

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	100,127	39,608	59,712	789	11	7	1,052,217	391,937	654,752	5,436	71	21
Age												
5 and younger	8	0	8	0	0	0	93	0	93	0	0	0
6-14	15	1	12	0	2	0	158	12	129	0	17	0
15-20	180	0	175	3	2	0	1,968	0	1,919	27	22	0
21-44	17,729	6	17,156	561	4	2	192,774	55	188,599	4,099	18	3
45-64	23,198	40	22,941	210	3	4	245,133	353	243,492	1,264	14	10
65-74	24,509	9,907	14,588	13	0	1	264,397	97,859	166,486	44	0	8
75-84	20,327	16,251	4,074	2	0	0	210,446	164,630	45,814	2	0	0
85 and older	14,159	13,402	757	0	0	0	137,224	129,016	8,208	0	0	0
Unknown	2	1	1	0	0	0	24	12	12	0	0	0
Gender												
Female	62,655	29,080	33,175	388	5	7	663,015	292,603	367,514	2,854	23	21
Male	37,472	10,528	26,537	401	6	0	389,202	99,334	287,238	2,582	48	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	84,363	33,962	49,641	743	10	7	882,621	333,396	544,063	5,082	59	21
African American	6,628	2,953	3,641	33	1	0	69,208	29,703	39,275	218	12	0
Other/unknown	9,136	2,693	6,430	13	0	0	100,388	28,838	71,414	136	0	0
Use of Nursing Facilities^c												
Entire year	13,404	11,576	1,826	2	0	0	133,069	113,421	19,645	3	0	0
Part year	8,566	6,713	1,844	9	0	0	82,249	62,941	19,222	86	0	0
None	78,157	21,319	56,042	778	11	7	836,899	215,575	615,885	5,347	71	21
Maintenance Assistance Status												
Cash	65,097	14,947	49,806	344	0	0	729,210	164,956	561,437	2,817	0	0
Medically needy	5,022	2,845	1,918	256	3	0	28,113	18,080	8,791	1,238	4	0
Poverty-related	2,630	903	1,587	127	6	7	24,763	8,972	14,884	843	43	21
Other/unknown	27,378	20,913	6,401	62	2	0	270,131	199,929	69,640	538	24	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	98,858	39,088	58,970	782	11	7	1,045,260	389,022	650,733	5,413	71	21
FFS part year, with Rx claims	929	396	532	1	0	0	5,344	2,291	3,044	9	0	0
FFS part year, no Rx claims	340	124	210	6	0	0	1,613	624	975	14	0	0

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 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 2004. 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, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	89.3 %	59.9	\$3,199	\$53	\$12,759	25.1 %	100,127
Age							
5 and younger	100.0	82.4	7,869	96	49,669	15.8	8
6-14	80.0	49.9	7,265	146	14,303	50.8	15
15-20	77.2	19.9	1,764	88	7,906	22.3	180
21-44	86.3	35.4	2,672	75	8,889	30.1	17,729
45-64	88.3	59.3	3,571	60	11,068	32.3	23,198
65-74	88.9	65.3	3,322	51	9,792	33.9	24,509
75-84	91.3	70.9	3,307	47	15,716	21.0	20,327
85 and older	92.7	67.1	2,894	43	21,301	13.6	14,159
Unknown	100.0	48.0	2,517	52	18,463	13.6	2
Basis of Eligibility^e							
Aged	89.0	65.8	3,069	47	17,309	17.7	39,608
Disabled	89.7	56.5	3,307	59	9,850	33.6	59,712
Adults	79.1	21.5	1,510	70	4,545	33.2	789
Children	72.7	25.5	4,589	180	6,968	65.9	11
Unknown	71.4	25.1	3,886	155	13,812	28.1	7
Gender							
Female	92.2	67.0	3,440	51	13,687	25.1	62,655
Male	84.5	48.1	2,797	58	11,206	25.0	37,472
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.4	61.1	3,261	53	13,291	24.5	84,363
African American	86.7	51.5	2,745	53	15,044	18.2	6,628
Other/unknown	90.2	55.0	2,954	54	6,183	47.8	9,136
Use of Nursing Facilities^f							
Entire year	98.4	99.6	4,626	47	38,108	12.1	13,404
Part year	97.0	74.8	3,713	50	24,075	15.4	8,566
None	86.9	51.5	2,898	56	7,171	40.4	78,157
Maintenance Assistance Status							
Cash	91.2	55.3	3,046	55	6,703	45.5	65,097
Medically needy	61.2	31.1	1,658	53	9,201	18.0	5,022
Poverty related	63.0	14.1	839	60	2,543	33.0	2,630
Other/unknown	92.6	80.6	4,072	51	28,792	14.1	27,378

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 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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	5.7	\$304	25.1 %	10.7 %	12.7 %	8.6 %	25.2 %	28.5 %	14.4 %	\$1,214	100,127	1,052,217
Age												
5 and younger	7.1	677	15.8	0.0	12.5	0.0	25.0	50.0	12.5	4,273	8	93
6-14	4.7	690	50.8	20.0	0.0	13.3	40.0	20.0	6.7	1,358	15	158
15-20	1.8	161	22.3	22.8	38.3	15.0	17.2	5.6	1.1	723	180	1,968
21-44	3.3	246	30.1	13.7	27.4	13.5	25.8	15.2	4.5	818	17,729	192,774
45-64	5.6	338	32.3	11.7	12.6	8.9	25.9	27.6	13.2	1,047	23,198	245,133
65-74	6.1	308	33.9	11.1	10.0	7.7	24.8	30.7	15.7	908	24,509	264,397
75-84	6.8	319	21.0	8.7	7.5	6.4	24.0	33.8	19.6	1,518	20,327	210,446
85 and older	6.9	299	13.6	7.3	6.3	6.5	25.4	35.5	19.0	2,198	14,159	137,224
Unknown	4.0	210	13.6	0.0	0.0	0.0	100.0	0.0	0.0	1,539	2	24
Basis of Eligibility^e												
Aged	6.7	310	17.7	11.0	8.2	6.9	23.7	31.3	18.8	1,749	39,608	391,937
Disabled	5.2	302	33.6	10.3	15.5	9.6	26.2	26.8	11.5	898	59,712	654,752
Adults	3.1	219	33.2	20.9	25.9	13.9	23.8	11.8	3.7	660	789	5,436
Children	4.0	711	65.9	27.3	9.1	27.3	9.1	27.3	0.0	1,080	11	71
Unknown	8.4	1,295	28.1	28.6	14.3	14.3	28.6	0.0	14.3	4,604	7	21
Gender												
Female	6.3	325	25.1	7.8	9.8	7.8	25.8	31.9	16.8	1,293	62,655	663,015
Male	4.6	269	25.0	15.5	17.5	9.8	24.1	22.8	10.2	1,079	37,472	389,202
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.8	312	24.5	10.6	12.5	8.3	24.7	28.7	15.2	1,270	84,363	882,621
African American	4.9	263	18.2	13.3	14.2	10.0	26.4	25.6	10.5	1,441	6,628	69,208
Other/unknown	5.0	269	47.8	9.8	13.8	9.8	28.7	28.6	9.3	563	9,136	100,388
use of nursing Facilities^f												
Entire year	10.0	466	12.1	1.6	2.3	3.5	17.1	36.3	39.2	3,839	13,404	133,069
Part year	7.8	387	15.4	3.0	6.1	6.5	23.6	37.3	23.4	2,507	8,566	82,249
None	4.8	271	40.4	13.1	15.2	9.7	26.7	26.2	9.1	670	78,157	836,899
Maintenance Assistance Status												
Cash	4.9	272	45.5	8.8	15.3	10.1	28.2	27.7	9.9	598	65,097	729,210
Medically needy	5.6	296	18.0	38.8	8.2	6.7	17.5	17.8	11.0	1,644	5,022	28,113
Poverty related	1.5	89	33.0	37.0	32.1	11.5	13.1	5.4	0.9	270	2,630	24,763
Other/unknown	8.2	413	14.1	7.4	5.4	5.1	20.5	34.6	27.0	2,918	27,378	270,131

