

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

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TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	102,060	42,310	58,948	785	17	0	1,076,092	422,920	647,757	5,299	116	0		
Age														
5 and younger	6	2	3	0	1	0	58	19	31	0	8	0		
6-14	18	0	12	1	5	0	201	0	142	8	51	0		
15-20	235	0	229	5	1	0	2,629	0	2,588	29	12	0		
21-44	17,640	10	17,082	542	6	0	191,930	92	187,843	3,975	20	0		
45-64	22,745	43	22,483	216	3	0	241,423	385	239,793	1,222	23	0		
65-74	24,874	10,469	14,384	20	1	0	268,731	104,491	164,174	64	2	0		
75-84	21,286	17,304	3,981	1	0	0	222,315	177,490	44,824	1	0	0		
85 and older	15,255	14,481	774	0	0	0	148,794	140,432	8,362	0	0	0		
Unknown	1	1	0	0	0	0	11	11	0	0	0	0		
Gender														
Female	64,041	31,095	32,548	392	6	0	681,497	316,679	361,947	2,822	49	0		
Male	38,019	11,215	26,400	393	11	0	394,595	106,241	285,810	2,477	67	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	86,251	36,369	49,129	738	15	0	905,002	360,756	539,287	4,863	96	0		
African American	6,765	3,166	3,568	30	1	0	71,057	32,195	38,591	259	12	0		
Other/unknown	9,044	2,775	6,251	17	1	0	100,033	29,969	69,879	177	8	0		
Use of Nursing Facilities^c														
Entire year	13,823	12,040	1,783	0	0	0	139,227	119,802	19,425	0	0	0		
Part year	8,524	7,248	1,275	1	0	0	82,130	68,979	13,139	12	0	0		
None	79,713	23,022	55,890	784	17	0	854,735	234,139	615,193	5,287	116	0		
Maintenance Assistance Status														
Cash	65,304	15,899	49,094	310	1	0	732,202	175,630	553,981	2,579	12	0		
Medically needy	5,333	3,065	1,963	300	5	0	30,982	19,887	9,648	1,432	15	0		
Poverty-related	2,737	1,049	1,564	117	7	0	27,007	10,878	15,272	797	60	0		
Other/unknown	28,686	22,297	6,327	58	4	0	285,901	216,525	68,856	491	29	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		
Managed Care (MC) Status														
Fee-for-service (FFS) all year	100,751	41,671	58,283	780	17	0	1,068,861	419,314	644,149	5,282	116	0		
FFS part year, with Rx claims	974	507	466	1	0	0	5,781	3,042	2,736	3	0	0		
FFS part year, no Rx claims	335	132	199	4	0	0	1,450	564	872	14	0	0		

Table D2

Dual Eligible Beneficiaries

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 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
						\$50	25.0 %	
All	89.5 %	58.5	\$2,930	\$50	\$11,740			102,060
Age								
5 and younger	100.0	59.2	3,287	56	31,077		10.6	6
6-14	83.3	42.0	4,554	108	14,926		30.5	18
15-20	83.0	22.1	3,112	141	9,026		34.5	235
21-44	86.8	34.8	2,451	71	8,303		29.5	17,640
45-64	88.5	58.1	3,328	57	10,063		33.1	22,745
65-74	88.8	62.7	3,001	48	8,942		33.6	24,874
75-84	91.3	68.9	3,020	44	14,431		20.9	21,286
85 and older	93.0	65.5	2,644	40	19,054		13.9	15,255
Unknown	100.0	23.0	1,199	52	28,144		4.3	1
Basis of Eligibility^e								
Aged	89.4	64.3	2,797	44	15,609		17.9	42,310
Disabled	89.8	54.8	3,045	56	9,063		33.6	58,948
Adults	77.7	22.5	1,458	65	4,307		33.8	785
Children	70.6	21.2	3,564	168	11,541		30.9	17
Unknown	0.0	0.0	0	0	0		0.0	0
Gender								
Female	92.4	65.4	3,150	48	12,632		24.9	64,041
Male	84.6	46.8	2,559	55	10,239		25.0	38,019
Unknown	0.0	0.0	0	0	0		0.0	0
Race								
White	89.6	59.6	2,986	50	12,195		24.5	86,251
African American	86.8	49.6	2,445	49	13,733		17.8	6,765
Other/unknown	91.0	53.9	2,761	51	5,911		46.7	9,044
Use of Nursing Facilities^f								
Entire year	98.7	97.0	4,193	43	34,310		12.2	13,823
Part year	97.0	75.0	3,309	44	21,998		15.0	8,524
None	87.1	50.0	2,671	53	6,730		39.7	79,713
Maintenance Assistance Status								
Cash	91.1	53.2	2,780	52	6,167		45.1	65,304
Medically needy	62.1	32.3	1,625	50	8,826		18.4	5,333
Poverty related	66.8	17.6	947	54	2,900		32.7	2,737
Other/unknown	93.1	79.2	3,704	47	25,813		14.3	28,686

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

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

c. In 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Rx \$ as a Percentage of All Medicaid FFS ^c	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
All	5.5	\$278	25.0 %	10.5 %	13.1 %	8.6 %	26.0 %	28.3 %	13.4 %	\$1,114	102,060	1,076,092
Age												
5 and younger	6.1	340	10.6	0.0	16.7	0.0	33.3	33.3	16.7	3,215	6	58
6-14	3.8	408	30.5	16.7	0.0	22.2	27.8	33.3	0.0	1,337	18	201
15-20	2.0	278	34.5	17.0	42.1	14.5	18.3	6.8	1.3	807	235	2,629
21-44	3.2	225	29.5	13.2	28.6	13.3	25.9	14.8	4.2	763	17,640	191,930
45-64	5.5	314	33.1	11.5	12.9	9.1	26.5	27.3	12.6	948	22,745	241,423
65-74	5.8	278	33.6	11.2	10.7	7.7	26.0	30.2	14.3	828	24,874	268,731
75-84	6.6	289	20.9	8.7	7.8	6.5	25.2	33.8	18.0	1,382	21,286	222,315
85 and older	6.7	271	13.9	7.0	6.6	6.8	26.8	35.1	17.8	1,954	15,255	148,794
Unknown	2.1	109	4.3	0.0	0.0	100.0	0.0	0.0	0.0	2,559	1	11
Basis of Eligibility^e												
Aged	6.4	280	17.9	10.6	8.4	6.9	25.0	31.6	17.4	1,562	42,310	422,920
Disabled	5.0	277	33.6	10.2	16.4	9.8	26.8	26.1	10.7	825	58,948	647,757
Adults	3.3	216	33.8	22.3	21.9	15.7	22.9	13.6	3.6	638	785	5,299
Children	3.1	522	30.9	29.4	0.0	35.3	17.6	17.6	0.0	1,691	17	116
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	296	24.9	7.6	10.2	7.9	26.8	31.7	15.8	1,187	64,041	681,497
Male	4.5	247	25.0	15.4	18.1	9.8	24.7	22.5	9.5	987	38,019	394,595
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	285	24.5	10.4	12.7	8.4	25.6	28.5	14.3	1,162	86,251	905,002
African American	4.7	233	17.8	13.2	16.0	9.5	26.9	25.2	9.1	1,308	6,765	71,057
Other/unknown	4.9	250	46.7	9.0	14.6	9.8	29.5	28.5	8.6	534	9,044	100,033
use of nursing Facilities^f												
Entire year	9.6	416	12.2	1.3	2.5	3.5	18.6	37.4	36.6	3,407	13,823	139,227
Part year	7.8	343	15.0	3.0	5.8	6.1	24.0	37.7	23.4	2,283	8,524	82,130
None	4.7	249	39.7	12.9	15.8	9.8	27.5	25.7	8.3	628	79,713	854,735
Maintenance Assistance Status												
Cash	4.7	248	45.1	8.9	16.2	10.2	28.9	26.9	8.9	550	65,304	732,202
Medically needy	5.6	280	18.4	37.9	8.0	6.3	17.7	19.7	10.5	1,519	5,333	30,982
Poverty related	1.8	96	32.7	33.2	29.6	12.1	17.8	6.5	0.8	294	2,737	27,007
Other/unknown	7.9	372	14.3	6.9	5.4	5.1	21.8	35.3	25.5	2,590	28,686	285,901

