

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 KENTUCKY

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KENTUCKY, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	836,057	(A)	158,628	(E)	677,429	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	790,579	(B)	113,765	(F)	676,814	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	631,133	(C)	100,127	(G)	531,006	(K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	14,532	(D)	13,404	(H)	1,128	(L)

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Kentucky in 2004 was \$776,392,996, of which \$29,118,950 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
KENTUCKY, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>631,133</b>	<b>41,007</b>	<b>171,750</b>	<b>102,626</b>	<b>315,377</b>	<b>373</b>	<b>6,099,617</b>	<b>401,280</b>	<b>1,878,073</b>	<b>783,975</b>	<b>3,035,090</b>	<b>1,199</b>
<b>Age</b>												
5 and younger	125,921	1	4,047	13	121,860	0	1,168,519	12	43,861	72	1,124,574	0
6-14	150,242	1	13,070	25	137,146	0	1,530,435	12	148,410	154	1,381,859	0
15-20	76,043	0	9,799	10,480	55,763	1	711,248	0	108,118	77,707	525,421	2
21-44	142,671	10	55,829	86,031	560	241	1,277,356	91	614,841	658,832	2,921	671
45-64	75,190	62	68,918	6,057	24	129	784,178	550	735,868	47,136	110	514
65-74	25,334	10,175	15,143	15	0	1	271,662	99,764	171,831	59	0	8
75-84	20,954	16,785	4,166	3	0	0	215,250	168,476	46,765	9	0	0
85 and older	14,751	13,972	777	2	0	0	140,736	132,363	8,367	6	0	0
Unknown	27	1	1	0	24	1	233	12	12	0	205	4
<b>Gender</b>												
Female	364,415	29,877	91,950	87,089	155,126	373	3,478,348	297,487	1,014,471	667,573	1,497,618	1,199
Male	266,716	11,129	79,799	15,537	160,251	0	2,621,251	103,787	863,590	116,402	1,537,472	0
Unknown	2	1	1	0	0	0	18	6	12	0	0	0
<b>Race</b>												
White	538,622	35,150	135,233	91,356	276,533	350	5,194,404	341,059	1,478,027	706,979	2,667,230	1,109
African American	48,851	3,051	9,008	8,207	28,567	18	468,096	30,376	95,822	65,169	276,655	74
Other/unknown	43,660	2,806	27,509	3,063	10,277	5	437,117	29,845	304,224	11,827	91,205	16
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	14,532	11,883	2,633	12	4	0	144,340	116,380	27,887	25	48	0
Part year	11,624	6,863	4,270	479	12	0	113,578	64,265	44,564	4,611	138	0
None	604,977	22,261	164,847	102,135	315,361	373	5,841,699	220,635	1,805,622	779,339	3,034,904	1,199
<b>Maintenance Assistance Status</b>												
Cash	313,956	15,183	157,702	51,360	89,711	0	3,267,683	167,282	1,758,825	433,758	907,818	0
Medically needy	26,154	3,046	4,484	10,785	7,839	0	191,719	19,181	19,703	75,724	77,111	0
Poverty-related	223,072	919	1,609	27,228	192,943	373	1,977,975	9,128	15,031	157,217	1,795,400	1,199
Other/unknown	67,951	21,859	7,955	13,253	24,884	0	662,240	205,689	84,514	117,276	254,761	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	95,739	37,489	57,469	763	11	7	1,008,524	370,215	633,061	5,156	71	21
Full dual, part year	4,388	2,119	2,243	26	0	0	43,693	21,722	21,691	280	0	0
Non-dual, all year	531,006	1,399	112,038	101,837	315,366	366	5,047,400	9,343	1,223,321	778,539	3,035,019	1,178
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	624,853	40,465	169,656	101,507	312,858	367	6,069,814	398,274	1,866,937	780,489	3,022,926	1,188
FFS part year, with Rx claims	3,738	410	1,576	461	1,287	4	21,298	2,363	9,031	2,248	7,648	8
FFS part year, no Rx claims	2,542	132	518	658	1,232	2	8,505	643	2,105	1,238	4,516	3

