	42	788	0.6	42	
85 and older	40	37.0	0.8	27	58	53.7	0.6	23	29	26.9	343	0.6	42	42	343	0.6	42	
Other Eligibles	4,256	41.4	0.8	35	5,456	53.0	0.5	24	3,429	33.3	37,027	0.7	40	40	37,027	0.7	40	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	
65-74	668	70.7	0.9	40	646	68.4	0.7	34	330	34.9	3,631	0.6	36	36	3,631	0.6	36	
75-84	1,902	51.4	0.9	36	2,078	56.2	0.6	28	1,371	37.1	14,954	0.7	41	41	14,954	0.7	41	
85 and older	1,686	29.9	0.8	31	2,732	48.4	0.4	19	1,728	30.6	18,442	0.7	39	39	18,442	0.7	39	
Male	1,601	43.0	0.8	35	2,444	65.6	0.6	30	1,076	28.9	11,475	0.6	37	37	11,475	0.6	37	
Disabled	355	42.9	0.9	38	473	57.2	0.6	33	246	29.7	2,784	0.6	35	35	2,784	0.6	35	
64 or younger	199	39.6	0.9	39	264	52.5	0.6	27	154	30.6	1,733	0.7	33	33	1,733	0.7	33	
65-74	124	61.7	0.8	40	137	68.2	0.7	44	68	33.8	784	0.6	37	37	784	0.6	37	
75-84	24	28.9	0.8	25	51	61.4	0.6	37	16	19.3	171	0.7	60	60	171	0.7	60	
85 and older	8	20.0	0.7	21	21	52.5	0.5	20	8	20.0	96	0.6	27	27	96	0.6	27	
Other Eligibles	1,246	43.0	0.8	34	1,971	68.0	0.6	30	830	28.6	8,691	0.6	37	37	8,691	0.6	37	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	
65-74	307	51.3	0.9	35	415	69.4	0.7	38	178	29.8	1,908	0.6	36	36	1,908	0.6	36	
75-84	600	47.0	0.8	36	914	71.6	0.6	30	366	28.7	3,853	0.6	36	36	3,853	0.6	36	
85 and older	339	33.1	0.7	29	642	62.6	0.6	24	286	27.9	2,930	0.6	38	38	2,930	0.6	38	
Unknown	0	0.0	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 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL						
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		
	No. of Users	Residents	No. of Users	NF Residents		No. of Users	NF Residents	No. of Users	NF Residents			
	6,642	44.1 %	69,820	0.8	\$29	26,616	176.9 %	291,595	0.3	\$7	15,050	152,982
Female	4,966	43.9	52,297	0.8	29	19,684	173.9	216,240	0.3	7	11,322	116,003
Disabled	413	40.1	4,591	0.8	31	1,944	188.6	22,350	0.3	7	1,031	11,297
64 or younger	167	34.9	1,884	0.8	32	961	201.0	11,129	0.3	7	478	5,259
65-74	104	40.2	1,110	0.8	30	487	188.0	5,653	0.4	8	259	2,833
75-84	99	53.2	1,129	0.8	28	331	178.0	3,741	0.3	6	186	2,050
85 and older	43	39.8	468	1.1	37	165	152.8	1,827	0.3	6	108	1,155
Other Eligibles	4,553	44.2	47,706	0.8	29	17,737	172.4	193,860	0.3	7	10,291	104,706
64 or younger	0	0.0	0	0.0	0	2	200.0	24	0.3	7	1	12
65-74	494	52.3	5,257	0.8	29	1,704	180.3	18,833	0.3	8	945	9,869
75-84	1,774	48.0	18,845	0.8	31	6,424	173.7	70,921	0.3	7	3,699	38,294
85 and older	2,285	40.5	23,604	0.8	28	9,607	170.2	104,082	0.3	6	5,646	56,531
Male	1,676	45.0	17,523	0.8	28	6,932	186.0	75,355	0.3	8	3,727	36,969
Disabled	364	44.0	4,056	0.8	30	1,678	202.9	19,020	0.4	9	827	8,913
64 or younger	204	40.6	2,246	0.9	31	1,099	218.5	12,414	0.4	9	503	5,413
65-74	119	59.2	1,359	0.8	29	384	191.0	4,408	0.4	10	201	2,231
75-84	28	33.7	311	0.8	28	138	166.3	1,532	0.3	6	83	849
85 and older	13	32.5	140	0.6	20	57	142.5	666	0.4	6	40	420
Other Eligibles	1,312	45.2	13,467	0.8	28	5,254	181.2	56,335	0.3	7	2,900	28,056
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	328	54.8	3,351	0.9	29	1,109	185.5	12,161	0.3	8	598	5,986
75-84	615	48.2	6,399	0.8	28	2,375	186.0	25,544	0.3	7	1,277	12,538
85 and older	369	36.0	3,717	0.8	26	1,770	172.7	18,630	0.3	7	1,025	9,532
Unknown	0	0.0	0	0.0	0	3	300.0	30	0.1	1	1	10