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In 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 D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.5	\$278	\$50	2.3	\$210	\$90	0.2	\$6	\$29	3.0	\$62	\$21
Age												
5 and younger	6.1	340	56	2.2	256	119	0.3	14	46	3.7	70	19
6-14	3.8	408	108	1.4	338	242	0.1	19	149	2.2	51	23
15-20	2.0	278	141	1.0	250	259	0.1	6	86	0.9	22	24
21-44	3.2	225	71	1.4	178	126	0.1	6	49	1.7	42	25
45-64	5.5	314	57	2.4	244	101	0.2	6	32	2.9	63	22
65-74	5.8	278	48	2.5	209	84	0.2	5	26	3.1	64	20
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	2.1	109	52	1.3	97	76	0.0	0	0	0.8	12	14
Basis of Eligibility^d												
Aged	6.4	280	44	2.6	204	78	0.2	6	26	3.6	70	19
Disabled	5.0	277	56	2.2	213	99	0.2	6	32	2.6	58	22
Adults	3.3	216	65	1.5	174	116	0.1	3	30	1.7	39	22
Children	3.1	522	168	1.3	477	379	0.1	1	23	1.8	44	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.1	296	48	2.6	222	86	0.2	6	27	3.3	67	20
Male	4.5	247	55	1.9	187	100	0.1	5	35	2.5	54	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.7	285	50	2.4	215	90	0.2	6	29	3.1	64	21
African American	4.7	233	49	2.0	176	90	0.1	4	32	2.6	52	20
Other/unknown	4.9	250	51	2.1	188	88	0.2	6	32	2.6	56	22
Use of Nursing Facilities^e												
Entire year	9.6	416	43	3.8	298	79	0.3	9	32	5.5	109	20
Part year	7.8	343	44	3.1	247	80	0.3	7	28	4.4	89	20
None	4.7	249	53	2.0	192	95	0.2	5	29	2.5	52	21
Maintenance Assistance Status												
Cash	4.7	248	52	2.0	190	93	0.2	5	28	2.5	53	21
Medically needy	5.6	280	50	2.3	210	91	0.2	5	31	3.1	64	21
Poverty related	1.8	96	54	0.8	72	94	0.1	2	28	0.9	22	23
Other/unknown	7.9	372	47	3.2	272	85	0.3	8	31	4.5	91	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 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, 0.5 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users ^e			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name				
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$18	\$0	\$5	\$59	\$90	\$89	\$25	\$16,490,066	65,358	64.0	728,199
Biologics	0.1	0.1	0.0	0.0	69	4	17	48	490	41	4,335	1,250	933,372	1,196	1.2	13,521
Antineoplastic Agents	0.6	0.1	0.0	0.5	96	53	2	41	162	425	185	89	5,904,759	6,096	6.0	61,614
Endocrine/Metabolic Drugs	1.1	0.6	0.2	0.3	46	38	3	6	43	67	17	17	25,351,107	49,483	48.5	547,108
Cardiovascular Agents	2.1	0.7	0.1	1.3	69	46	1	23	34	61	19	18	51,803,683	68,133	66.8	746,931
Respiratory Agents	0.8	0.5	0.0	0.4	42	34	1	7	51	76	38	20	25,323,566	53,971	52.9	601,090
Gastrointestinal Agents	0.8	0.2	0.0	0.6	37	22	0	14	44	97	94	23	21,287,999	52,190	51.1	578,411
Genitourinary Agents	0.5	0.4	0.0	0.1	32	28	0	4	63	72	37	34	6,537,756	18,128	17.8	202,038
CNS Drugs	1.4	0.7	0.0	0.7	100	85	1	13	72	119	76	20	60,327,889	55,326	54.2	604,901
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	54	44	2	8	94	138	77	35	434,215	722	0.7	8,093
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	94	93	0	0	134	138	46	16	7,352,174	7,475	7.3	78,572
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	37	29	0	8	47	102	55	16	24,425,690	59,875	58.7	663,855
Neuromuscular Agents	0.9	0.4	0.1	0.5	63	45	3	16	67	120	40	30	24,042,010	34,060	33.4	378,983
Nutritional Products	0.7	0.0	0.0	0.7	14	0	1	13	19	23	22	19	3,854,047	25,851	25.3	278,582
Hematological Agents	0.9	0.4	0.0	0.5	60	51	0	8	70	145	26	16	15,841,709	24,524	24.0	265,389
Topical Products	0.5	0.2	0.0	0.2	17	12	1	4	38	62	38	18	7,721,236	39,651	38.9	442,620
Miscellaneous Products	0.3	0.1	0.0	0.2	19	12	2	5	70	205	241	25	854,049	4,172	4.1	44,146
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	46	0	0	0	551,644	4,562	4.5	52,147
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.	299,036,971	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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.medispn.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$32,179,458	25,092	24.6 %	275,809	0.7	\$174
ANTIDEPRESSANTS	23,925,218	57,145	56.0	631,626	0.7	56
ANTICONVULSANT	18,340,664	28,483	27.9	316,885	0.8	74
ANTIASTHMATIC	17,526,673	53,523	52.4	596,881	0.5	61
ANTIDIABETIC	17,276,497	37,697	36.9	418,443	0.7	57
ANTIHYPERTENSIVE	16,577,251	28,754	28.2	328,429	0.7	76
ULCER DRUGS	16,345,940	57,154	56.0	641,268	0.5	49
ANTIHYPERTENSIVE	13,511,084	47,107	46.2	525,715	0.7	37
ANALGESICS - ANTI-INFLAMMATORY	12,373,236	41,731	40.9	475,652	0.4	61
ANALGESICS - Narcotic	9,949,517	62,910	61.6	701,095	0.4	37
Total	178,005,538	439,596		4,911,803	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 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 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
All	2,845,869	\$178,005,538	25,092	24.6 %	275,809	0.7	\$117	57,145	56.0 %	631,626	0.7	\$38				
Female	1,929,569	117,163,969	15,381	24.0	168,922	0.7	104	40,187	62.8	445,611	0.7	39				
Disabled	1,047,108	69,390,867	7,404	22.7	84,655	0.6	120	23,327	71.7	266,572	0.6	37				
5 and younger	46	1,957	0	0.0	0	0.0	0	2	66.7	14	0.9	25				
6-14	35	1,723	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	1,184	115,766	27	32.5	323	0.8	168	41	49.4	464	0.5	33				
21-44	165,360	13,575,643	2,445	33.2	28,108	0.6	121	6,015	81.6	68,562	0.5	37				
45-64	436,124	30,244,861	3,063	24.3	34,765	0.7	130	10,642	84.3	120,807	0.6	40				
65-74	334,809	19,641,049	1,265	14.1	14,626	0.7	109	5,102	56.9	59,234	0.7	35				
75-84	94,315	5,044,112	493	17.0	5,597	0.6	91	1,311	45.3	15,107	0.7	32				
85 and older	15,235	765,756	111	18.6	1,236	0.6	82	214	35.8	2,384	0.8	35				
Other Eligibles	882,450	47,772,438	7,975	25.3	84,245	0.7	89	16,860	53.5	179,039	0.8	41				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	5	181	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	14	348	0	0.0	0	0.0	0	1	20.0	12	0.1	7				
21-44	4,209	292,331	67	20.3	627	0.4	65	260	78.8	2,363	0.5	36				
45-64	1,708	122,287	19	22.4	212	0.7	149	78	91.8	771	0.6	34				
65-74	187,637	10,980,648	1,250	19.2	13,580	0.7	111	3,297	50.7	35,860	0.8	40				
75-84	392,668	21,335,464	3,286	25.9	35,349	0.7	90	7,013	55.3	75,725	0.8	41				
85 and older	296,209	15,041,179	3,353	28.2	34,477	0.6	78	6,211	52.2	64,308	0.9	42				
Male	916,300	60,841,569	9,711	25.5	106,887	0.7	136	16,958	44.6	186,015	0.6	36				
Disabled	646,219	45,948,012	6,673	25.3	75,896	0.7	155	12,004	45.5	135,760	0.6	35				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	97	9,816	0	0.0	0	0.0	0	2	28.6	22	0.5	7				
15-20	1,594	146,405	43	29.5	497	0.4	118	59	40.4	690	0.4	27				
21-44	172,645	15,016,973	3,126	32.2	35,762	0.7	157	4,780	49.2	54,481	0.5	35				
45-64	269,095	19,293,700	2,588	26.2	29,245	0.8	168	4,798	48.7	53,443	0.6	36				
65-74	168,994	9,688,657	722	13.3	8,302	0.7	117	2,020	37.3	23,276	0.6	30				
75-84	29,919	1,585,087	149	13.7	1,631	0.7	95	302	27.8	3,381	0.7	34				
85 and older	3,875	207,374	45	25.4	459	0.7	83	43	24.3	467	0.8	35				
Other Eligibles	270,081	14,893,557	3,038	26.1	30,991	0.7	90	4,954	42.6	50,255	0.8	39				
5 and younger	48	4,040	0	0.0	0	0.0	0	1	50.0	12	0.1	1				
6-14	25	871	0	0.0	0	0.0	0	1	20.0	3	0.3	23				
15-20	50	2,296	0	0.0	0	0.0	0	2	200.0	24	0.5	47				
21-44	3,219	257,790	53	23.2	547	0.3	60	154	67.5	1,485	0.5	34				
45-64	1,969	133,128	19	10.7	200	0.9	144	54	30.5	512	0.4	26				
65-74	91,783	5,391,242	821	20.6	8,717	0.7	114	1,462	36.6	15,513	0.8	40				
75-84	119,656	6,400,034	1,390	30.0	14,230	0.7	86	2,129	46.0	21,574	0.8	40				
85 and older	53,331	2,704,156	755	29.2	7,297	0.6	71	1,151	44.5	11,132	0.8	37				
Unknown	11	664	2	200.0	22	0.2	21	0	0.0	0	0.0	0				

