STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
KENTUCKY

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
KENTUCKY, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	812,163	(A)	156,532	(E)	655,631	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	770,790	(B)	115,638	(F)	655,152	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	618,291	(C)	102,060	(G)	516,231	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	14,856	(D)	13,823	(H)	1,033	(L)

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Kentucky in 2003 was $714,248,650, of which $31,393,649 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

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 2003. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

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

KENTUCKY, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**618,291**	**43,670**	**170,594**	**97,678**	**306,349**	**0**	**5,977,087**	**433,144**	**1,865,365**	**743,030**	**2,935,548**	**0**
Age												
5 and younger	122,296	3	4,026	16	118,251	0	1,129,252	30	43,760	73	1,085,389	0
6-14	147,118	0	12,528	29	134,561	0	1,491,913	0	142,224	146	1,349,543	0
15-20	73,053	0	9,512	10,557	52,984	0	680,589	0	105,506	77,467	497,616	0
21-44	139,110	237	56,702	81,664	507	0	1,249,766	1,002	622,619	623,468	2,677	0
45-64	73,477	166	67,899	5,388	24	0	768,714	1,048	725,751	41,789	126	0
65-74	25,784	10,708	15,053	22	1	0	277,625	106,492	171,048	83	2	0
75-84	21,804	17,714	4,089	1	0	0	227,158	181,185	45,972	1	0	0
85 and older	15,625	14,841	783	1	0	0	151,849	143,376	8,470	3	0	0
Unknown	24	1	2	0	21	0	221	11	15	0	195	0
Gender												
Female	357,475	31,938	91,441	83,276	150,820	0	3,418,256	322,374	1,009,255	636,619	1,450,008	0
Male	260,812	11,731	79,150	14,402	155,529	0	2,558,810	110,767	856,092	106,411	1,485,540	0
Unknown	4	1	3	0	0	0	21	3	18	0	0	0
Race												
White	529,355	37,504	135,851	86,878	269,122	0	5,105,200	369,207	1,484,280	668,173	2,583,540	0
African American	48,049	3,263	8,867	8,021	27,898	0	460,322	32,912	94,875	63,540	268,995	0
Other/unknown	40,887	2,903	25,876	2,779	9,329	0	411,565	31,025	286,210	11,317	83,013	0
Use of Nursing Facilities[c]												
Entire year	14,856	12,353	2,499	3	1	0	149,922	122,933	26,969	8	12	0
Part year	9,626	7,411	2,190	20	5	0	92,684	70,496	21,945	191	52	0
None	593,809	23,906	165,905	97,655	306,343	0	5,734,481	239,715	1,816,451	742,831	2,935,484	0
Maintenance Assistance Status												
Cash	304,083	16,156	156,727	48,458	82,742	0	3,160,729	178,198	1,745,509	405,534	831,488	0
Medically needy	28,059	3,240	4,441	10,982	9,396	0	213,294	20,863	20,254	78,742	93,435	0
Poverty-related	218,239	1,382	1,583	24,339	190,935	0	1,947,789	12,377	15,403	146,956	1,773,053	0
Other/unknown	67,910	22,892	7,843	13,899	23,276	0	655,275	221,706	84,199	111,798	237,572	0
Dual Medicare Status[d]												
Full dual, all year	97,790	40,237	56,778	759	16	0	1,032,903	401,450	626,312	5,037	104	0
Full dual, part year	4,270	2,073	2,170	26	1	0	43,189	21,470	21,445	262	12	0
Non-dual, all year	516,231	1,360	111,646	96,893	306,332	0	4,900,995	10,224	1,217,608	737,731	2,935,432	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	612,279	43,010	168,738	96,625	303,906	0	5,948,201	429,449	1,855,326	739,696	2,923,730	0
FFS part year, with Rx claims	3,597	521	1,357	445	1,274	0	20,925	3,109	7,999	2,161	7,656	0
FFS part year, no Rx claims	2,415	139	499	608	1,169	0	7,961	586	2,040	1,173	4,162	0