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
KENTUCKY, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>78.2 %</b>	<b>21.1</b>	<b>\$1,184</b>	<b>\$56</b>	<b>\$5,197</b>	<b>22.8 %</b>	<b>631,133</b>
<b>Age</b>							
5 and younger	74.3	5.8	300	52	2,070	14.5	125,921
6-14	72.5	6.9	439	64	2,101	20.9	150,242
15-20	73.8	7.9	471	60	3,354	14.1	76,043
21-44	80.8	19.5	1,204	62	5,408	22.3	142,671
45-64	86.6	54.5	3,218	59	10,466	30.7	75,190
65-74	88.4	64.8	3,296	51	9,966	33.1	25,334
75-84	90.5	70.1	3,274	47	15,704	20.8	20,954
85 and older	90.9	65.7	2,835	43	20,928	13.5	14,751
Unknown	70.4	7.6	561	74	3,114	18.0	27
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.8	64.9	3,024	47	17,161	17.6	41,007
Disabled	87.2	44.8	2,779	62	9,655	28.8	171,750
Adults	77.8	11.0	495	45	3,237	15.3	102,626
Children	72.3	5.8	300	52	1,849	16.2	315,377
Unknown	77.5	8.7	1,067	122	7,559	14.1	373
<b>Gender</b>							
Female	80.8	24.4	1,298	53	5,588	23.2	364,415
Male	74.8	16.6	1,029	62	4,664	22.1	266,716
Unknown	50.0	35.5	1,178	33	4,494	26.2	2
<b>Race</b>							
White	79.3	21.1	1,172	55	5,146	22.8	538,622
African American	67.8	13.5	757	56	4,803	15.8	48,851
Other/unknown	77.5	29.4	1,810	62	6,275	28.8	43,660
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.3	101.1	4,764	47	39,580	12.0	14,532
Part year	97.0	72.3	3,905	54	26,182	14.9	11,624
None	77.4	18.2	1,046	57	3,968	26.4	604,977
<b>Maintenance Assistance Status</b>							
Cash	83.0	28.8	1,682	58	5,563	30.2	313,956
Medically needy	67.0	15.0	795	53	4,974	16.0	26,154
Poverty related	71.2	5.5	268	49	1,840	14.6	223,072
Other/unknown	83.6	39.4	2,041	52	14,616	14.0	67,951

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

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

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

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

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

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

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



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 KENTUCKY, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>2.2</b>	<b>\$123</b>	<b>22.8 %</b>	<b>21.8 %</b>	<b>45.8 %</b>	<b>9.2 %</b>	<b>11.7 %</b>	<b>8.0 %</b>	<b>3.5 %</b>	<b>\$538</b>	<b>631,133</b>	<b>6,099,617</b>
<b>Age</b>												
5 and younger	0.6	32	14.5	25.7	64.3	6.9	2.8	0.2	0.0	223	125,921	1,168,519
6-14	0.7	43	20.9	27.5	59.9	7.1	4.9	0.5	0.1	206	150,242	1,530,435
15-20	0.8	50	14.1	26.2	57.3	9.5	5.9	0.9	0.1	359	76,043	711,248
21-44	2.2	135	22.3	19.2	41.3	13.9	17.0	6.9	1.7	604	142,671	1,277,356
45-64	5.2	309	30.7	13.4	14.4	9.5	25.6	25.6	11.5	1,004	75,190	784,178
65-74	6.0	307	33.1	11.6	10.0	7.6	24.7	30.5	15.6	929	25,334	271,662
75-84	6.8	319	20.8	9.5	7.4	6.4	23.8	33.5	19.4	1,529	20,954	215,250
85 and older	6.9	297	13.5	9.1	6.2	6.4	24.8	34.8	18.6	2,194	14,751	140,736
Unknown	0.9	65	18.0	29.6	55.6	7.4	7.4	0.0	0.0	361	27	233
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	6.6	309	17.6	12.2	8.1	6.8	23.3	30.9	18.6	1,754	41,007	401,280
Disabled	4.1	254	28.8	12.8	23.7	11.3	24.2	19.9	8.1	883	171,750	1,878,073
Adults	1.4	65	15.3	22.2	48.6	13.9	11.9	2.9	0.4	424	102,626	783,975
Children	0.6	31	16.2	27.7	61.9	6.7	3.4	0.3	0.0	192	315,377	3,035,090
Unknown	2.7	332	14.1	22.5	28.2	16.4	22.3	6.7	4.0	2,352	373	1,199
<b>Gender</b>												
Female	2.6	136	23.2	19.2	44.3	9.6	12.8	9.6	4.4	585	364,415	3,478,348
Male	1.7	105	22.1	25.2	47.9	8.5	10.3	5.8	2.2	475	266,716	2,621,251
Unknown	3.9	131	26.2	50.0	0.0	0.0	0.0	0.0	50.0	499	2	18
<b>Race</b>												
White	2.2	122	22.8	20.7	46.8	9.3	11.6	8.0	3.6	534	538,622	5,194,404
African American	1.4	79	15.8	32.2	46.8	6.6	7.6	4.9	2.0	501	48,851	468,096
Other/unknown	2.9	181	28.8	22.5	33.0	10.0	17.4	12.6	4.4	627	43,660	437,117
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	10.2	480	12.0	1.7	2.3	3.4	16.7	35.9	40.0	3,985	14,532	144,340
Part year	7.4	400	14.9	3.0	8.2	7.5	24.0	35.1	22.2	2,680	11,624	113,578
None	1.9	108	26.4	22.6	47.6	9.3	11.4	6.9	2.3	411	604,977	5,841,699
<b>Maintenance Assistance Status</b>												
Cash	2.8	162	30.2	17.0	39.0	10.6	17.1	12.0	4.3	535	313,956	3,267,683
Medically needy	2.0	108	16.0	33.0	35.1	9.6	12.8	6.7	2.8	679	26,154	191,719
Poverty related	0.6	30	14.6	28.8	60.0	7.3	3.5	0.3	0.0	208	223,072	1,977,975
Other/unknown	4.0	210	14.0	16.4	35.0	8.3	13.5	15.4	11.5	1,500	67,951	662,240