Table D7A

Dual Eligible Beneficiaries

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

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANTICONVULSANT						ANTIASTHMATIC						ANTIDIABETIC					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months		Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months		Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months		Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
			Among Users	Among Users					Among Users	Among Users								
All	28,483	27.9%	316,885	0.8	\$58	53,523	52.4%	596,881	0.5	\$29	37,697	36.9%	418,443	0.7	\$41			
Female	17,894	27.9	199,311	0.8	56	35,301	55.1	395,797	0.5	29	25,969	40.6	289,133	0.7	41			
Disabled	11,488	35.3	131,163	0.7	63	21,107	64.8	243,217	0.5	31	13,830	42.5	158,420	0.7	45			
5 and younger	0	0.0	0	0.0	0	2	66.7	19	0.2	10	1	33.3	12	0.6	72			
6-14	1	20.0	12	0.4	9	2	40.0	24	0.1	10	0	0.0	0	0.0	0			
15-20	30	36.1	327	0.9	93	22	26.5	253	0.3	19	8	9.6	96	0.4	37			
21-44	3,621	49.1	41,475	0.7	76	3,303	44.8	38,238	0.4	24	1,258	17.1	14,257	0.6	41			
45-64	5,067	40.1	57,484	0.8	65	8,960	71.0	102,954	0.5	31	5,625	44.6	64,059	0.7	46			
65-74	2,089	23.3	24,073	0.7	44	6,834	76.2	79,199	0.5	33	5,315	59.2	61,512	0.7	46			
75-84	589	20.4	6,756	0.7	35	1,684	58.2	19,220	0.5	28	1,431	49.4	16,389	0.7	40			
85 and older	91	15.2	1,036	0.8	33	300	50.3	3,310	0.5	28	192	32.2	2,095	0.7	30			
Other Eligibles	6,406	20.3	68,148	0.8	42	14,191	45.1	152,547	0.5	26	12,139	38.5	130,713	0.7	36			
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	1	20.0	12	0.8	12	2	40.0	24	0.1	5	0	0.0	0	0.0	0			
21-44	99	30.0	956	0.5	50	108	32.7	1,126	0.3	24	54	16.4	476	0.6	34			
45-64	27	31.8	265	0.6	54	32	37.6	291	0.5	32	19	22.4	209	0.5	38			
65-74	1,555	23.9	16,822	0.9	51	3,246	50.0	35,624	0.5	31	3,023	46.5	32,946	0.7	40			
75-84	2,747	21.7	29,652	0.8	42	5,832	46.0	63,879	0.5	27	5,689	44.9	62,181	0.8	37			
85 and older	1,977	16.6	20,441	0.8	35	4,971	41.8	51,603	0.4	21	3,354	28.2	34,901	0.7	31			
Male	10,589	27.9	117,574	0.8	62	18,222	47.9	201,084	0.5	30	11,728	30.8	129,310	0.7	42			
Disabled	8,156	30.9	92,419	0.8	67	12,106	45.9	137,736	0.5	31	7,754	29.4	88,172	0.7	45			
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	28.6	20	0.8	367	2	28.6	22	0.1	7	2	28.6	24	0.3	12			
15-20	33	22.6	396	1.0	83	21	14.4	252	0.3	15	7	4.8	84	1.1	81			
21-44	3,620	37.3	41,325	0.8	74	2,436	25.1	28,022	0.4	23	1,346	13.9	15,340	0.7	45			
45-64	3,249	32.9	36,445	0.9	67	4,719	47.9	52,978	0.5	33	3,586	36.4	40,274	0.7	46			
65-74	1,034	19.1	11,850	0.7	47	4,037	74.6	46,521	0.6	35	2,427	44.9	28,044	0.7	46			
75-84	192	17.7	2,102	0.7	34	803	73.9	8,999	0.5	31	351	32.3	3,988	0.7	39			
85 and older	26	14.7	281	0.8	27	88	49.7	942	0.5	29	35	19.8	418	0.7	34			
Other Eligibles	2,433	20.9	25,155	0.9	43	6,116	52.6	63,348	0.5	29	3,974	34.2	41,138	0.7	36			
5 and younger	0	0.0	0	0.0	0	3	150.0	36	0.5	22	1	50.0	12	0.3	20			
6-14	0	0.0	0	0.0	0	1	20.0	12	0.3	7	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	74	32.5	738	0.6	77	56	24.6	546	0.4	35	35	15.4	330	0.7	49			
45-64	29	16.4	256	0.6	43	71	40.1	608	0.4	30	41	23.2	321	0.6	55			
65-74	888	22.2	9,501	0.9	49	1,964	49.2	20,716	0.5	33	1,458	36.5	15,381	0.7	39			
75-84	999	21.6	10,304	0.9	40	2,625	56.7	27,691	0.5	28	1,726	37.3	17,981	0.7	35			
85 and older	443	17.1	4,356	0.8	35	1,396	54.0	13,739	0.5	24	713	27.6	7,113	0.7	31			
Unknown	0	0.0	0	0.0	0	3	300.0	33	0.2	6	0	0.0	0	0.0	0			