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,582 beneficiaries who were in nursing facilities for part of their enrollment and their 74,567 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KENTUCKY, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Part D Excl Rx \$		Total No. of Benes
		39.6 %	3.1	307,238	\$118		\$11,856,449	\$39	
All	39,836	39.6 %	3.1	307,238	\$118	\$11,856,449	\$39	4.1 %	100,579
Age									
5 and younger	1	25.0	3.0	12	138	550	46	6.0	4
6-14	5	29.4	1.6	28	33	569	20	0.5	17
15-20	64	27.8	0.9	201	19	4,461	22	1.4	230
21-44	5,198	30.6	1.7	29,414	108	1,827,324	62	4.4	16,994
45-64	8,218	37.9	2.7	59,390	134	2,906,075	49	4.0	21,673
65-74	8,621	36.4	2.9	68,936	119	2,809,920	41	4.0	23,659
75-84	9,447	43.2	3.8	83,167	115	2,508,577	30	4.0	21,885
85 and older	8,282	51.4	4.1	66,090	112	1,798,973	27	4.6	16,116
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	19,537	44.1	3.9	171,647	116	5,155,644	30	4.4	44,310
Disabled	20,154	36.2	2.4	135,140	119	6,641,254	49	3.9	55,614
Adults	143	22.3	0.7	447	93	59,381	133	6.7	641
Children	2	14.3	0.3	4	12	170	43	0.4	14
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	27,233	42.9	3.3	210,235	121	7,674,107	37	3.9	63,416
Male	12,603	33.9	2.6	97,003	113	4,182,342	43	4.5	37,163
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	34,938	41.0	3.3	278,544	115	9,837,662	35	4.0	85,236
African American	2,112	31.5	2.1	14,236	138	923,861	65	5.8	6,696
Other/unknown	2,786	32.2	1.7	14,458	127	1,094,926	76	4.6	8,647
Use of Nursing Facilities^d									
Entire year	10,812	71.8	8.8	131,979	230	3,467,219	26	5.9	15,050
Part year	5,308	61.9	5.0	43,247	157	1,343,244	31	6.0	8,582
None	23,716	30.8	1.7	132,012	92	7,045,986	53	3.4	76,947
Maintenance Assistance Status									
Cash	20,961	33.1	1.9	118,497	82	5,212,204	44	3.0	63,338
Medically needy	1,625	32.1	2.6	12,932	172	873,240	68	10.5	5,065
Poverty related	313	15.7	0.5	958	102	204,228	213	11.2	1,994
Other/unknown	16,937	56.1	5.8	174,851	184	5,566,777	32	5.5	30,182