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

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

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

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

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

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

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 KENTUCKY, 2004

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
<b>All</b>	<b>2.2</b>	<b>\$123</b>	<b>\$56</b>	<b>0.8</b>	<b>\$89</b>	<b>\$106</b>	<b>0.1</b>	<b>\$8</b>	<b>\$62</b>	<b>1.2</b>	<b>\$26</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.6	32	52	0.2	25	102	0.1	2	39	0.3	5	16
6-14	0.7	43	64	0.3	35	103	0.0	2	55	0.3	6	21
15-20	0.8	50	60	0.3	37	110	0.0	2	58	0.5	11	23
21-44	2.2	135	62	0.8	96	124	0.1	10	80	1.3	28	22
45-64	5.2	309	59	2.0	221	112	0.3	22	76	2.9	66	22
65-74	6.0	307	51	2.3	219	96	0.3	18	54	3.4	70	21
75-84	6.8	319	47	2.5	222	89	0.4	17	44	3.9	79	20
85 and older	6.9	297	43	2.4	201	85	0.4	16	39	4.1	80	20
Unknown	0.9	65	74	0.3	53	180	0.1	3	35	0.5	9	18
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.6	309	47	2.4	215	90	0.4	17	44	3.8	76	20
Disabled	4.1	254	62	1.6	185	118	0.2	17	74	2.3	52	23
Adults	1.4	65	45	0.5	44	92	0.1	5	60	0.9	16	19
Children	0.6	31	52	0.3	24	92	0.0	2	44	0.3	6	19
Unknown	2.7	332	122	0.7	269	412	0.1	5	50	1.9	57	29
<b>Gender</b>												
Female	2.6	136	53	1.0	97	102	0.2	9	59	1.4	30	21
Male	1.7	105	62	0.7	78	115	0.1	6	70	0.9	21	23
Unknown	3.9	131	33	1.3	81	63	0.3	5	18	2.4	45	19
<b>Race</b>												
White	2.2	122	55	0.8	88	105	0.1	8	62	1.2	26	21
African American	1.4	79	56	0.5	59	109	0.1	4	56	0.8	16	20
Other/unknown	2.9	181	62	1.2	135	113	0.2	11	69	1.6	35	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	10.2	480	47	3.5	323	92	0.6	29	46	6.0	127	21
Part year	7.4	400	54	2.7	282	106	0.4	23	54	4.3	94	22
None	1.9	108	57	0.7	79	108	0.1	7	65	1.0	22	21
<b>Maintenance Assistance Status</b>												
Cash	2.8	162	58	1.1	118	111	0.2	10	69	1.5	33	22
Medically needy	2.0	108	53	0.8	77	103	0.1	7	60	1.2	24	21
Poverty related	0.6	30	49	0.3	22	89	0.0	2	44	0.3	6	18
Other/unknown	4.0	210	52	1.5	147	99	0.3	13	52	2.3	49	21