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 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, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.7	\$304	\$53	2.1	\$216	\$103	0.3	\$19	\$58	3.2	\$69	\$21
Age												
5 and younger	7.1	677	96	2.5	499	197	0.4	32	73	4.0	145	36
6-14	4.7	690	146	1.9	590	317	0.2	25	101	2.6	75	29
15-20	1.8	161	88	0.8	140	169	0.1	4	48	0.9	17	19
21-44	3.3	246	75	1.2	182	146	0.2	18	90	1.8	46	25
45-64	5.6	338	60	2.1	243	114	0.3	25	74	3.1	70	22
65-74	6.1	308	51	2.3	220	96	0.3	18	54	3.4	70	21
75-84	6.8	319	47	2.5	223	89	0.4	17	43	3.9	79	20
85 and older	6.9	299	43	2.4	202	86	0.4	17	39	4.1	80	20
Unknown	4.0	210	52	1.2	151	125	0.5	19	38	2.3	40	17
Basis of Eligibility^d												
Aged	6.7	310	47	2.4	216	90	0.4	17	44	3.8	77	20
Disabled	5.2	302	59	1.9	217	112	0.3	20	68	2.9	64	22
Adults	3.1	219	70	1.2	156	130	0.2	24	115	1.7	39	23
Children	4.0	711	180	2.0	656	335	0.0	5	125	2.0	50	26
Unknown	8.4	1,295	155	1.5	1,147	777	0.8	30	37	6.1	119	20
Gender												
Female	6.3	325	51	2.3	230	98	0.4	20	54	3.6	74	21
Male	4.6	269	58	1.7	193	113	0.3	17	68	2.7	59	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.8	312	53	2.2	221	103	0.3	20	58	3.3	70	21
African American	4.9	263	53	1.8	190	105	0.3	14	55	2.8	58	21
Other/unknown	5.0	269	54	1.9	192	100	0.3	17	61	2.8	59	21
Use of Nursing Facilities^e												
Entire year	10.0	466	47	3.5	315	90	0.6	28	45	5.9	122	21
Part year	7.8	387	50	2.8	267	96	0.5	21	47	4.5	97	22
None	4.8	271	56	1.8	196	107	0.3	17	64	2.7	57	21
Maintenance Assistance Status												
Cash	4.9	272	55	1.9	197	105	0.3	17	62	2.8	58	21
Medically needy	5.6	296	53	2.1	214	103	0.3	18	54	3.2	65	21
Poverty related	1.5	89	60	0.5	63	115	0.1	8	77	0.8	19	22
Other/unknown	8.2	413	51	2.9	284	98	0.5	26	51	4.7	102	22

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 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, 0.4 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.medispn.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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$16	\$2	\$5	\$61	\$102	\$81	\$26	267,056	\$16,283,148	62,863	62.8 %	700,003
Biologicals	0.1	0.0	0.0	0.1	75	4	7	64	599	85	580	973	1,109	664,701	787	0.8	8,811
Antineoplastic Agents	0.6	0.1	0.0	0.5	95	45	4	46	152	641	474	84	36,208	5,490,385	5,692	5.7	57,918
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	51	39	4	8	48	85	24	18	569,475	27,515,688	48,625	48.6	537,538
Cardiovascular Agents	2.1	0.7	0.1	1.3	74	49	2	23	35	69	30	17	1,557,655	55,060,576	67,556	67.5	740,489
Respiratory Agents	0.8	0.5	0.0	0.4	47	39	1	7	56	87	30	19	473,672	26,472,458	50,535	50.5	562,180
Gastrointestinal Agents	0.8	0.2	0.0	0.6	36	24	2	11	46	130	37	20	447,640	20,425,645	50,564	50.5	560,283
Genitourinary Agents	0.6	0.3	0.0	0.2	42	27	2	13	74	79	60	66	116,089	8,533,165	18,456	18.4	204,943
CNS Drugs	1.4	0.6	0.1	0.7	101	79	5	17	71	131	67	23	844,540	60,250,744	54,970	54.9	599,413
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	60	53	1	6	104	136	87	35	6,698	693,411	1,032	1.0	11,549
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	121	120	0	0	150	152	0	17	75,307	11,308,089	8,969	9.0	93,731
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	40	30	1	9	49	111	202	16	534,962	26,073,264	59,361	59.3	657,493
Neuromuscular Agents	1.0	0.2	0.2	0.5	70	33	21	17	73	141	108	31	379,241	27,602,738	35,339	35.3	392,639
Nutritional Products	0.7	0.0	0.0	0.7	14	0	1	13	20	37	22	19	198,505	3,917,633	25,335	25.3	272,686
Hematological Agents	0.9	0.4	0.0	0.5	70	59	3	8	79	164	85	16	238,880	18,951,251	25,028	25.0	269,992
Topical Products	0.5	0.2	0.0	0.3	21	15	1	5	44	76	42	20	214,779	9,404,284	39,620	39.6	442,015
Miscellaneous Products	0.3	0.1	0.0	0.3	28	17	1	10	90	312	232	40	13,733	1,235,481	4,199	4.2	44,351
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	17	0	0	0	24,635	428,662	5,852	5.8	65,761
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.	6,000,184	320,311,323	n.a.	n.a.	n.a.

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$33,601,802	24,945	24.9 %	274,182	0.7	\$183	\$123
ANTIDEPRESSANTS	22,414,282	57,600	57.5	635,787	0.7	51	35
ANTICONVULSANT	21,542,944	30,285	30.2	336,846	0.8	82	64
ANTHYPERLIPIDEMIC	20,447,181	33,329	33.3	379,559	0.7	81	54
ANTIASTHMATIC	19,540,115	52,655	52.6	587,132	0.5	67	33
ANTIDIABETIC	18,406,196	40,814	40.8	453,023	0.7	58	41
ULCER DRUGS	15,948,583	56,457	56.4	633,091	0.5	46	25
ANTIHYPERTENSIVE	14,006,884	48,733	48.7	542,725	0.7	37	26
ANALGESICS - ANTI-INFLAMMATORY	11,800,683	37,505	37.5	427,598	0.4	62	28
MISC. HEMATOLOGICAL	11,561,244	13,857	13.8	152,254	0.7	110	76
Total	189,269,914	396,180		4,422,197	n.a.	n.a.	n.a.