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KENTUCKY, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.3	\$11	\$39	\$0	\$2	1,045,435
Age						
5 and younger	0.3	14	46	0	0	40
6-14	0.2	3	20	0	0	182
15-20	0.1	2	22	0	0	2,441
21-44	0.2	10	62	0	1	181,347
45-64	0.3	13	49	0	2	227,764
65-74	0.3	11	41	0	2	252,782
75-84	0.4	11	30	0	2	225,810
85 and older	0.4	12	27	0	2	155,059
Unknown	0.0	0	0	0	0	10
Basis of Eligibility^c						
Aged	0.4	12	30	0	2	437,620
Disabled	0.2	11	49	0	1	603,451
Adults	0.1	14	133	0	1	4,260
Children	0.0	2	43	0	0	104
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	12	37	0	2	665,941
Male	0.3	11	43	0	1	379,494
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	11	35	0	2	882,187
African American	0.2	13	65	0	1	69,526
Other/unknown	0.2	12	76	0	1	93,722
Use of Nursing Facilities^d						
Entire year	0.9	23	26	0	5	152,982
Part year	0.6	18	31	0	3	74,567
None	0.2	9	53	0	1	817,886
Maintenance Assistance Status						
Cash	0.2	7	44	0	1	701,528
Medically needy	0.4	29	68	0	2	30,417
Poverty related	0.1	11	213	0	0	18,058
Other/unknown	0.6	19	32	0	3	295,432

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 KENTUCKY, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	53,129	\$223	\$11,856,449	100.0 %	307,238	\$39	100.0 %
Anorexia or weight loss/gain	5,076	340	1,728,193	14.6	12,823	135	4.2
Fertility drugs	1,077	1,065	1,146,962	9.7	1,490	770	0.5
Drugs for cosmetic purposes	982	1,596	1,567,561	13.2	6,611	237	2.2
Cough and cold medications	1,447	167	241,114	2.0	3,174	76	1.0
Vitamins and minerals	549	58	31,852	0.3	947	34	0.3
Non-prescription drugs	29,059	175	5,098,602	43.0	141,965	36	46.2
Barbiturates	698	31	21,304	0.2	1,249	17	0.4
Benzodiazepines	14,202	126	1,786,021	15.1	138,771	13	45.2
Other Part D Excl Rx Drugs	39	6,022	234,840	2.0	208	1,129	0.1

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 KENTUCKY, 2002

Total Number of Dual Eligible Beneficiaries 100,579
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$286,630,830
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,850

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,991	9.9 %	\$0	0.0 %
1-500	14,843	14.8	3,241,345	1.1
501-1,000	9,837	9.8	7,294,200	2.5
1,001-1,500	8,718	8.7	10,871,849	3.8
1,501-2,000	7,834	7.8	13,680,270	4.8
2,001-2,500	6,809	6.8	15,307,701	5.3
2,501-3,000	6,235	6.2	17,108,694	6.0
3,001-3,500	5,471	5.4	17,751,458	6.2
3,501-4,000	4,764	4.7	17,845,859	6.2
4,001-4,500	4,072	4.0	17,263,543	6.0
4,501-5,000	3,523	3.5	16,710,418	5.8
5,001-5,500	3,043	3.0	15,946,533	5.6
5,501-6,000	2,532	2.5	14,539,147	5.1
6,001-6,500	2,085	2.1	13,021,151	4.5
6,501-7,000	1,797	1.8	12,114,665	4.2
7,001-7,500	1,485	1.5	10,759,504	3.8
7,501-8,000	1,194	1.2	9,249,908	3.2
8,001-8,500	946	0.9	7,791,715	2.7
8,501-9,000	836	0.8	7,316,777	2.6
9,001-9,500	683	0.7	6,309,724	2.2
9,501-10,000	596	0.6	5,803,327	2.0
10,001+	3,285	3.3	46,703,042	16.3

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 KENTUCKY, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 61,660
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$171,589,793
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,783