Table D7B

Dual Eligible Beneficiaries

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

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ULCER DRUGS					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	28,754	28.2 %	328,429	\$51	0.7	57,154	56.0 %	641,268	0.5	\$26	47,107	46.2 %	525,715	0.7	\$26
Female	19,017	29.7	217,748	51	0.7	38,800	60.6	436,605	0.5	26	31,896	49.8	357,084	0.7	26
Disabled	11,831	36.3	137,197	50	0.6	21,396	65.7	247,708	0.5	23	15,454	47.5	178,262	0.7	26
5 and younger	0	0.0	0	0	0.0	4	133.3	38	0.3	6	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	1	20.0	12	0.7	91	3	60.0	36	0.4	6
15-20	5	6.0	60	33	0.6	22	26.5	239	0.3	12	5	6.0	58	0.4	11
21-44	928	12.6	10,751	40	0.5	3,601	48.9	41,519	0.4	19	1,321	17.9	15,206	0.6	20
45-64	5,124	40.6	58,852	48	0.6	8,713	69.0	100,372	0.5	25	5,857	46.4	66,785	0.7	26
65-74	4,589	51.1	53,772	53	0.7	6,597	73.5	77,112	0.5	24	5,977	66.6	69,741	0.7	28
75-84	1,086	37.5	12,625	54	0.7	2,074	71.7	24,048	0.5	24	1,961	67.8	22,776	0.7	27
85 and older	99	16.6	1,137	51	0.7	384	64.3	4,368	0.5	27	330	55.3	3,660	0.8	28
Other Eligibles	7,186	22.8	80,551	52	0.7	17,404	55.3	188,897	0.6	29	16,442	52.2	178,822	0.7	26
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	1	100.0	12	0.3	14
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	16	4.8	157	31	0.5	125	37.9	1,189	0.4	22	40	12.1	405	0.4	18
45-64	16	18.8	173	29	0.4	47	55.3	475	0.4	19	17	20.0	173	0.4	17
65-74	2,299	35.4	25,780	51	0.7	3,350	51.6	37,183	0.5	26	3,477	53.5	38,361	0.7	26
75-84	3,508	27.7	39,694	53	0.7	7,253	57.2	80,228	0.6	29	7,303	57.6	80,744	0.7	27
85 and older	1,347	11.3	14,747	49	0.7	6,629	55.7	69,822	0.6	30	5,604	47.1	59,127	0.7	25
Male	9,737	25.6	110,681	50	0.7	18,354	48.3	204,663	0.5	25	15,211	40.0	168,631	0.7	25
Disabled	7,471	28.3	86,109	50	0.7	12,778	48.4	146,449	0.5	24	10,071	38.1	114,344	0.7	25
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	4	57.1	46	0.3	24	6	85.7	72	0.5	10
15-20	6	4.1	71	17	0.3	39	26.7	451	0.4	37	17	11.6	197	0.5	20
21-44	1,452	15.0	16,813	41	0.6	3,458	35.6	39,820	0.4	22	2,021	20.8	22,722	0.6	23
45-64	3,434	34.8	38,954	51	0.7	5,084	51.6	57,760	0.5	26	4,157	42.2	46,418	0.7	25
65-74	2,227	41.2	26,149	55	0.7	3,378	62.4	39,108	0.5	25	3,166	58.5	36,833	0.7	27
75-84	327	30.1	3,837	53	0.7	707	65.0	8,072	0.6	25	625	57.5	7,200	0.7	26
85 and older	25	14.1	285	56	0.8	108	61.0	1,192	0.5	27	79	44.6	902	0.7	25
Other Eligibles	2,266	19.5	24,572	51	0.7	5,576	48.0	58,214	0.6	28	5,140	44.2	54,287	0.7	24
5 and younger	0	0.0	0	0	0.0	3	150.0	28	0.3	19	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	1	20.0	3	0.7	149	2	40.0	24	0.8	11
15-20	0	0.0	0	0	0.0	2	200.0	24	0.5	22	2	200.0	24	1.0	27
21-44	50	21.9	474	40	0.5	73	32.0	678	0.4	17	54	23.7	459	0.5	17
45-64	33	18.6	316	35	0.4	43	24.3	415	0.5	22	41	23.2	346	0.7	25
65-74	964	24.1	10,572	52	0.7	1,666	41.7	17,949	0.6	27	1,820	45.6	19,689	0.7	25
75-84	983	21.2	10,732	52	0.7	2,426	52.4	25,486	0.6	29	2,217	47.9	23,752	0.7	24
85 and older	236	9.1	2,478	47	0.7	1,362	52.6	13,631	0.6	29	1,004	38.8	9,993	0.7	23
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 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANALGESICS - Narcotic							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	41,731	40.9 %	475,652	0.4	\$26	62,910	61.6 %	701,095	0.4	\$14	102,060	1,076,092
Female	28,806	45.0	328,982	0.4	29	42,760	66.8	478,378	0.4	15	64,040	681,486
Disabled	17,825	54.8	207,230	0.4	25	25,280	77.7	291,043	0.3	14	32,548	361,947
5 and younger	1	33.3	7	0.4	38	1	33.3	7	1.0	11	3	31
6-14	1	20.0	12	0.1	1	4	80.0	48	0.1	1	5	60
15-20	20	24.1	239	0.2	3	40	48.2	457	0.2	2	83	932
21-44	3,716	50.4	43,009	0.3	14	6,214	84.3	71,263	0.3	12	7,370	81,410
45-64	7,280	57.7	84,078	0.4	25	10,170	80.6	116,756	0.3	17	12,622	137,329
65-74	5,147	57.4	60,539	0.5	32	6,503	72.5	75,500	0.4	13	8,974	102,918
75-84	1,437	49.7	16,763	0.5	32	2,007	69.4	23,185	0.4	10	2,894	32,798
85 and older	223	37.4	2,583	0.5	33	341	57.1	3,827	0.3	8	597	6,469
Other Eligibles	10,981	34.9	121,752	0.5	35	17,480	55.5	187,335	0.5	16	31,492	319,539
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
6-14	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	1	20.0	10	0.1	1	5	29
21-44	138	41.8	1,337	0.3	9	296	89.7	2,753	0.3	10	330	2,427
45-64	32	37.6	341	0.4	18	70	82.4	704	0.3	13	85	673
65-74	2,371	36.5	26,857	0.5	33	3,612	55.6	39,733	0.5	15	6,497	66,450
75-84	4,738	37.4	53,418	0.5	36	7,275	57.4	79,637	0.5	16	12,679	132,946
85 and older	3,701	31.1	39,787	0.6	37	6,226	52.3	64,498	0.6	16	11,894	116,995
Male	12,925	34.0	146,670	0.4	19	20,150	53.0	222,717	0.4	14	38,019	394,595
Disabled	9,978	37.8	115,130	0.4	17	15,232	57.7	172,594	0.3	13	26,400	285,810
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	14.3	12	0.1	4	4	57.1	48	0.1	1	7	82
15-20	41	28.1	483	0.1	2	63	43.2	747	0.2	4	146	1,656
21-44	3,319	34.2	38,217	0.2	9	5,663	58.3	64,620	0.3	11	9,712	106,433
45-64	3,856	39.1	44,111	0.4	17	5,730	58.1	63,826	0.4	17	9,861	102,464
65-74	2,262	41.8	26,488	0.5	27	3,149	58.2	36,298	0.4	12	5,410	61,256
75-84	447	41.1	5,229	0.5	30	544	50.0	6,185	0.4	11	1,087	12,026
85 and older	52	29.4	590	0.5	34	79	44.6	870	0.5	15	177	1,893
Other Eligibles	2,947	25.4	31,540	0.5	28	4,918	42.3	50,123	0.5	14	11,619	108,785
5 and younger	1	50.0	12	0.1	7	6	300.0	68	0.2	35	2	20
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	47
15-20	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
21-44	90	39.5	839	0.3	14	155	68.0	1,480	0.3	23	228	1,660
45-64	44	24.9	396	0.4	20	81	45.8	705	0.4	10	177	957
65-74	981	24.6	10,767	0.4	26	1,615	40.4	16,891	0.4	14	3,993	38,107
75-84	1,197	25.9	12,996	0.5	30	1,996	43.1	20,635	0.5	13	4,626	44,545
85 and older	634	24.5	6,530	0.5	31	1,064	41.1	10,332	0.5	14	2,587	23,437
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11