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 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 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.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); 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, 2004

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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,761,619	\$189,269,914	24,945	24.9 %	274,182	0.7	\$123	57,600	57.5 %	635,787	0.7	\$35
Female	1,859,474	123,608,939	15,377	24.5	168,541	0.7	110	40,581	64.8	448,553	0.7	36
Disabled	1,051,680	75,134,635	7,739	23.3	88,430	0.6	125	24,124	72.7	275,960	0.6	35
5 and younger	25	1,140	0	0.0	0	0.0	0	2	66.7	18	0.4	21
6-14	66	4,320	1	14.3	12	0.8	70	2	28.6	24	0.6	22
15-20	960	101,301	31	41.3	359	0.4	77	39	52.0	439	0.5	23
21-44	157,985	14,134,856	2,612	34.6	29,962	0.6	126	6,230	82.4	71,196	0.5	34
45-64	432,087	31,900,982	3,235	25.2	36,798	0.7	136	10,921	85.0	124,354	0.6	38
65-74	347,282	22,303,864	1,280	14.0	14,782	0.7	113	5,282	57.8	61,239	0.7	32
75-84	97,821	5,825,278	471	16.0	5,342	0.6	90	1,423	48.3	16,195	0.7	29
85 and older	15,454	862,894	109	18.7	1,175	0.6	94	225	38.7	2,495	0.8	30
Other Eligibles	807,773	48,471,361	7,636	25.9	80,087	0.7	92	16,457	55.8	172,593	0.8	39
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	393	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	339	0	0.0	0	0.0	0	1	33.3	12	0.3	28
21-44	3,369	269,833	54	16.0	491	0.5	97	238	70.6	2,251	0.5	34
45-64	1,740	151,215	24	30.0	247	0.7	167	59	73.7	567	0.6	38
65-74	174,122	11,152,627	1,228	20.2	13,249	0.7	118	3,129	51.4	33,769	0.8	38
75-84	357,470	21,603,850	3,158	26.6	33,437	0.7	93	6,913	58.3	73,509	0.8	39
85 and older	271,061	15,293,104	3,172	28.5	32,663	0.6	81	6,117	55.0	62,485	0.9	40
Male	902,145	65,660,975	9,568	25.5	105,641	0.7	143	17,019	45.4	187,234	0.6	33
Disabled	646,700	50,014,368	6,837	25.8	77,901	0.7	161	12,286	46.3	139,226	0.6	31
5 and younger	74	7,405	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	29	852	0	0.0	0	0.0	0	1	20.0	12	0.5	29
15-20	696	75,677	21	21.0	227	0.5	86	33	33.0	379	0.4	27
21-44	161,865	15,809,450	3,099	32.3	35,674	0.7	166	4,770	49.7	54,505	0.5	32
45-64	270,860	20,783,542	2,770	27.5	31,348	0.8	171	5,005	49.6	55,931	0.6	33
65-74	177,247	11,202,914	762	14.0	8,622	0.7	128	2,089	38.4	24,069	0.7	28
75-84	32,309	1,926,733	148	13.2	1,603	0.6	88	333	29.6	3,749	0.6	25
85 and older	3,620	207,795	37	21.1	427	0.5	70	55	31.4	581	0.8	29
Other Eligibles	255,445	15,646,607	2,731	25.0	27,740	0.7	93	4,733	43.3	48,008	0.8	37
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	47	3,345	0	0.0	0	0.0	0	1	50.0	12	1.0	97
21-44	2,265	182,171	28	11.9	254	0.5	106	141	59.7	1,318	0.4	22
45-64	2,238	166,356	17	9.6	174	0.9	156	70	39.5	634	0.5	29
65-74	88,160	5,729,285	765	19.9	8,197	0.7	112	1,443	37.6	15,340	0.8	37
75-84	114,752	6,836,001	1,219	27.7	12,295	0.7	91	2,038	46.3	20,761	0.8	39
85 and older	47,977	2,729,407	702	30.7	6,820	0.6	70	1,040	45.6	9,943	0.8	36
Unknown	21	2,943	2	100.0	24	0.8	120	0	0.0	0	0.0	0

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 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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	30,285	30.2 %	336,846	0.8	\$64	33,329	33.3 %	379,559	0.7	\$54	52,655	52.6 %	587,132	0.5	\$33
Female	19,082	30.5	212,442	0.8	62	21,862	34.9	249,803	0.7	54	34,951	55.8	391,247	0.5	33
Disabled	12,549	37.8	143,410	0.7	69	13,811	41.6	160,189	0.7	53	21,674	65.3	249,637	0.5	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	9	0.2	13
6-14	1	14.3	12	1.0	27	0	0.0	0	0.0	0	1	14.3	9	0.1	7
15-20	35	46.7	414	0.8	103	3	4.0	29	0.3	14	31	41.3	325	0.3	27
21-44	3,921	51.9	44,837	0.7	82	1,181	15.6	13,604	0.5	43	3,364	44.5	38,748	0.4	28
45-64	5,506	42.8	62,544	0.8	72	5,880	45.7	67,561	0.6	52	9,225	71.8	105,943	0.5	35
65-74	2,339	25.6	27,078	0.7	51	5,295	57.9	62,121	0.7	57	7,022	76.8	81,546	0.5	39
75-84	646	21.9	7,406	0.7	38	1,339	45.4	15,584	0.7	57	1,712	58.1	19,475	0.5	30
85 and older	101	17.4	1,119	0.8	34	113	19.4	1,290	0.7	57	318	54.6	3,582	0.5	27
Other Eligibles	6,533	22.2	69,032	0.8	46	8,051	27.3	89,614	0.7	55	13,276	45.0	141,598	0.5	29
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	1	50.0	12	0.3	9	0	0.0	0	0.0	0	2	100.0	24	0.1	8
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	107	31.8	986	0.6	66	21	6.2	167	0.5	45	93	27.6	872	0.4	32
45-64	37	46.3	332	0.6	68	26	32.5	260	0.7	59	35	43.8	403	0.5	42
65-74	1,585	26.1	17,230	0.9	55	2,410	39.6	27,071	0.7	55	2,990	49.2	32,959	0.5	36
75-84	2,832	23.9	30,330	0.8	45	3,955	33.4	44,179	0.7	56	5,536	46.7	59,588	0.5	31
85 and older	1,971	17.7	20,142	0.9	40	1,639	14.7	17,937	0.7	52	4,620	41.6	47,752	0.4	23
Male	11,203	29.9	124,404	0.8	68	11,467	30.6	129,756	0.7	54	17,704	47.2	195,885	0.5	34
Disabled	8,739	32.9	99,088	0.8	73	8,822	33.2	101,516	0.7	54	12,168	45.9	138,295	0.5	35
5 and younger	1	20.0	12	0.1	17	1	20.0	12	0.6	22	4	80.0	48	0.2	16
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.3	4
15-20	16	16.0	188	0.6	150	2	2.0	24	0.6	42	14	14.0	168	0.2	19
21-44	3,701	38.6	42,343	0.8	82	1,711	17.8	19,722	0.6	44	2,461	25.6	28,188	0.4	25
45-64	3,675	36.4	41,260	0.8	73	3,981	39.5	45,186	0.7	54	4,676	46.4	52,461	0.5	36
65-74	1,135	20.9	12,984	0.7	51	2,649	48.7	31,004	0.7	59	4,065	74.7	46,775	0.6	40
75-84	178	15.8	1,977	0.7	41	453	40.3	5,292	0.8	61	868	77.2	9,825	0.5	35
85 and older	33	18.9	324	0.7	34	25	14.3	276	0.7	52	79	45.1	818	0.5	38
Other Eligibles	2,464	22.5	25,316	0.8	47	2,645	24.2	28,240	0.7	53	5,536	50.6	57,590	0.5	33
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	91	38.6	842	0.5	69	39	16.5	344	0.4	36	41	17.4	393	0.4	36
21-44	38	21.5	284	0.5	72	54	30.5	468	0.6	47	43	24.3	332	0.6	49
45-64	909	23.7	9,677	0.9	53	1,131	29.5	12,327	0.7	54	1,829	47.6	19,761	0.5	38
65-74	994	22.6	10,242	0.8	43	1,142	26.0	12,271	0.7	55	2,427	55.2	25,337	0.5	33
75-84	432	18.9	4,271	0.8	38	279	12.2	2,830	0.7	50	1,196	52.4	11,767	0.5	27
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	5