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.4 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 KENTUCKY, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$15	\$10	\$1	\$4	\$49	\$82	\$62	\$23	1,195,722	\$58,708,704	368,857	58.4 %	3,937,735
Biologicals	0.3	0.3	0.0	0.0	340	286	4	50	1086	1,038	773	1,548	8,946	9,714,871	2,855	0.5	28,592
Antineoplastic Agents	0.6	0.1	0.0	0.5	133	81	10	43	216	843	530	85	52,026	11,228,133	8,251	1.3	84,477
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	34	25	3	6	50	89	28	19	1,159,123	57,579,277	157,590	25.0	1,700,225
Cardiovascular Agents	1.7	0.6	0.1	1.0	62	43	2	18	36	70	32	17	2,544,264	92,544,108	135,859	21.5	1,486,622
Respiratory Agents	0.6	0.3	0.0	0.3	30	25	1	5	55	89	33	20	1,675,026	91,754,045	278,405	44.1	3,014,366
Gastrointestinal Agents	0.6	0.1	0.0	0.4	29	19	2	8	49	136	53	20	843,115	41,516,449	131,673	20.9	1,442,210
Genitourinary Agents	0.4	0.2	0.0	0.1	25	16	2	7	66	80	52	50	203,005	13,473,750	50,916	8.1	542,649
CNS Drugs	1.0	0.5	0.0	0.5	82	66	3	13	79	139	73	24	1,765,604	139,130,751	158,092	25.0	1,705,827
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	58	53	0	5	86	93	70	44	207,326	17,735,287	27,592	4.4	304,355
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	128	128	0	0	166	169	0	17	83,377	13,862,080	10,333	1.6	108,482
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	22	15	1	6	41	112	203	15	1,379,609	56,110,787	242,693	38.5	2,592,882
Neuromuscular Agents	0.8	0.2	0.1	0.4	59	31	16	13	78	145	119	30	899,605	69,765,073	107,416	17.0	1,175,280
Nutritional Products	0.6	0.0	0.0	0.5	12	1	1	10	21	27	22	20	327,269	6,770,056	56,057	8.9	569,178
Hematological Agents	0.8	0.3	0.0	0.4	87	73	3	10	107	217	88	24	336,694	36,060,893	38,516	6.1	415,342
Topical Products	0.3	0.1	0.0	0.2	13	9	1	3	47	86	50	21	574,831	26,757,224	195,408	31.0	2,125,140
Miscellaneous Products	0.4	0.1	0.0	0.3	47	30	4	13	124	394	278	45	29,573	3,678,552	7,465	1.2	78,064
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	19	0	0	0	47,135	884,006	14,775	2.3	165,537
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>13,332,250</b>	<b>747,274,046</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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, 0.4 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.medispans.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 2004.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 KENTUCKY, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$77,177,044	61,550	9.8 %	685,217	0.6	\$194	\$113
ANTIASTHMATIC	63,282,254	213,850	33.9	2,370,854	0.4	72	27
ANTICONVULSANT	55,087,392	82,140	13.0	911,220	0.7	90	60
ANTIDEPRESSANTS	54,242,308	169,566	26.9	1,851,927	0.5	55	29
ANTIHYPERLIPIDEMIC	36,987,290	64,026	10.1	728,109	0.6	81	51
ANTIDIABETIC	34,467,843	75,799	12.0	843,133	0.7	62	41
ULCER DRUGS	32,399,673	146,871	23.3	1,629,593	0.4	46	20
ANALGESICS - Narcotic	26,204,554	243,301	38.5	2,614,029	0.3	36	10
ANTIHYPERTENSIVE	23,861,088	91,544	14.5	1,018,222	0.6	36	23
MISC. HEMATOLOGICAL	21,441,860	20,549	3.3	226,569	0.7	143	95
<b>Total</b>	<b>425,151,306</b>	<b>1,169,196</b>		<b>12,878,873</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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.