Table D7D

Dual Eligible Beneficiaries

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

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				13,823	139,227
All	\$416	9.6	13,823		139,227
Age					
0-64	552	11.1	895		9,854
65-74	516	11.3	1,798		19,053
75-84	437	10.0	4,895		50,067
85 and older	345	8.5	6,234		60,242
Unknown	109	2.1	1		11
Gender					
Female	405	9.6	10,433		105,751
Male	453	9.9	3,390		33,476
Unknown	0	0.0	0		0
Race					
White	419	9.7	12,607		126,463
African American	384	8.6	1,106		11,665
Other/unknown	461	8.9	110		1,099
Basis of Eligibility^c					
Aged	399	9.4	12,040		119,802
Disabled	522	10.9	1,783		19,425
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 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.5	0.3	0.0	0.2	\$27	\$22	\$1	\$4	\$58	\$83	\$22	51,727	\$2,974,550	10,526	76.1 %	110,608
Biologics	0.1	0.1	0.0	0.0	8	2	5	1	66	19	2,561	953	62,527	714	5.2	8,110
Antineoplastic Agents	0.8	0.1	0.0	0.7	80	16	1	63	107	226	111	15,250	1,626,339	2,104	15.2	20,318
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.5	51	42	2	7	39	58	17	109,017	4,216,728	7,852	56.8	81,909
Cardiovascular Agents	2.3	0.5	0.1	1.7	60	30	2	29	26	55	22	256,411	6,779,003	11,001	79.6	112,613
Respiratory Agents	0.9	0.4	0.0	0.5	35	23	1	11	39	64	34	83,848	3,307,329	9,118	66.0	95,741
Gastrointestinal Agents	1.2	0.4	0.0	0.9	48	29	0	18	38	76	53	119,735	4,594,111	9,191	66.5	95,812
Genitourinary Agents	0.7	0.5	0.0	0.2	41	32	0	9	59	67	37	31,824	1,885,935	4,251	30.8	45,624
CNS Drugs	2.4	1.3	0.0	1.1	130	112	2	17	55	89	53	255,214	14,138,980	10,491	75.9	108,380
Stimulants/Anti-obesity/Anorexia	1.1	0.4	0.0	0.7	35	25	0	10	31	67	33	997	31,158	90	0.7	903
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	104	104	0	0	130	131	0	26,054	3,381,983	3,105	22.5	32,616
Analgesics and Anesthetics	1.2	0.4	0.0	0.7	46	37	0	9	39	86	24	99,262	3,884,828	8,146	58.9	84,142
Neuromuscular Agents	1.5	0.5	0.1	0.9	75	45	4	26	52	89	44	80,019	4,137,901	5,177	37.5	54,848
Nutritional Products	1.0	0.0	0.0	1.0	18	0	1	17	18	23	24	66,324	1,186,112	6,370	46.1	64,822
Hematological Agents	1.2	0.4	0.0	0.8	59	49	0	10	49	114	22	65,341	3,196,613	5,268	38.1	54,278
Topical Products	0.7	0.3	0.0	0.4	24	16	2	7	33	53	35	72,601	2,386,294	9,320	67.4	99,285
Miscellaneous Products	0.3	0.0	0.0	0.2	5	1	0	4	20	28	50	4,675	91,218	1,749	12.7	17,984
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	35	0	0	2,133	74,080	683	4.9	7,497
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.	1,341,385	57,955,689	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			Nursing Facility Residents	%				
ANTIPSYCHOTICS	\$7,373,006	6,554	47.4	69,683	0.8	\$137	\$106	
ANTIDEPRESSANTS	5,370,848	9,858	71.3	103,648	1.0	50	52	
ULCER DRUGS	3,454,517	8,683	62.8	91,268	0.7	52	38	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,381,908	3,107	22.5	32,665	0.8	130	104	
ANTICONVULSANT	2,905,692	4,740	34.3	50,457	1.1	50	58	
ANTIDIABETIC	2,484,474	5,979	43.3	63,203	0.9	43	39	
ASTHMATIC	2,223,920	8,008	57.9	83,319	0.5	50	27	
DERMATOLOGICAL	2,035,994	24,710	178.8	267,868	0.4	21	8	
ANALGESICS - Narcotic	1,888,241	7,535	54.5	77,043	0.8	30	25	
MISC. HEMATOLOGICAL	1,834,557	2,320	16.8	24,085	0.9	83	76	
Total	32,953,157	81,494		863,239	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx
All	596,041	\$32,953,157	6,554	47.4 %	69,683	0.8	\$106	9,858	71.3 %	103,648	1.0	\$52	
Female	441,552	24,112,387	4,730	45.3	50,689	0.8	103	7,525	72.1	79,625	1.0	52	
Disabled	55,630	3,385,994	593	58.8	6,688	0.8	133	739	73.3	8,215	1.1	57	
64 or younger	24,686	1,601,505	236	54.8	2,625	0.9	150	353	81.9	3,930	1.1	54	
65-74	17,484	967,031	168	58.9	1,956	0.7	107	198	69.5	2,234	1.2	64	
75-84	9,273	594,560	143	76.5	1,625	0.8	134	133	71.1	1,488	1.0	53	
85 and older	4,187	222,898	46	43.8	482	0.9	135	55	52.4	563	1.1	57	
Other Eligibles	385,904	20,725,670	4,135	43.9	43,979	0.8	99	6,786	72.0	71,410	1.0	51	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	48,922	2,713,069	468	58.3	5,168	0.8	123	749	93.3	8,030	1.1	57	
75-84	160,476	8,850,001	1,669	48.6	18,168	0.8	105	2,740	79.8	29,325	1.0	52	
85 and older	176,506	9,162,600	1,998	38.5	20,643	0.7	88	3,297	63.6	34,055	1.0	49	
Male	154,489	8,840,770	1,824	53.8	18,994	0.8	113	2,333	68.8	24,023	1.0	52	
Disabled	42,720	2,567,323	415	53.5	4,570	0.9	146	527	68.0	5,899	1.1	58	
64 or younger	27,010	1,612,760	247	53.5	2,705	0.9	154	328	71.0	3,687	1.1	60	
65-74	10,733	654,275	101	51.0	1,156	0.8	144	141	71.2	1,598	1.1	55	
75-84	3,601	228,832	47	60.3	504	0.8	136	42	53.8	451	1.1	55	
85 and older	1,376	71,456	20	54.1	205	0.8	80	16	43.2	163	0.9	45	
Other Eligibles	111,769	6,273,447	1,409	53.9	14,424	0.8	102	1,806	69.1	18,124	1.0	50	
64 or younger	41	1,655	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	27,714	1,641,175	326	63.7	3,511	0.8	126	396	77.3	4,221	1.1	54	
75-84	53,898	3,006,362	694	58.1	7,203	0.8	99	859	71.9	8,645	1.0	50	
85 and older	30,116	1,624,255	389	42.9	3,710	0.7	86	551	60.8	5,258	1.0	46	
Unknown	18	723	2	200.0	22	0.2	21	0	0.0	0	0.0	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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	8,683	62.8 %	91,268	0.7	\$38	3,107	22.5 %	32,665	0.8	\$104	4,740	34.3 %	50,457	1.1	\$58
Female	6,358	60.9	67,305	0.7	38	2,381	22.8	25,104	0.8	103	3,307	31.7	35,331	1.1	55
Disabled	707	70.1	7,905	0.7	40	118	11.7	1,306	0.8	133	655	65.0	7,444	1.4	74
64 or younger	280	65.0	3,161	0.7	40	38	8.8	417	0.9	217	344	79.8	3,920	1.5	87
65-74	227	79.6	2,547	0.7	41	27	9.5	314	0.7	79	187	65.6	2,115	1.3	65
75-84	135	72.2	1,525	0.7	36	31	16.6	358	0.8	95	95	50.8	1,087	1.1	52
85 and older	65	61.9	672	0.8	38	22	21.0	217	0.8	112	29	27.6	322	1.3	51
Other Eligibles	5,651	60.0	59,400	0.7	37	2,263	24.0	23,798	0.8	101	2,652	28.1	27,887	1.1	50
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	546	68.0	5,986	0.7	38	162	20.2	1,731	0.9	109	467	58.2	5,012	1.2	63
75-84	2,138	62.2	22,916	0.7	38	959	27.9	10,263	0.8	101	1,146	33.4	12,257	1.0	52
85 and older	2,967	57.2	30,498	0.7	37	1,142	22.0	11,804	0.8	100	1,039	20.0	10,618	1.0	41
Male	2,325	68.6	23,963	0.7	38	726	21.4	7,561	0.8	107	1,433	42.3	15,126	1.2	64
Disabled	573	73.9	6,394	0.8	43	70	9.0	781	0.8	143	505	65.2	5,558	1.4	81
64 or younger	315	68.2	3,545	0.8	43	21	4.5	231	0.9	240	346	74.9	3,824	1.5	89
65-74	142	71.7	1,571	0.8	46	29	14.6	337	0.7	95	110	55.6	1,200	1.2	72
75-84	83	106.4	912	0.7	38	14	17.9	149	0.8	129	36	46.2	390	1.0	49
85 and older	33	89.2	366	0.6	43	6	16.2	64	0.6	78	13	35.1	144	0.9	37
Other Eligibles	1,752	67.0	17,569	0.7	37	656	25.1	6,780	0.8	102	928	35.5	9,568	1.1	54
64 or younger	1	50.0	6	0.8	87	0	0.0	0	0.0	0	2	100.0	12	2.4	77
65-74	386	75.4	4,139	0.7	37	102	19.9	1,101	0.8	105	294	57.4	3,240	1.2	65
75-84	794	66.4	7,965	0.7	38	326	27.3	3,356	0.8	105	424	35.5	4,310	1.1	49
85 and older	571	63.0	5,459	0.7	35	228	25.2	2,323	0.8	97	208	23.0	2,006	1.0	45
Unknown	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 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-ASTHMATIC				DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,979	43.3 %	63,203	0.9	8,008	57.9 %	83,319	0.5	24,710	178.8 %	267,868	0.4	\$8
Female	4,494	43.1	47,720	0.9	5,647	54.1	59,414	0.5	18,344	175.8	199,820	0.4	7
Disabled	560	55.6	6,203	1.0	593	58.8	6,440	0.6	1,910	189.5	21,789	0.3	8
64 or younger	214	49.7	2,330	1.1	237	55.0	2,571	0.6	849	197.0	9,800	0.3	8
65-74	195	68.4	2,238	1.0	186	65.3	2,048	0.7	522	183.2	6,015	0.3	8
75-84	104	55.6	1,162	1.1	104	55.6	1,174	0.5	332	177.5	3,755	0.3	7
85 and older	47	44.8	473	0.9	66	62.9	647	0.5	207	197.1	2,219	0.4	8
Other Eligibles	3,934	41.7	41,517	0.9	5,051	53.6	52,941	0.5	16,431	174.4	177,998	0.4	7
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	565	70.4	6,206	1.0	542	67.5	5,800	0.7	1,498	186.6	16,624	0.4	8
75-84	1,840	53.6	19,787	0.9	1,889	55.0	20,415	0.5	5,997	174.6	66,546	0.4	7
85 and older	1,529	29.5	15,524	0.8	2,620	50.5	26,726	0.4	8,936	172.3	94,828	0.3	7
Male	1,485	43.8	15,483	0.9	2,361	69.6	23,905	0.6	6,366	187.8	68,048	0.4	9
Disabled	356	45.9	4,020	1.0	466	60.1	4,955	0.6	1,637	211.2	18,638	0.4	10
64 or younger	201	43.5	2,287	1.0	268	58.0	2,920	0.7	1,009	218.4	11,509	0.4	9
65-74	126	63.6	1,399	0.9	113	57.1	1,211	0.6	416	210.1	4,774	0.4	11
75-84	21	26.9	238	0.8	67	85.9	654	0.5	147	188.5	1,630	0.3	12
85 and older	8	21.6	96	0.8	18	48.6	170	0.4	65	175.7	725	0.5	9
Other Eligibles	1,129	43.2	11,463	0.9	1,895	72.5	18,950	0.6	4,729	180.8	49,410	0.4	8
64 or younger	0	0.0	0	0.0	2	100.0	12	0.2	2	100.0	12	0.4	7
65-74	295	57.6	3,117	0.9	378	73.8	3,953	0.6	1,013	197.9	10,985	0.4	9
75-84	556	46.5	5,674	0.9	922	77.2	9,364	0.6	2,182	182.6	22,867	0.4	8
85 and older	278	30.7	2,672	0.8	593	65.5	5,621	0.6	1,532	169.1	15,546	0.4	8
Unknown	0	0.0	0	0.0	3	300.0	33	0.2	3	300.0	33	0.2	2