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 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 2004. 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 2004. 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); 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, 2004

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	40,814	40.8 %	453,023	0.7	\$41	56,457	56.4 %	633,091	0.5	\$25	48,733	48.7 %	542,725	0.7	\$26
Female	27,636	44.1	307,723	0.7	41	38,284	61.1	429,822	0.5	25	32,781	52.3	366,102	0.7	26
Disabled	15,438	46.5	177,513	0.7	43	21,956	66.2	253,828	0.5	23	16,616	50.1	191,573	0.7	27
5 and younger	1	33.3	12	0.1	9	2	66.7	21	0.5	13	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	71.4	51	0.3	45	2	28.6	21	0.7	13
15-20	1	1.3	12	0.5	8	21	28.0	238	0.4	41	11	14.7	123	0.3	10
21-44	1,467	19.4	16,724	0.6	41	3,658	48.4	42,260	0.4	20	1,469	19.4	16,846	0.5	20
45-64	6,174	48.0	70,424	0.7	44	8,945	69.6	102,834	0.5	25	6,235	48.5	70,975	0.7	25
65-74	6,014	65.8	70,085	0.7	45	6,768	74.0	78,971	0.5	23	6,445	70.5	75,215	0.7	29
75-84	1,592	54.0	18,138	0.7	40	2,170	73.6	25,026	0.6	24	2,126	72.1	24,626	0.7	28
85 and older	189	32.5	2,118	0.8	32	387	66.5	4,427	0.6	25	328	56.4	3,767	0.8	30
Other Eligibles	12,198	41.4	130,210	0.7	37	16,328	55.4	175,994	0.6	28	16,165	54.8	174,529	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	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	36	10.7	276	0.5	31	124	36.8	1,204	0.4	18	33	9.8	272	0.5	18
45-64	28	35.0	269	0.7	39	35	43.8	329	0.5	17	28	35.0	265	0.6	30
65-74	3,020	49.7	32,847	0.7	39	3,145	51.7	34,887	0.6	26	3,487	57.3	38,400	0.7	27
75-84	5,710	48.2	61,785	0.7	38	6,924	58.4	75,744	0.6	27	7,106	59.9	77,724	0.7	27
85 and older	3,404	30.6	35,033	0.7	33	6,100	54.9	63,830	0.7	30	5,511	49.6	57,868	0.7	25
Male	13,178	35.2	145,300	0.7	41	18,173	48.5	203,269	0.6	25	15,952	42.6	176,623	0.7	25
Disabled	9,040	34.1	102,536	0.7	43	12,945	48.8	148,869	0.5	24	10,816	40.8	122,815	0.7	25
5 and younger	0	0.0	0	0.0	0	4	80.0	48	0.4	34	6	120.0	72	0.3	7
6-14	0	0.0	0	0.0	0	4	80.0	48	0.2	4	2	40.0	24	0.4	11
15-20	12	12.0	136	0.4	40	11	11.0	125	0.6	38	18	18.0	212	0.4	14
21-44	1,601	16.7	18,066	0.6	41	3,485	36.3	40,422	0.5	22	2,120	22.1	23,933	0.6	22
45-64	4,078	40.4	45,566	0.7	44	5,156	51.1	58,552	0.5	26	4,422	43.8	49,335	0.7	25
65-74	2,879	52.9	33,439	0.7	44	3,474	63.8	40,445	0.6	24	3,463	63.6	40,274	0.7	27
75-84	429	38.1	4,895	0.7	38	705	62.7	8,108	0.6	24	696	61.9	7,971	0.7	27
85 and older	41	23.4	434	0.6	31	106	60.6	1,121	0.6	29	89	50.9	994	0.7	23
Other Eligibles	4,138	37.8	42,764	0.7	36	5,228	47.8	54,400	0.6	28	5,136	47.0	53,808	0.7	24
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	0.5	4
15-20	0	0.0	0	0.0	0	1	50.0	12	1.0	106	2	100.0	24	1.0	38
21-44	35	14.8	311	0.6	36	82	34.7	757	0.3	18	44	18.6	385	0.5	17
45-64	62	35.0	535	0.7	48	57	32.2	476	0.5	19	58	32.8	473	0.7	24
65-74	1,567	40.8	16,543	0.7	38	1,649	43.0	17,795	0.6	28	1,821	47.4	19,381	0.7	24
75-84	1,823	41.5	18,887	0.7	35	2,237	50.9	23,560	0.6	28	2,271	51.6	24,043	0.7	24
85 and older	651	28.5	6,488	0.7	32	1,202	52.7	11,800	0.6	29	939	41.1	9,490	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

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 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 2004. 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 2004. 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); 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, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	37,505	37.5 %	427,598	0.4	\$28	13,857	13.8 %	152,254	0.7	\$76	100,127	1,052,217
Female	26,245	41.9	299,596	0.5	31	9,122	14.6	100,608	0.7	73	62,653	662,991
Disabled	16,145	48.7	187,867	0.4	28	4,089	12.3	46,815	0.7	72	33,174	367,502
5 and younger	1	33.3	9	0.3	30	0	0.0	0	0.0	0	3	33
6-14	1	14.3	9	0.1	3	0	0.0	0	0.0	0	7	74
15-20	26	34.7	304	0.2	2	0	0.0	0	0.0	0	75	808
21-44	3,296	43.6	38,086	0.3	17	142	1.9	1,616	0.5	60	7,558	83,189
45-64	6,114	47.6	70,733	0.4	28	1,469	11.4	16,586	0.6	72	12,855	139,149
65-74	5,088	55.6	59,859	0.5	34	1,677	18.3	19,457	0.7	74	9,145	104,610
75-84	1,405	47.6	16,398	0.5	34	693	23.5	7,918	0.7	71	2,949	33,220
85 and older	214	36.8	2,469	0.5	33	108	18.6	1,238	0.7	78	582	6,419
Other Eligibles	10,099	34.3	111,717	0.5	35	5,033	17.1	53,793	0.7	74	29,479	295,489
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.1	8	0	0.0	0	0.0	0	2	17
15-20	1	33.3	12	0.1	1	0	0.0	0	0.0	0	3	27
21-44	121	35.9	1,136	0.3	7	6	1.8	51	0.6	53	337	2,446
45-64	28	35.0	281	0.4	20	7	8.8	71	0.5	65	80	632
65-74	2,149	35.3	24,392	0.5	32	900	14.8	9,813	0.7	74	6,082	61,545
75-84	4,446	37.5	49,996	0.5	36	2,168	18.3	23,522	0.7	74	11,856	122,423
85 and older	3,353	30.2	35,888	0.6	37	1,952	17.6	20,336	0.8	74	11,119	108,399
Male	11,260	30.0	128,002	0.4	21	4,735	12.6	51,646	0.7	81	37,472	389,202
Disabled	8,531	32.1	98,597	0.4	18	2,744	10.3	30,962	0.7	86	26,537	287,238
5 and younger	0	0.0	0	0.0	0	1	20.0	12	0.9	341	5	60
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	55
15-20	15	15.0	171	0.2	1	1	1.0	12	0.2	21	100	1,111
21-44	2,738	28.5	31,494	0.3	10	218	2.3	2,430	0.6	271	9,598	105,410
45-64	3,124	31.0	35,966	0.4	17	1,166	11.6	12,948	0.6	70	10,086	104,343
65-74	2,177	40.0	25,499	0.5	27	1,076	19.8	12,404	0.7	70	5,443	61,876
75-84	423	37.6	4,871	0.5	28	254	22.6	2,842	0.7	78	1,125	12,594
85 and older	54	30.9	596	0.4	33	28	16.0	314	0.6	54	175	1,789
Other Eligibles	2,729	25.0	29,405	0.5	29	1,991	18.2	20,684	0.7	73	10,935	101,964
5 and younger	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	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
21-44	72	30.5	647	0.3	9	8	3.4	61	0.5	61	236	1,729
45-64	42	23.7	341	0.5	15	18	10.2	165	0.6	68	177	1,009
65-74	880	22.9	9,756	0.5	28	590	15.4	6,315	0.7	74	3,839	36,366
75-84	1,189	27.0	13,101	0.5	30	882	20.1	9,182	0.7	74	4,397	42,209
85 and older	546	23.9	5,560	0.5	32	493	21.6	4,961	0.7	68	2,283	20,617
Unknown	1	50.0	12	0.1	1	0	0.0	0	0.0	0	2	24