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,474	8.9%	0	0.0%
1-500	7,557	12.3	1,779,148	1.0
501-1,000	5,959	9.7	4,448,659	2.6
1,001-1,500	5,793	9.4	7,234,356	4.2
1,501-2,000	5,242	8.5	9,151,689	5.3
2,001-2,500	4,604	7.5	10,360,844	6.0
2,501-3,000	4,248	6.9	11,661,115	6.8
3,001-3,500	3,794	6.2	12,307,064	7.2
3,501-4,000	3,252	5.3	12,182,949	7.1
4,001-4,500	2,769	4.5	11,741,995	6.8
4,501-5,000	2,346	3.8	11,128,076	6.5
5,001-5,500	1,993	3.2	10,444,659	6.1
5,501-6,000	1,594	2.6	9,148,111	5.3
6,001-6,500	1,302	2.1	8,128,858	4.7
6,501-7,000	1,121	1.8	7,557,209	4.4
7,001-7,500	888	1.4	6,428,580	3.7
7,501-8,000	722	1.2	5,592,289	3.3
8,001-8,500	557	0.9	4,586,617	2.7
8,501-9,000	483	0.8	4,227,634	2.5
9,001-9,500	365	0.6	3,374,831	2.0
9,501-10,000	305	0.5	2,972,929	1.7
10,001+	1,292	2.1	17,132,181	10.0

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 KENTUCKY, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 23,659
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$69,532,653
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,939

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0		10.7 %	0	0.0 %
1-500	2,540	12.1	636,818	0.9
501-1,000	2,868	8.5	1,511,890	2.2
1,001-1,500	2,021	8.5	2,523,860	3.6
1,501-2,000	2,020	7.9	3,274,369	4.7
2,001-2,500	1,874	6.9	3,671,911	5.3
2,501-3,000	1,632	6.4	4,168,768	6.0
3,001-3,500	1,519	6.0	4,626,005	6.7
3,501-4,000	1,426	5.2	4,651,922	6.7
4,001-4,500	1,239	4.4	4,382,759	6.3
4,501-5,000	924	3.9	4,386,040	6.3
5,001-5,500	796	3.4	4,167,675	6.0
5,501-6,000	617	2.6	3,544,362	5.1
6,001-6,500	528	2.2	3,292,415	4.7
6,501-7,000	460	1.9	3,102,925	4.5
7,001-7,500	379	1.6	2,740,924	3.9
7,501-8,000	314	1.3	2,432,867	3.5
8,001-8,500	236	1.0	1,943,639	2.8
8,501-9,000	221	0.9	1,936,223	2.8
9,001-9,500	168	0.7	1,552,813	2.2
9,501-10,000	133	0.6	1,295,087	1.9
10,001+	711	3.0	9,689,381	13.9

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 KENTUCKY, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 16,116
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$39,431,831
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,447

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,113	6.9 %	0	0.0 %
1-500	2,190	13.6	540,881	1.4
501-1,000	1,934	12.0	1,434,947	3.6
1,001-1,500	1,750	10.9	2,177,743	5.5
1,501-2,000	1,517	9.4	2,644,278	6.7
2,001-2,500	1,316	8.2	2,962,708	7.5
2,501-3,000	1,180	7.3	3,234,200	8.2
3,001-3,500	972	6.0	3,154,720	8.0
3,501-4,000	841	5.2	3,144,708	8.0
4,001-4,500	679	4.2	2,876,768	7.3
4,501-5,000	533	3.3	2,523,968	6.4
5,001-5,500	465	2.9	2,437,989	6.2
5,501-6,000	352	2.2	2,015,027	5.1
6,001-6,500	272	1.7	1,701,877	4.3
6,501-7,000	218	1.4	1,466,164	3.7
7,001-7,500	166	1.0	1,202,928	3.1
7,501-8,000	145	0.9	1,121,448	2.8
8,001-8,500	108	0.7	888,740	2.3
8,501-9,000	92	0.6	804,608	2.0
9,001-9,500	63	0.4	583,677	1.5
9,501-10,000	49	0.3	476,974	1.2
10,001+	161	1.0	2,037,478	5.2