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

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

KENTUCKY, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**79.8 %**	**21.1**	**$1,104**	**$52**	**$4,957**	**22.3 %**	**618,291**
Age							
5 and younger	76.9	6.2	284	46	2,170	13.1	122,296
6-14	75.3	7.0	395	56	2,097	18.9	147,118
15-20	75.3	7.9	439	56	3,258	13.5	73,053
21-44	81.1	19.2	1,127	59	5,123	22.0	139,110
45-64	86.4	52.7	2,953	56	9,396	31.4	73,477
65-74	88.6	62.5	2,997	48	9,171	32.7	25,784
75-84	91.0	68.8	3,015	44	14,500	20.8	21,804
85 and older	92.7	65.2	2,631	40	19,043	13.8	15,625
Unknown	79.2	6.7	641	96	3,866	16.6	24
Basis of Eligibility[e]							
Aged	88.9	63.7	2,777	44	15,565	17.8	43,670
Disabled	87.1	43.2	2,530	59	8,849	28.6	170,594
Adults	78.4	10.7	460	43	3,116	14.8	97,678
Children	74.9	6.1	278	46	1,866	14.9	306,349
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	82.2	24.4	1,220	50	5,361	22.7	357,475
Male	76.6	16.5	947	57	4,404	21.5	260,812
Unknown	75.0	5.5	232	42	4,236	5.5	4
Race							
White	80.8	21.1	1,095	52	4,909	22.3	529,355
African American	69.4	13.3	693	52	4,604	15.0	48,049
Other/unknown	79.3	29.8	1,713	58	5,996	28.6	40,887
Use of Nursing Facilities[f]							
Entire year	98.7	98.4	4,303	44	35,607	12.1	14,856
Part year	97.1	76.1	3,458	45	24,651	14.0	9,626
None	79.0	18.3	986	54	3,871	25.5	593,809
Maintenance Assistance Status							
Cash	83.8	28.4	1,562	55	5,240	29.8	304,083
Medically needy	68.8	14.8	762	52	4,614	16.5	28,059
Poverty related	74.2	5.8	259	44	1,887	13.7	218,239
Other/unknown	84.3	40.0	1,915	48	13,704	14.0	67,910

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE 4

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

KENTUCKY, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**2.2**	**$114**	**22.3 %**	**20.2 %**	**47.0 %**	**9.4 %**	**12.0 %**	**8.1 %**	**3.3 %**	**$513**	**618,291**	**5,977,087**
Age												
5 and younger	0.7	31	13.1	23.1	66.0	7.7	3.0	0.2	0.0	235	122,296	1,129,252
6-14	0.7	39	18.9	24.7	62.5	7.4	4.8	0.5	0.1	207	147,118	1,491,913
15-20	0.8	47	13.5	24.7	58.8	9.6	5.9	0.8	0.1	350	73,053	680,589
21-44	2.1	125	22.0	18.9	41.9	14.0	17.1	6.6	1.6	570	139,110	1,249,766
45-64	5.0	282	31.4	13.6	14.8	9.7	26.1	25.3	10.5	898	73,477	768,714
65-74	5.8	278	32.7	11.4	10.7	7.7	25.9	30.0	14.3	852	25,784	277,625
75-84	6.6	289	20.8	9.0	7.8	6.4	25.0	33.7	18.1	1,392	21,804	227,158
85 and older	6.7	271	13.8	7.3	6.6	6.8	26.6	35.0	17.7	1,960	15,625	151,849
Unknown	0.7	70	16.6	20.8	62.5	16.7	0.0	0.0	0.0	420	24	221
Basis of Eligibility[e]												
Aged	6.4	280	17.8	11.1	8.6	6.9	24.8	31.3	17.3	1,569	43,670	433,144
Disabled	3.9	231	28.6	12.9	24.4	11.5	24.5	19.3	7.4	809	170,594	1,865,365
Adults	1.4	61	14.8	21.6	49.8	13.9	11.7	2.7	0.3	410	97,678	743,030
Children	0.6	29	14.9	25.1	64.1	7.2	3.4	0.2	0.0	195	306,349	2,935,548
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.6	128	22.7	17.8	45.2	9.9	13.1	9.7	4.2	561	357,475	3,418,256
Male	1.7	97	21.5	23.4	49.4	8.8	10.5	5.8	2.1	449	260,812	2,558,810
Unknown	1.0	44	5.5	25.0	25.0	25.0	25.0	0.0	0.0	807	4	21
Race												
White	2.2	114	22.3	19.2	47.8	9.6	11.9	8.0	3.4	509	529,355	5,105,200
African American	1.4	72	15.0	30.6	48.7	6.5	7.6	4.9	1.7	481	48,049	460,322
Other/unknown	3.0	170	28.6	20.7	33.5	10.4	18.2	13.1	4.2	596	40,887	411,565
Use of Nursing Facilities[f]												
Entire year	9.8	426	12.1	1.3	2.4	3.4	18.4	37.1	37.3	3,528	14,856	149,922
Part year	7.9	359	14.0	2.9	5.8	6.0	23.5	37.1	24.7	2,560	9,626	92,684
None	1.9	102	25.5	21.0	48.7	9.6	11.7	6.9	2.1	401	593,809	5,734,481
Maintenance Assistance Status												
Cash	2.7	150	29.8	16.2	39.5	10.9	17.6	12.0	3.9	504	304,083	3,160,729
Medically needy	1.9	100	16.5	31.2	37.6	9.8	12.3	6.6	2.6	607	28,059	213,294
Poverty related	0.7	29	13.7	25.8	62.4	7.8	3.6	0.3	0.0	211	218,239	1,947,789
Other/unknown	4.1	199	14.0	15.7	34.6	8.1	14.0	16.2	11.4	1,420	67,910	655,275