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 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 2004. 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 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); 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, 2004

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
All	\$466	10.0	13,404	133,069
Age				
0-64	630	11.7	919	10,094
65-74	580	11.8	1,821	18,954
75-84	486	10.5	4,776	47,572
85 and older	382	8.8	5,887	56,437
Unknown	169	4.5	1	12
Gender				
Female	455	10.0	10,093	100,720
Male	502	10.3	3,311	32,349
Unknown	0	0.0	0	0
Race				
White	467	10.1	12,214	120,932
African American	448	9.1	1,072	11,027
Other/unknown	506	10.2	118	1,110
Basis of Eligibility^c				
Aged	444	9.8	11,576	113,421
Disabled	594	11.5	1,826	19,645
Adults	8	0.7	2	3
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$28	\$20	\$2	\$6	\$60	\$95	\$72	\$25	48,931	\$2,940,633	10,037	74.9 %	104,500
Biologicals	0.1	0.0	0.0	0.0	2	1	0	1	25	20	30	29	433	10,929	399	3.0	4,407
Antineoplastic Agents	0.8	0.0	0.0	0.7	77	13	0	64	98	337	66	86	14,590	1,435,454	1,926	14.4	18,629
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	56	46	4	7	45	74	21	15	100,940	4,545,463	7,780	58.0	80,503
Cardiovascular Agents	2.3	0.5	0.1	1.7	63	33	2	28	28	61	25	17	247,558	6,854,919	10,732	80.1	109,062
Respiratory Agents	0.9	0.4	0.0	0.5	38	28	1	9	44	76	23	20	74,352	3,261,724	8,340	62.2	86,926
Gastrointestinal Agents	1.2	0.3	0.1	0.8	48	30	3	15	39	103	26	18	115,870	4,467,949	9,025	67.3	93,624
Genitourinary Agents	0.8	0.4	0.0	0.4	61	29	2	30	77	76	47	82	37,165	2,862,757	4,450	33.2	47,170
CNS Drugs	2.4	1.1	0.2	1.2	131	101	9	20	55	95	57	18	252,097	13,884,456	10,416	77.7	106,335
Stimulants/Anti-obesity/Anorexia	1.2	0.7	0.0	0.5	52	46	0	6	44	69	16	12	1,536	68,020	122	0.9	1,296
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	127	127	0	0	136	136	0	11	37,626	5,104,807	3,895	29.1	40,324
Analgesics and Anesthetics	1.3	0.4	0.0	0.8	50	40	0	10	39	90	59	12	104,246	4,109,270	8,015	59.8	82,180
Neuromuscular Agents	1.5	0.3	0.3	0.9	83	33	21	29	56	106	79	31	82,408	4,589,253	5,264	39.3	55,016
Nutritional Products	1.0	0.0	0.0	1.0	18	0	1	17	18	26	24	18	62,336	1,141,008	6,186	46.2	62,718
Hematological Agents	1.2	0.4	0.0	0.7	68	55	3	10	56	132	66	13	66,547	3,730,902	5,390	40.2	54,762
Topical Products	0.8	0.3	0.1	0.5	28	16	3	9	35	61	36	19	77,408	2,692,183	9,032	67.4	95,524
Miscellaneous Products	0.3	0.0	0.0	0.3	12	1	0	11	39	28	8	41	5,489	215,949	1,788	13.3	18,314
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	9	0	0	0	19	0	0	0	4,983	95,366	975	7.3	10,221
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,334,515	62,011,042	n.a.	n.a.	n.a.

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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 2004. 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.medispain.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, 0.4 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.

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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$7,251,880	6,361	47.5 %	67,255	0.8	\$142	\$108
ANTIDEPRESSANTS	5,301,497	10,161	75.8	105,459	1.0	48	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,104,734	4,737	35.3	49,434	0.8	136	103
ULCER DRUGS	3,352,186	8,426	62.9	87,761	0.8	49	38
ANTICONSULSANT	3,279,936	4,921	36.7	51,928	1.1	55	63
ANTIABETIC	2,662,587	6,436	48.0	66,927	0.9	44	40
ANTIABTHMATIC	2,376,084	7,913	59.0	81,345	0.5	55	29
DERMATOLOGICAL	2,219,425	24,316	181.4	261,846	0.4	22	8
ANALGESICS - Narcotic	2,050,140	7,550	56.3	76,513	0.9	30	27
MISC. HEMATOLOGICAL	2,043,149	2,388	17.8	24,861	0.9	92	82
Total	35,641,618	83,209		873,329	n.a.	n.a.	n.a.

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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, 2004

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 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	620,974	\$35,641,618	6,361	47.5 %	67,255	0.8	\$108	10,161	75.8 %	105,459	1.0	\$50
Female	460,807	26,146,180	4,649	46.1	49,322	0.8	105	7,742	76.7	80,611	1.0	50
Disabled	62,866	3,943,297	601	59.5	6,740	0.8	134	795	78.7	8,684	1.1	57
64 or younger	28,258	1,914,732	257	58.1	2,913	0.8	129	380	86.0	4,241	1.1	58
65-74	20,307	1,200,826	179	61.3	2,043	0.9	140	230	78.8	2,494	1.2	58
75-84	10,136	578,552	117	65.4	1,283	0.8	133	133	74.3	1,400	1.1	54
85 and older	4,165	249,187	48	49.5	501	0.7	135	52	53.6	549	1.2	55
Other Eligibles	397,929	22,202,097	4,047	44.6	42,570	0.7	101	6,947	76.5	71,927	1.0	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	51,011	2,909,493	479	60.1	5,084	0.8	129	737	92.5	7,791	1.1	58
75-84	163,257	9,294,390	1,679	50.4	17,932	0.7	103	2,814	84.5	29,541	1.0	50
85 and older	183,661	9,998,214	1,889	38.1	19,554	0.7	91	3,396	68.6	34,595	1.0	47
Male	160,167	9,495,438	1,712	51.7	17,933	0.8	115	2,419	73.1	24,848	1.1	51
Disabled	47,020	2,946,864	455	55.8	5,072	0.8	145	606	74.3	6,576	1.1	54
64 or younger	29,151	1,862,863	267	56.2	3,022	0.8	149	363	76.4	3,969	1.2	56
65-74	13,169	799,133	132	59.5	1,472	0.9	146	176	79.3	1,947	1.1	51
75-84	3,482	221,793	46	54.1	469	0.7	123	48	56.5	482	1.1	51
85 and older	1,218	63,075	10	29.4	109	0.9	94	19	55.9	178	1.0	46
Other Eligibles	113,147	6,548,574	1,257	50.4	12,861	0.7	104	1,813	72.7	18,272	1.0	49
64 or younger	1	14	0	0.0	0	0.0	0	1	50.0	2	0.5	7
65-74	29,134	1,789,270	300	58.8	3,273	0.8	127	439	86.1	4,659	1.1	54
75-84	55,950	3,228,904	615	52.1	6,281	0.8	105	885	74.9	8,947	1.0	50
85 and older	28,062	1,530,386	342	42.6	3,307	0.7	80	488	60.8	4,664	1.0	44
Unknown	12	786	1	100.0	12	0.6	54	0	0.0	0	0.0	0