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	113,661	47,722	65,188	735	16	0	1,196,453	477,634	713,708	4,992	119	0
Age												
5 and younger	5	0	5	0	0	0	52	0	52	0	0	0
6-14	24	0	21	0	3	0	258	0	222	0	36	0
15-20	278	0	270	7	1	0	2,957	0	2,887	58	12	0
21-44	20,784	8	20,246	524	6	0	224,132	63	220,238	3,806	25	0
45-64	25,097	47	24,856	190	4	0	267,041	427	265,515	1,066	33	0
65-74	26,786	12,135	14,636	13	2	0	289,082	122,359	166,649	61	13	0
75-84	23,843	19,538	4,304	1	0	0	249,069	200,209	48,859	1	0	0
85 and older	16,843	15,993	850	0	0	0	163,852	154,566	9,286	0	0	0
Unknown	1	1	0	0	0	0	10	10	0	0	0	0
Gender												
Female	71,745	35,142	36,205	391	7	0	763,384	358,278	402,160	2,902	44	0
Male	41,916	12,580	28,983	344	9	0	433,069	119,356	311,548	2,090	75	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	93,411	40,325	52,414	658	14	0	977,513	399,785	573,243	4,380	105	0
African American	9,526	3,974	5,491	59	2	0	102,396	41,006	60,932	444	14	0
Other/unknown	10,724	3,423	7,283	18	0	0	116,544	36,843	79,533	168	0	0
Use of Nursing Facilities^c												
Entire year	15,067	13,206	1,861	0	0	0	153,277	133,003	20,274	0	0	0
Part year	8,717	7,445	1,272	0	0	0	77,833	65,059	12,774	0	0	0
None	89,877	27,071	62,055	735	16	0	965,343	279,572	680,660	4,992	119	0
Maintenance Assistance Status												
Cash	75,689	19,720	55,666	302	1	0	842,798	218,664	621,649	2,476	9	0
Medically needy	5,117	3,187	1,668	256	6	0	30,907	21,291	8,299	1,286	31	0
Poverty related	2,025	696	1,194	129	6	0	18,969	6,701	11,390	826	52	0
Other/unknown	30,830	24,119	6,660	48	3	0	303,779	230,978	72,370	404	27	0
Dual Status^d												
Full dual, all year	109,379	45,530	63,132	706	11	0	1,152,736	454,787	693,171	4,704	74	0
Full dual, part year	4,282	2,192	2,056	29	5	0	43,717	22,847	20,537	288	45	0
Managed Care Status												
FFS all year	99,283	43,725	54,910	634	14	0	1,038,631	434,528	599,781	4,218	104	0
FFS part year, with Rx claims	977	449	525	3	0	0	10,727	4,804	5,887	36	0	0
FFS part year, no Rx claims	319	136	179	4	0	0	3,029	1,247	1,744	38	0	0
MC all year, with Rx claims	2,273	139	2,109	25	0	0	26,026	1,589	24,178	259	0	0
MC all year, no Rx claims	10,809	3,273	7,465	69	2	0	118,040	35,466	82,118	441	15	0

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	113,661	1,196,453	100,579	1,045,435	0	151,018	0	151,018
FFS all year	99,283	1,038,631	99,283	1,038,631	0	0	0	0
FFS part year, with Rx claims	977	10,727	977	5,412	0	5,315	0	5,315
FFS part year, with no Rx claims	319	3,029	319	1,392	0	1,637	0	1,637
MC all year, with Rx claims	2,273	26,026	0	0	0	26,026	0	26,026
MC all year, with no Rx claims	10,809	118,040	0	0	0	118,040	0	118,040

Source: Data for this table are from the MAX 2002 file for Kentucky, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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; MC = managed care; Rx = pharmacy benefit.