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE 5

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

KENTUCKY, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**2.2**	**$114**	**$52**	**0.9**	**$88**	**$92**	**0.1**	**$2**	**$34**	**1.2**	**$24**	**$21**
Age												
5 and younger	0.7	31	46	0.3	25	81	0.0	1	33	0.3	5	15
6-14	0.7	39	56	0.4	32	87	0.0	1	55	0.3	6	20
15-20	0.8	47	56	0.4	35	94	0.0	2	51	0.4	10	23
21-44	2.1	125	59	0.9	97	109	0.1	3	39	1.2	25	22
45-64	5.0	282	56	2.2	218	98	0.2	5	31	2.7	59	22
65-74	5.8	278	48	2.5	209	84	0.2	5	26	3.1	64	21
75-84	6.6	289	44	2.7	212	78	0.2	6	25	3.6	71	20
85 and older	6.7	271	40	2.6	190	74	0.2	6	26	3.9	74	19
Unknown	0.7	70	96	0.3	65	188	0.0	0	14	0.3	4	13
Basis of Eligibility[d]												
Aged	6.4	280	44	2.6	205	78	0.2	6	26	3.6	69	19
Disabled	3.9	231	59	1.7	180	103	0.1	5	36	2.1	47	23
Adults	1.4	61	43	0.5	45	82	0.0	1	26	0.8	15	18
Children	0.6	29	46	0.3	23	75	0.0	1	41	0.3	5	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.6	128	50	1.1	97	89	0.1	3	30	1.4	28	20
Male	1.7	97	57	0.7	75	100	0.0	2	42	0.9	19	22
Unknown	1.0	44	42	0.4	28	65	0.0	1	17	0.6	16	27
Race												
White	2.2	114	52	0.9	87	92	0.1	2	33	1.2	24	21
African American	1.4	72	52	0.6	56	93	0.0	1	35	0.7	15	20
Other/unknown	3.0	170	58	1.4	133	98	0.1	4	38	1.5	33	22
Use of Nursing Facilities[e]												
Entire year	9.8	426	44	3.8	305	80	0.3	10	32	5.6	111	20
Part year	7.9	359	45	3.1	258	83	0.3	8	30	4.5	93	21
None	1.9	102	54	0.8	79	95	0.1	2	34	1.0	21	21
Maintenance Assistance Status												
Cash	2.7	150	55	1.2	116	97	0.1	3	34	1.4	31	22
Medically needy	1.9	100	52	0.8	76	94	0.1	2	33	1.1	22	20
Poverty related	0.7	29	44	0.3	22	74	0.0	1	38	0.3	6	18
Other/unknown	4.1	199	48	1.7	147	86	0.1	4	32	2.3	46	20