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				MISC. HEMATOLOGICAL				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	7,535	54.5 %	77,043	0.8	\$25	2,320	16.8 %	24,085	0.9	\$76	13,823	139,227
Female	5,901	56.6	60,853	0.8	25	1,665	16.0	17,384	0.9	77	10,432	105,740
Disabled	590	58.5	6,442	0.8	27	135	13.4	1,498	0.9	80	1,008	10,984
64 or younger	250	58.0	2,810	0.7	25	41	9.5	473	1.0	87	431	4,784
65-74	191	67.0	2,087	1.1	41	41	14.4	478	0.9	78	285	3,129
75-84	97	51.9	1,034	0.8	12	34	18.2	372	0.9	78	187	2,011
85 and older	52	49.5	511	0.5	8	19	18.1	175	0.8	68	105	1,060
Other Eligibles	5,311	56.4	54,411	0.8	25	1,530	16.2	15,886	0.9	76	9,424	94,756
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	541	67.4	5,804	1.0	30	144	17.9	1,575	1.0	79	803	8,432
75-84	2,022	58.9	21,145	0.9	27	622	18.1	6,566	1.0	81	3,435	35,661
85 and older	2,748	53.0	27,462	0.7	22	764	14.7	7,745	0.9	72	5,186	50,663
Male	1,634	48.2	16,190	0.8	23	655	19.3	6,701	0.9	75	3,390	33,476
Disabled	402	51.9	4,377	0.9	28	111	14.3	1,222	0.9	74	775	8,441
64 or younger	253	54.8	2,774	0.9	31	47	10.2	497	0.9	73	462	5,061
65-74	95	48.0	1,026	0.9	19	44	22.2	496	0.9	80	198	2,181
75-84	43	55.1	461	0.8	21	13	16.7	145	0.9	73	78	808
85 and older	11	29.7	116	1.0	61	7	18.9	84	0.5	41	37	391
Other Eligibles	1,232	47.1	11,813	0.8	21	544	20.8	5,479	0.9	75	2,615	25,035
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	9
65-74	267	52.1	2,767	0.8	19	110	21.5	1,153	0.9	82	512	5,311
75-84	560	46.9	5,397	0.8	22	266	22.3	2,746	0.9	73	1,195	11,587
85 and older	405	44.7	3,649	0.6	19	168	18.5	1,580	0.9	74	906	8,128
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 8,524 beneficiaries who were in nursing facilities for part of their enrollment and their 82,130 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KENTUCKY, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
								Part D Excluded Rx \$	Percentage of All Dual Rx \$ of Beneficiaries
All	66,416	65.1 %	13.6	1,386,112	\$157	\$16,040,836	\$12	5.4 %	102,060
Age									
5 and younger	5	83.3	10.7	64	242	1,451	23	7.4	6
6-14	13	72.2	12.9	232	467	8,410	36	10.3	18
15-20	91	38.7	3.0	706	50	11,664	17	1.6	235
21-44	8,554	48.5	4.6	80,854	111	1,956,372	24	4.5	17,640
45-64	13,811	60.7	8.6	196,644	119	2,708,226	14	3.6	22,745
65-74	15,774	63.4	11.0	273,287	128	3,172,166	12	4.2	24,874
75-84	15,608	73.3	19.7	420,304	199	4,225,670	10	6.6	21,286
85 and older	12,559	82.3	27.1	413,995	259	3,956,652	10	9.8	15,255
Unknown	1	100.0	26.0	26	225	225	9	18.8	1
Basis of Eligibility^c									
Aged	30,772	72.7	21.6	913,811	213	9,024,917	10	7.6	42,310
Disabled	35,328	59.9	8.0	470,784	119	6,989,631	15	3.9	58,948
Adults	308	39.2	1.9	1,469	32	25,000	17	2.2	785
Children	8	47.1	2.8	48	76	1,288	27	2.1	17
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	45,314	70.8	15.7	1,002,672	181	11,606,145	12	5.8	64,041
Male	21,102	55.5	10.1	383,440	117	4,434,691	12	4.6	38,019
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	57,039	66.1	14.4	1,242,695	162	13,987,964	11	5.4	86,251
African American	4,062	60.0	13.2	89,192	133	902,988	10	5.5	6,765
Other/unknown	5,315	58.8	6.0	54,225	127	1,149,884	21	4.6	9,044
Use of Nursing Facilities^d									
Entire year	13,552	98.0	48.6	671,545	467	6,462,068	10	11.2	13,823
Part year	8,088	94.9	29.8	254,111	296	2,520,962	10	8.9	8,524
None	44,776	56.2	5.8	460,456	89	7,057,806	15	3.3	79,713
Maintenance Assistance Status									
Cash	38,890	59.6	6.7	437,041	95	6,171,314	14	3.4	65,304
Medically needy	2,485	46.6	11.4	60,711	117	624,744	10	7.2	5,333
Poverty related	942	34.4	1.9	5,120	51	138,805	27	5.4	2,737
Other/unknown	24,099	84.0	30.8	883,240	317	9,105,973	10	8.6	28,686