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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 2004. 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 2004 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.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, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					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	4,737	35.3 %	49,434	0.8	\$103	8,426	62.9 %	87,761	0.8	\$38	4,921	36.7 %	51,928	1.1	\$63
Female	3,669	36.4	38,404	0.8	103	6,223	61.7	65,211	0.8	38	3,413	33.8	36,112	1.1	61
Disabled	195	19.3	2,132	0.8	202	747	74.0	8,304	0.8	43	681	67.4	7,629	1.4	84
64 or younger	78	17.6	849	0.9	355	320	72.4	3,629	0.8	44	361	81.7	4,084	1.4	92
65-74	40	13.7	451	0.8	103	228	78.1	2,538	0.8	45	208	71.2	2,364	1.3	82
75-84	51	28.5	530	0.8	100	136	76.0	1,438	0.8	39	80	44.7	843	1.3	60
85 and older	26	26.8	302	0.7	101	63	64.9	699	0.8	40	32	33.0	338	1.2	52
Other Eligibles	3,474	38.3	36,272	0.8	97	5,476	60.3	56,907	0.8	37	2,732	30.1	28,483	1.1	54
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	251	31.5	2,608	0.8	94	543	68.1	5,858	0.8	41	476	59.7	5,190	1.2	66
75-84	1,409	42.3	14,720	0.8	97	2,109	63.3	22,188	0.8	37	1,198	36.0	12,542	1.1	57
85 and older	1,814	36.6	18,944	0.8	98	2,824	57.0	28,861	0.8	36	1,058	21.4	10,751	1.0	46
Male	1,068	32.3	11,030	0.8	105	2,203	66.5	22,550	0.8	40	1,508	45.5	15,816	1.2	69
Disabled	116	14.2	1,286	0.8	147	589	72.2	6,446	0.8	47	565	69.2	6,157	1.3	89
64 or younger	38	8.0	433	0.8	231	334	70.3	3,721	0.8	48	393	82.7	4,279	1.4	98
65-74	45	20.3	514	0.7	100	164	73.9	1,835	0.9	48	126	56.8	1,423	1.2	69
75-84	25	29.4	254	0.7	108	63	74.1	654	0.8	38	34	40.0	343	1.0	66
85 and older	8	23.5	85	1.0	129	28	82.4	236	0.9	52	12	35.3	112	0.9	38
Other Eligibles	952	38.2	9,744	0.8	99	1,614	64.7	16,104	0.8	37	943	37.8	9,659	1.1	57
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	159	31.2	1,681	0.7	105	361	70.8	3,833	0.7	40	318	62.4	3,400	1.1	67
75-84	506	42.8	5,295	0.8	98	780	66.0	7,826	0.8	36	432	36.6	4,403	1.1	53
85 and older	287	35.8	2,768	0.7	98	473	59.0	4,445	0.8	36	193	24.1	1,856	1.0	47
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 2004 file for Kentucky, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					DERMATOLOGICAL				
	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	6,436	48.0 %	66,927	0.9	\$40	7,913	59.0 %	81,345	0.5	\$29	24,316	181.4 %	261,846	0.4	\$9
Female	4,699	46.6	49,127	0.9	40	5,696	56.4	58,871	0.5	28	18,103	179.4	195,158	0.4	8
Disabled	618	61.2	6,946	1.0	48	681	67.4	7,336	0.5	30	2,007	198.7	22,613	0.4	9
64 or younger	234	52.9	2,729	1.0	50	262	59.3	2,900	0.5	28	894	202.3	10,266	0.4	10
65-74	226	77.4	2,513	1.0	47	211	72.3	2,341	0.7	37	575	196.9	6,536	0.4	9
75-84	108	60.3	1,165	1.0	51	142	79.3	1,385	0.5	25	348	194.4	3,776	0.5	9
85 and older	50	51.5	539	1.0	37	66	68.0	710	0.5	26	190	195.9	2,035	0.4	9
Other Eligibles	4,081	44.9	42,181	0.9	38	5,014	55.2	51,523	0.5	28	16,092	177.2	172,497	0.4	8
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	589	73.9	6,267	1.0	42	512	64.2	5,394	0.7	38	1,514	190.0	16,648	0.4	9
75-84	1,866	56.0	19,540	0.9	39	1,973	59.2	20,495	0.5	31	5,919	177.7	64,621	0.4	8
85 and older	1,626	32.8	16,374	0.8	36	2,529	51.0	25,634	0.4	23	8,659	174.8	91,228	0.4	8
Male	1,737	52.5	17,800	0.9	41	2,217	67.0	22,474	0.6	33	6,213	187.6	66,688	0.4	9
Disabled	448	54.9	4,910	0.9	44	516	63.2	5,473	0.6	33	1,653	202.6	18,497	0.4	9
64 or younger	238	50.1	2,633	1.0	48	270	56.8	2,996	0.6	33	1,042	219.4	11,775	0.4	9
65-74	149	67.1	1,662	0.9	42	171	77.0	1,770	0.6	36	417	187.8	4,671	0.4	10
75-84	49	57.6	479	0.7	32	64	75.3	615	0.5	30	143	168.2	1,517	0.3	8
85 and older	12	35.3	136	0.6	29	11	32.4	92	0.5	16	51	150.0	534	0.5	12
Other Eligibles	1,289	51.7	12,890	0.9	39	1,701	68.2	17,001	0.6	32	4,560	182.8	48,191	0.4	9
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	336	65.9	3,455	0.9	44	350	68.6	3,707	0.6	38	986	193.3	10,801	0.4	9
75-84	674	57.1	6,732	0.9	39	839	71.0	8,272	0.6	32	2,198	186.1	23,317	0.4	9
85 and older	279	34.8	2,703	0.8	36	512	63.8	5,022	0.5	28	1,376	171.6	14,073	0.4	9
Unknown	0	0.0	0	0.0	0	1	100.0	12	0.1	5	4	400.0	48	0.1	2