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

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

KENTUCKY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	$15	$11	$0	$3	$47	$71	$74	$22	1,256,411	$59,650,302	378,475	61.2 %	4,027,761
Biologicals	0.3	0.3	0.0	0.0	278	226	9	42	956	863	3,698	1,648	9,544	9,127,727	3,217	0.5	32,830
Antineoplastic Agents	0.6	0.2	0.0	0.4	130	91	3	36	223	568	218	88	50,759	11,294,342	8,552	1.4	87,194
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	31	25	2	4	45	69	19	18	1,158,238	52,313,845	156,079	25.2	1,684,654
Cardiovascular Agents	1.7	0.6	0.0	1.0	59	40	1	18	35	62	20	18	2,444,560	85,061,217	132,030	21.4	1,446,017
Respiratory Agents	0.5	0.3	0.0	0.2	27	21	1	5	49	75	29	21	1,719,403	84,990,286	294,158	47.6	3,174,434
Gastrointestinal Agents	0.6	0.2	0.0	0.5	29	18	1	11	47	105	161	24	886,089	41,422,235	129,351	20.9	1,417,632
Genitourinary Agents	0.3	0.3	0.0	0.1	20	18	0	2	58	68	40	28	183,123	10,566,515	49,005	7.9	523,785
CNS Drugs	1.0	0.6	0.0	0.5	81	71	1	10	80	127	85	22	1,715,987	136,543,506	155,473	25.1	1,681,240
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	49	42	1	5	76	84	68	45	164,603	12,519,941	23,347	3.8	257,593
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	96	96	0	0	142	147	46	17	60,430	8,578,704	8,463	1.4	89,338
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	20	14	0	5	39	102	58	14	1,316,349	51,109,074	243,479	39.4	2,606,761
Neuromuscular Agents	0.7	0.3	0.0	0.4	52	39	2	12	71	128	41	30	825,675	58,932,518	103,470	16.7	1,134,260
Nutritional Products	0.6	0.0	0.0	0.5	11	1	1	10	20	27	20	19	326,688	6,495,267	55,857	9.0	567,017
Hematological Agents	0.8	0.3	0.0	0.4	75	64	0	10	95	192	43	23	312,168	29,621,124	36,687	5.9	396,273
Topical Products	0.3	0.1	0.0	0.2	10	7	0	3	37	67	50	17	534,442	19,973,123	186,572	30.2	2,027,739
Miscellaneous Products	0.3	0.1	0.0	0.2	35	25	3	7	105	300	241	28	25,659	2,689,025	7,386	1.2	77,302
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	38	0	0	0	52,411	1,966,250	32,079	5.2	352,418
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.	13,042,539	682,855,001	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE 7

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

KENTUCKY, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$71,006,330	59,474	9.6 %	662,191	0.6	$185	$107
ANTIDEPRESSANTS	58,160,990	166,499	26.9	1,819,564	0.5	61	32
ANTIASTHMATIC	55,168,626	214,874	34.8	2,376,453	0.4	65	23
ANTICONVULSANT	45,489,797	75,185	12.2	834,494	0.7	82	55
ANTIDIABETIC	32,053,866	67,984	11.0	755,313	0.7	61	42
ULCER DRUGS	31,006,678	139,772	22.6	1,553,864	0.4	48	20
ANTIHYPERLIPIDEMIC	29,611,274	54,795	8.9	624,710	0.6	76	47
ANALGESICS - ANTI-INFLAMMATORY	22,917,784	181,240	29.3	1,996,397	0.3	44	11
ANTIHYPERTENSIVE	22,527,049	86,478	14.0	963,356	0.7	36	23
ANALGESICS - Narcotic	21,347,915	226,993	36.7	2,440,828	0.3	32	9
Total	389,290,309	1,273,294		14,027,170	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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