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 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 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KENTUCKY, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.3	\$15	\$12	\$0	\$2	1,076,092
Age						
5 and younger	1.1	25	23	0	2	58
6-14	1.2	42	36	0	8	201
15-20	0.3	4	17	0	1	2,629
21-44	0.4	10	24	0	2	191,930
45-64	0.8	11	14	0	3	241,423
65-74	1.0	12	12	0	2	268,731
75-84	1.9	19	10	0	3	222,315
85 and older	2.8	27	10	0	3	148,794
Unknown	2.4	20	9	0	0	11
Basis of Eligibility^c						
Aged	2.2	21	10	0	3	422,920
Disabled	0.7	11	15	0	2	647,757
Adults	0.3	5	17	0	2	5,299
Children	0.4	11	27	0	1	116
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.5	17	12	0	3	681,497
Male	1.0	11	12	0	2	394,595
Unknown	0.0	0	0	0	0	0
Race						
White	1.4	15	11	0	3	905,002
African American	1.3	13	10	0	1	71,057
Other/unknown	0.5	11	21	0	2	100,033
Use of Nursing Facilities^d						
Entire year	4.8	46	10	0	6	139,227
Part year	3.1	31	10	0	4	82,130
None	0.5	8	15	0	2	854,735
Maintenance Assistance Status						
Cash	0.6	8	14	0	2	732,202
Medically needy	2.0	20	10	0	3	30,982
Poverty related	0.2	5	27	0	1	27,007
Other/unknown	3.1	32	10	0	4	285,901

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 1/01/2007.

- 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 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 KENTUCKY, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	116,124	\$138	\$16,040,836	100.0 %	1,386,112	\$12	100.0 %		
Anorexia or weight loss/gain	25	191	4,775	0.0	66	72	0.0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0	
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	0.0	
Cough and cold medications	14,868	50	744,678	4.6	37,168	20	2.7	2.7	
Vitamins and minerals	25,388	148	3,764,131	23.5	199,906	19	14.4	14.4	
Non-prescription drugs	50,966	147	7,494,724	46.7	925,972	8	66.8	66.8	
Barbiturates	1,788	92	164,778	1.0	26,849	6	1.9	1.9	
Benzodiazepines	18,134	147	2,664,556	16.6	175,809	15	12.7	12.7	
Other Part D Excl Rx Drugs	4,955	243	1,203,194	7.5	20,342	59	1.5	1.5	

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 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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, 2003

Total Number of Dual Eligible Beneficiaries 102,060
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$299,036,971
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,930

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,704	10.5 %	\$0	0.0 %
1-500	15,100	14.8	3,227,018	1.1
501-1,000	9,862	9.7	7,339,193	2.5
1,001-1,500	8,470	8.3	10,558,369	3.5
1,501-2,000	7,588	7.4	13,245,691	4.4
2,001-2,500	6,896	6.8	15,474,997	5.2
2,501-3,000	6,027	5.9	16,565,099	5.5
3,001-3,500	5,373	5.3	17,441,564	5.8
3,501-4,000	4,780	4.7	17,883,515	6.0
4,001-4,500	4,103	4.0	17,409,803	5.8
4,501-5,000	3,455	3.4	16,389,415	5.5
5,001-5,500	3,022	3.0	15,854,012	5.3
5,501-6,000	2,604	2.6	14,953,330	5.0
6,001-6,500	2,233	2.2	13,943,637	4.7
6,501-7,000	1,863	1.8	12,567,908	4.2
7,001-7,500	1,525	1.5	11,046,552	3.7
7,501-8,000	1,295	1.3	10,026,910	3.4
8,001-8,500	1,059	1.0	8,726,059	2.9
8,501-9,000	916	0.9	8,017,979	2.7
9,001-9,500	741	0.7	6,849,870	2.3
9,501-10,000	608	0.6	5,922,346	2.0
10,001+	3,836	3.8	55,593,704	18.6

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. 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 2003.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 KENTUCKY, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 39,809
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$118,441,941
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,975

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		Age < 65	Age < 65		Age < 65	Age < 65
\$0	4,820	12.1%	12.1%	0	0.0%	0.0%
1-500	7,626	19.2	19.2	1,520,194	1.3	1.3
501-1,000	3,984	10.0	10.0	2,942,781	2.5	2.5
1,001-1,500	3,066	7.7	7.7	3,815,233	3.2	3.2
1,501-2,000	2,619	6.6	6.6	4,565,197	3.9	3.9
2,001-2,500	2,216	5.6	5.6	4,972,309	4.2	4.2
2,501-3,000	1,900	4.8	4.8	5,218,556	4.4	4.4
3,001-3,500	1,685	4.2	4.2	5,471,111	4.6	4.6
3,501-4,000	1,449	3.6	3.6	5,423,867	4.6	4.6
4,001-4,500	1,258	3.2	3.2	5,341,945	4.5	4.5
4,501-5,000	1,123	2.8	2.8	5,323,824	4.5	4.5
5,001-5,500	1,010	2.5	2.5	5,301,707	4.5	4.5
5,501-6,000	856	2.2	2.2	4,916,003	4.2	4.2
6,001-6,500	806	2.0	2.0	5,033,579	4.2	4.2
6,501-7,000	699	1.8	1.8	4,713,568	4.0	4.0
7,001-7,500	610	1.5	1.5	4,421,451	3.7	3.7
7,501-8,000	506	1.3	1.3	3,917,330	3.3	3.3
8,001-8,500	418	1.1	1.1	3,445,943	2.9	2.9
8,501-9,000	400	1.0	1.0	3,503,895	3.0	3.0
9,001-9,500	328	0.8	0.8	3,030,091	2.6	2.6
9,501-10,000	270	0.7	0.7	2,630,928	2.2	2.2
10,001+	2,160	5.4	5.4	32,932,429	27.8	27.8

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. 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 KENTUCKY, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	61,415
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$179,267,431
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,919

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,704	9.3 %	0	0.0 %
1-500	7,218	11.8	1,660,375	0.9
501-1,000	5,780	9.4	4,327,398	2.4
1,001-1,500	5,333	8.7	6,657,712	3.7
1,501-2,000	4,916	8.0	8,588,391	4.8
2,001-2,500	4,655	7.6	10,445,641	5.8
2,501-3,000	4,099	6.7	11,270,851	6.3
3,001-3,500	3,673	6.0	11,922,305	6.7
3,501-4,000	3,316	5.4	12,402,602	6.9
4,001-4,500	2,830	4.6	12,004,556	6.7
4,501-5,000	2,322	3.8	11,017,385	6.1
5,001-5,500	2,006	3.3	10,521,321	5.9
5,501-6,000	1,739	2.8	9,985,537	5.6
6,001-6,500	1,418	2.3	8,853,755	4.9
6,501-7,000	1,161	1.9	7,834,102	4.4
7,001-7,500	913	1.5	6,610,776	3.7
7,501-8,000	782	1.3	6,055,756	3.4
8,001-8,500	635	1.0	5,231,300	2.9
8,501-9,000	514	0.8	4,496,859	2.5
9,001-9,500	410	0.7	3,791,601	2.1
9,501-10,000	331	0.5	3,223,184	1.8
10,001+	1,660	2.7	22,366,024	12.5

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. 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 2003.