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					Benefit Months Among All-Year Nursing Facility Residents	
	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	7,550	56.3 %	76,513	0.9	\$27	2,388	17.8 %	24,861	0.9	\$82	13,404	133,069
Female	5,905	58.5	60,152	0.9	27	1,699	16.8	17,781	0.9	83	10,092	100,708
Disabled	675	66.8	7,337	1.0	29	160	15.8	1,742	0.8	82	1,010	10,916
64 or younger	300	67.9	3,319	1.0	29	54	12.2	586	0.8	80	442	4,880
65-74	216	74.0	2,356	1.1	42	54	18.5	605	0.9	85	292	3,194
75-84	122	68.2	1,253	0.8	14	36	20.1	385	0.8	77	179	1,854
85 and older	37	38.1	409	0.4	9	16	16.5	166	0.8	90	97	988
Other Eligibles	5,230	57.6	52,815	0.9	27	1,539	16.9	16,039	0.9	83	9,082	89,792
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	578	72.5	5,952	1.1	36	148	18.6	1,553	1.0	92	797	8,200
75-84	2,034	61.1	20,950	1.0	28	605	18.2	6,375	0.9	85	3,331	33,634
85 and older	2,618	52.8	25,913	0.8	24	786	15.9	8,111	0.9	79	4,954	47,958
Male	1,645	49.7	16,361	0.9	25	689	20.8	7,080	0.9	81	3,311	32,349
Disabled	429	52.6	4,570	0.9	29	137	16.8	1,452	1.0	79	816	8,729
64 or younger	265	55.8	2,881	1.0	33	61	12.8	662	1.0	91	475	5,211
65-74	105	47.3	1,108	0.8	27	56	25.2	587	0.9	70	222	2,364
75-84	51	60.0	496	0.7	16	16	18.8	162	0.8	67	85	846
85 and older	8	23.5	85	1.8	23	4	11.8	41	0.8	82	34	308
Other Eligibles	1,216	48.7	11,791	0.8	23	552	22.1	5,628	0.9	82	2,495	23,620
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
65-74	264	51.8	2,790	0.9	26	112	22.0	1,257	0.9	86	510	5,196
75-84	582	49.3	5,735	0.9	21	287	24.3	2,872	0.9	85	1,181	11,238
85 and older	370	46.1	3,266	0.7	23	153	19.1	1,499	0.8	73	802	7,183
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,566 beneficiaries who were in nursing facilities for part of their enrollment and their 82,249 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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, 2004

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 Part D 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 \$	Total Number of Beneficiaries
All	68,520	68.4 %	14.5	1,449,089	\$177	\$17,675,533	\$12	5.5 %	100,127
Age									
5 and younger	7	87.5	17.0	136	532	4,257	31	6.8	8
6-14	11	73.3	7.7	115	211	3,171	28	2.9	15
15-20	76	42.2	2.9	522	93	16,684	32	5.3	180
21-44	9,377	52.9	5.2	92,219	115	2,043,963	22	4.3	17,729
45-64	15,178	65.4	10.0	232,479	147	3,400,902	15	4.1	23,198
65-74	16,627	67.8	12.4	305,014	153	3,757,572	12	4.6	24,509
75-84	15,390	75.7	20.7	420,483	220	4,472,225	11	6.7	20,327
85 and older	11,852	83.7	28.1	398,070	281	3,976,402	10	9.7	14,159
Unknown	2	100.0	25.5	51	179	357	7	7.1	2
Basis of Eligibility^c									
Aged	29,572	74.7	22.6	894,859	234	9,280,169	10	7.6	39,608
Disabled	38,593	64.6	9.3	552,336	140	8,353,212	15	4.2	59,712
Adults	348	44.1	2.3	1,805	51	40,570	22	3.4	789
Children	4	36.4	3.4	37	76	833	23	1.7	11
Unknown	3	42.9	7.4	52	107	749	14	2.8	7
Gender									
Female	46,315	73.9	16.6	1,042,825	202	12,637,402	12	5.9	62,655
Male	22,205	59.3	10.8	406,264	134	5,038,131	12	4.8	37,472
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	58,521	69.4	15.3	1,293,693	184	15,545,999	12	5.7	84,363
African American	4,224	63.7	13.6	90,303	147	971,291	11	5.3	6,628
Other/unknown	5,775	63.2	7.1	65,093	127	1,158,243	18	4.3	9,136
Use of Nursing Facilities^d									
Entire year	13,075	97.5	49.0	656,534	480	6,437,614	10	10.4	13,404
Part year	8,056	94.0	29.2	249,815	305	2,616,776	10	8.2	8,566
None	47,389	60.6	6.9	542,740	110	8,621,143	16	3.8	78,157
Maintenance Assistance Status									
Cash	41,958	64.5	8.0	520,657	118	7,653,480	15	3.9	65,097
Medically needy	2,402	47.8	11.4	57,346	119	599,754	10	7.2	5,022
Poverty related	899	34.2	1.7	4,577	36	94,575	21	4.3	2,630
Other/unknown	23,261	85.0	31.6	866,509	341	9,327,724	11	8.4	27,378

Table D11

Dual Eligible Beneficiaries

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 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 2004.

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, 2004

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	1.4	\$17	\$12	\$0	\$3	1,052,217
Age						
5 and younger	1.5	46	31	0	3	93
6-14	0.7	20	28	0	0	158
15-20	0.3	8	32	0	5	1,968
21-44	0.5	11	22	0	3	192,774
45-64	0.9	14	15	0	3	245,133
65-74	1.2	14	12	0	2	264,397
75-84	2.0	21	11	0	3	210,446
85 and older	2.9	29	10	0	3	137,224
Unknown	2.1	15	7	0	0	24
Basis of Eligibility^c						
Aged	2.3	24	10	0	3	391,937
Disabled	0.8	13	15	0	2	654,752
Adults	0.3	7	22	0	3	5,436
Children	0.5	12	23	0	0	71
Unknown	2.5	36	14	0	6	21
Gender						
Female	1.6	19	12	0	3	663,015
Male	1.0	13	12	0	2	389,202
Unknown	0.0	0	0	0	0	0
Race						
White	1.5	18	12	0	3	882,621
African American	1.3	14	11	0	1	69,208
Other/unknown	0.6	12	18	0	2	100,388
Use of Nursing Facilities^d						
Entire year	4.9	48	10	0	6	133,069
Part year	3.0	32	10	0	4	82,249
None	0.6	10	16	0	2	836,899
Maintenance Assistance Status						
Cash	0.7	10	15	0	2	729,210
Medically needy	2.0	21	10	0	3	28,113
Poverty related	0.2	4	21	0	1	24,763
Other/unknown	3.2	35	11	0	5	270,131

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 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 2004.

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, 2004

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
All	120,758	\$146	\$17,675,533	100.0 %	1,449,089	\$12	100.0 %
Anorexia or weight loss/gain	33	215	7,107	0.0	145	49	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	2	8	16	0.0	2	8	0.0
Cough and cold medications	14,533	50	732,320	4.1	34,552	21	2.4
Vitamins and minerals	24,861	148	3,687,327	20.9	194,972	19	13.5
Non-prescription drugs	55,686	165	9,210,181	52.1	988,547	9	68.2
Barbiturates	1,654	94	156,168	0.9	24,716	6	1.7
Benzodiazepines	19,152	147	2,807,065	15.9	186,600	15	12.9
Other Part D Excl Rx Drugs	4,837	222	1,075,349	6.1	19,555	55	1.3

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 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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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, 2004

Total Number of Dual Eligible Beneficiaries	100,127
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$320,311,323
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,199

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,706	10.7 %	\$0	0.0 %
1-500	14,242	14.2	3,000,693	0.9
501-1,000	9,257	9.2	6,844,866	2.1
1,001-1,500	7,788	7.8	9,688,054	3.0
1,501-2,000	7,125	7.1	12,449,908	3.9
2,001-2,500	6,138	6.1	13,784,187	4.3
2,501-3,000	5,603	5.6	15,385,245	4.8
3,001-3,500	5,186	5.2	16,838,588	5.3
3,501-4,000	4,460	4.5	16,712,281	5.2
4,001-4,500	4,010	4.0	17,020,117	5.3
4,501-5,000	3,506	3.5	16,637,352	5.2
5,001-5,500	3,084	3.1	16,172,562	5.0
5,501-6,000	2,717	2.7	15,607,549	4.9
6,001-6,500	2,293	2.3	14,314,276	4.5
6,501-7,000	1,934	1.9	13,037,417	4.1
7,001-7,500	1,737	1.7	12,581,755	3.9
7,501-8,000	1,430	1.4	11,076,376	3.5
8,001-8,500	1,177	1.2	9,703,390	3.0
8,501-9,000	1,091	1.1	9,538,884	3.0
9,001-9,500	874	0.9	8,087,701	2.5
9,501-10,000	750	0.7	7,303,301	2.3
10,001+	5,019	5.0	74,526,821	23.3

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. 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 2004.