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, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 24,874
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$74,645,331
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$3,001

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement		Percent of Total Pharmacy Reimbursement
			\$	0.0 %	
1-500	2,792	11.2 %	0	0.0 %	0.0 %
501-1,000	2,994	12.0	656,980	0.9	0.9
1,001-1,500	2,205	8.9	1,644,544	2.2	2.2
1,501-2,000	2,003	8.1	2,502,507	3.4	3.4
2,001-2,500	1,854	7.5	3,243,550	4.3	4.3
2,501-3,000	1,766	7.1	3,959,882	5.3	5.3
3,001-3,500	1,587	6.4	4,369,266	5.9	5.9
3,501-4,000	1,393	5.6	4,518,213	6.1	6.1
4,001-4,500	1,295	5.2	4,843,212	6.5	6.5
4,501-5,000	1,074	4.3	4,559,234	6.1	6.1
5,001-5,500	906	3.6	4,297,949	5.8	5.8
5,501-6,000	791	3.2	4,152,706	5.6	5.6
6,001-6,500	738	3.0	4,235,926	5.7	5.7
6,501-7,000	584	2.3	3,645,476	4.9	4.9
7,001-7,500	487	2.0	3,286,030	4.4	4.4
7,501-8,000	387	1.6	2,800,461	3.8	3.8
8,001-8,500	330	1.3	2,555,815	3.4	3.4
8,501-9,000	259	1.0	2,135,279	2.9	2.9
9,001-9,500	217	0.9	1,899,022	2.5	2.5
9,501-10,000	194	0.8	1,793,368	2.4	2.4
10,001+	139	0.6	1,353,606	1.8	1.8
	879	3.5	12,192,305	16.3	16.3

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. 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 KENTUCKY, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 21,286
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$64,290,985
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$3,020

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,851	8.7 %	0	0.0 %
1-500	2,282	10.7	543,025	0.8
501-1,000	1,897	8.9	1,433,012	2.2
1,001-1,500	1,843	8.7	2,305,299	3.6
1,501-2,000	1,717	8.1	3,001,124	4.7
2,001-2,500	1,583	7.4	3,554,218	5.5
2,501-3,000	1,436	6.7	3,950,766	6.1
3,001-3,500	1,315	6.2	4,274,872	6.6
3,501-4,000	1,227	5.8	4,590,227	7.1
4,001-4,500	1,034	4.9	4,382,958	6.8
4,501-5,000	846	4.0	4,018,480	6.3
5,001-5,500	733	3.4	3,839,151	6.0
5,501-6,000	627	2.9	3,602,977	5.6
6,001-6,500	526	2.5	3,285,949	5.1
6,501-7,000	436	2.0	2,941,757	4.6
7,001-7,500	341	1.6	2,468,836	3.8
7,501-8,000	298	1.4	2,305,129	3.6
8,001-8,500	257	1.2	2,116,694	3.3
8,501-9,000	197	0.9	1,722,332	2.7
9,001-9,500	141	0.7	1,306,440	2.0
9,501-10,000	140	0.7	1,363,021	2.1
10,001+	559	2.6	7,284,718	11.3

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. 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 2003.

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, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 15,255
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$40,331,115
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,644

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 7.0 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement 0.0 %
\$0	1,061	12.7	0	0.0
1-500	1,942	11.0	460,370	1.1
501-1,000	1,678	9.7	1,249,842	3.1
1,001-1,500	1,487	8.8	1,849,906	4.6
1,501-2,000	1,345	8.6	2,343,717	5.8
2,001-2,500	1,306	7.1	2,931,541	7.3
2,501-3,000	1,076	6.3	2,950,819	7.3
3,001-3,500	965	5.2	3,129,220	7.8
3,501-4,000	794	4.7	2,969,163	7.4
4,001-4,500	722	3.7	3,062,364	7.6
4,501-5,000	570	3.2	2,700,956	6.7
5,001-5,500	482	2.5	2,529,464	6.3
5,501-6,000	374	2.0	2,146,634	5.3
6,001-6,500	308	1.6	1,922,330	4.8
6,501-7,000	238	1.2	1,606,315	4.0
7,001-7,500	185	1.0	1,341,479	3.3
7,501-8,000	154	0.8	1,194,812	3.0
8,001-8,500	119	0.7	979,327	2.4
8,501-9,000	100	0.5	875,505	2.2
9,001-9,500	75	0.3	691,793	1.7
9,501-10,000	52	1.5	506,557	1.3
10,001+	222		2,889,001	7.2

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. 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 2003.

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, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	115,638	45,639	69,078	903	18	1,233,620	462,281	765,019	6,192	128	0
Age											
5 and younger	7	2	4	0	1	70	19	43	0	8	0
6-14	23	0	17	1	5	254	0	195	8	51	0
15-20	291	0	284	5	2	3,272	0	3,219	29	24	0
21-44	21,526	10	20,874	636	6	236,004	92	231,224	4,668	20	0
45-64	26,435	46	26,148	238	3	283,834	421	281,983	1,407	23	0
65-74	28,147	11,716	16,408	22	1	307,042	118,790	188,171	79	2	0
75-84	23,231	18,737	4,493	1	0	245,446	194,543	50,902	1	0	0
85 and older	15,977	15,127	850	0	0	157,687	148,405	9,282	0	0	0
Unknown	1	1	0	0	0	11	11	0	0	0	0
Gender											
Female	72,650	33,593	38,569	482	6	782,430	346,666	432,208	3,507	49	0
Male	42,988	12,046	30,509	421	12	451,190	115,615	332,811	2,685	79	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	94,701	38,423	55,444	818	16	1,003,634	385,525	612,532	5,469	108	0
African American	9,727	3,760	5,902	64	1	105,616	39,207	65,892	505	12	0
Other/unknown	11,210	3,456	7,732	21	1	124,370	37,549	86,595	218	8	0
Use of Nursing Facilities^c											
Entire year	13,841	12,056	1,785	0	0	139,608	120,114	19,494	0	0	0
Part year	8,632	7,315	1,316	1	0	85,268	71,235	14,021	12	0	0
None	93,165	26,268	65,977	902	18	1,008,744	270,932	731,504	6,180	128	0
Maintenance Assistance Status											
Cash	78,093	18,922	58,798	372	1	879,438	210,594	665,770	3,062	12	0
Medically needy	5,408	3,110	1,978	315	5	31,618	20,236	9,820	1,547	15	0
Poverty related	2,778	1,053	1,568	149	8	27,895	11,093	15,716	1,014	72	0
Other/unknown	29,359	22,554	6,734	67	4	294,669	220,358	73,713	569	29	0
Dual Status^d											
Full dual, all year	111,359	43,562	66,903	877	17	1,189,159	440,269	742,855	5,919	116	0
Full dual, part year	4,279	2,077	2,175	26	1	44,461	22,012	22,164	273	12	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	100,751	41,671	58,283	780	17	1,068,861	419,314	644,149	5,282	116	0
FFS part year, with Rx claims	974	507	466	1	0	10,569	5,341	5,216	12	0	0
FFS part year, no Rx claims	335	132	199	4	0	3,202	1,223	1,944	35	0	0
MC all year, with Rx claims	2,430	122	2,277	31	0	27,821	1,400	26,157	264	0	0
MC all year, no Rx claims	11,148	3,207	7,853	87	1	123,167	35,003	87,553	599	12	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 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 2003. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months
All	115,638	1,233,620	1,076,092	102,060	1,076,092	0	157,528
Fee-for-service (FFS) all year	100,751	1,068,861	1,068,861	100,751	1,068,861	0	0
FFS part year, with Rx claims	974	10,569	974	974	5,781	0	4,788
FFS part year, with no Rx claims	335	3,202	335	335	1,450	0	1,752
Managed care (MC) all year, with Rx claims	2,430	27,821	0	0	0	0	27,821
MC all year, with no Rx claims	11,148	123,167	0	0	0	0	123,167

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 1/01/2007.

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

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