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, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	40,293
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$129,290,932
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,209

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,015	12.4 %	0	0.0 %
1-500	7,395	18.4	1,460,004	1.1
501-1,000	3,942	9.8	2,886,438	2.2
1,001-1,500	3,034	7.5	3,764,252	2.9
1,501-2,000	2,508	6.2	4,369,023	3.4
2,001-2,500	2,070	5.1	4,652,645	3.6
2,501-3,000	1,832	4.5	5,019,728	3.9
3,001-3,500	1,661	4.1	5,393,142	4.2
3,501-4,000	1,460	3.6	5,480,149	4.2
4,001-4,500	1,286	3.2	5,458,730	4.2
4,501-5,000	1,128	2.8	5,349,889	4.1
5,001-5,500	1,031	2.6	5,405,034	4.2
5,501-6,000	953	2.4	5,472,863	4.2
6,001-6,500	810	2.0	5,054,315	3.9
6,501-7,000	717	1.8	4,828,675	3.7
7,001-7,500	629	1.6	4,557,286	3.5
7,501-8,000	537	1.3	4,158,631	3.2
8,001-8,500	478	1.2	3,943,271	3.0
8,501-9,000	439	1.1	3,836,860	3.0
9,001-9,500	388	1.0	3,590,980	2.8
9,501-10,000	295	0.7	2,877,721	2.2
10,001+	2,685	6.7	41,731,296	32.3

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. 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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	58,995
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$189,609,812
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,214

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,513	9.3 %	0	0.0 %
1-500	6,559	11.1	1,489,122	0.8
501-1,000	5,227	8.9	3,895,227	2.1
1,001-1,500	4,700	8.0	5,856,839	3.1
1,501-2,000	4,586	7.8	8,027,260	4.2
2,001-2,500	4,041	6.8	9,071,483	4.8
2,501-3,000	3,745	6.3	10,294,789	5.4
3,001-3,500	3,500	5.9	11,364,938	6.0
3,501-4,000	2,980	5.1	11,157,363	5.9
4,001-4,500	2,705	4.6	11,481,566	6.1
4,501-5,000	2,371	4.0	11,254,358	5.9
5,001-5,500	2,035	3.4	10,673,986	5.6
5,501-6,000	1,753	3.0	10,072,020	5.3
6,001-6,500	1,475	2.5	9,209,967	4.9
6,501-7,000	1,212	2.1	8,174,527	4.3
7,001-7,500	1,106	1.9	8,009,511	4.2
7,501-8,000	891	1.5	6,902,295	3.6
8,001-8,500	697	1.2	5,743,734	3.0
8,501-9,000	650	1.1	5,684,147	3.0
9,001-9,500	482	0.8	4,460,228	2.4
9,501-10,000	454	0.8	4,415,689	2.3
10,001+	2,313	3.9	32,370,763	17.1

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. 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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	24,509
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$81,418,711
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,322

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,717	11.1 %	0	0.0 %
1-500	2,754	11.2	602,970	0.7
501-1,000	2,050	8.4	1,526,560	1.9
1,001-1,500	1,778	7.3	2,215,478	2.7
1,501-2,000	1,834	7.5	3,208,160	3.9
2,001-2,500	1,537	6.3	3,445,496	4.2
2,501-3,000	1,448	5.9	3,990,125	4.9
3,001-3,500	1,367	5.6	4,428,710	5.4
3,501-4,000	1,202	4.9	4,504,446	5.5
4,001-4,500	1,131	4.6	4,796,515	5.9
4,501-5,000	965	3.9	4,582,837	5.6
5,001-5,500	883	3.6	4,629,094	5.7
5,501-6,000	711	2.9	4,084,360	5.0
6,001-6,500	629	2.6	3,928,863	4.8
6,501-7,000	468	1.9	3,148,006	3.9
7,001-7,500	493	2.0	3,570,327	4.4
7,501-8,000	377	1.5	2,921,979	3.6
8,001-8,500	290	1.2	2,390,360	2.9
8,501-9,000	287	1.2	2,509,479	3.1
9,001-9,500	210	0.9	1,942,198	2.4
9,501-10,000	203	0.8	1,975,880	2.4
10,001+	1,175	4.8	17,016,868	20.9

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. 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 2004.
- 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, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	20,327
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$67,211,455
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,307

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,766	8.7 %	0	0.0 %
1-500	2,084	10.3	472,099	0.7
501-1,000	1,697	8.3	1,266,015	1.9
1,001-1,500	1,663	8.2	2,076,273	3.1
1,501-2,000	1,532	7.5	2,683,709	4.0
2,001-2,500	1,420	7.0	3,194,121	4.8
2,501-3,000	1,324	6.5	3,633,724	5.4
3,001-3,500	1,251	6.2	4,069,270	6.1
3,501-4,000	1,071	5.3	4,000,352	6.0
4,001-4,500	904	4.4	3,839,589	5.7
4,501-5,000	857	4.2	4,065,792	6.0
5,001-5,500	717	3.5	3,763,726	5.6
5,501-6,000	651	3.2	3,739,290	5.6
6,001-6,500	528	2.6	3,293,427	4.9
6,501-7,000	460	2.3	3,105,945	4.6
7,001-7,500	405	2.0	2,934,085	4.4
7,501-8,000	355	1.7	2,748,436	4.1
8,001-8,500	257	1.3	2,117,669	3.2
8,501-9,000	233	1.1	2,036,431	3.0
9,001-9,500	190	0.9	1,759,547	2.6
9,501-10,000	173	0.9	1,681,540	2.5
10,001+	789	3.9	10,730,415	16.0

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. 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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	14,159
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$40,979,646
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,894

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,030	7.3 %	0	0.0 %
1-500	1,721	12.2	414,053	1.0
501-1,000	1,480	10.5	1,102,652	2.7
1,001-1,500	1,259	8.9	1,565,088	3.8
1,501-2,000	1,220	8.6	2,135,391	5.2
2,001-2,500	1,084	7.7	2,431,866	5.9
2,501-3,000	973	6.9	2,670,940	6.5
3,001-3,500	882	6.2	2,866,958	7.0
3,501-4,000	707	5.0	2,652,565	6.5
4,001-4,500	670	4.7	2,845,462	6.9
4,501-5,000	549	3.9	2,605,729	6.4
5,001-5,500	435	3.1	2,281,166	5.6
5,501-6,000	391	2.8	2,248,370	5.5
6,001-6,500	318	2.2	1,987,677	4.9
6,501-7,000	284	2.0	1,920,576	4.7
7,001-7,500	208	1.5	1,505,099	3.7
7,501-8,000	159	1.1	1,231,880	3.0
8,001-8,500	150	1.1	1,235,705	3.0
8,501-9,000	130	0.9	1,138,237	2.8
9,001-9,500	82	0.6	758,483	1.9
9,501-10,000	78	0.6	758,269	1.9
10,001+	349	2.5	4,623,480	11.3

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. 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 2004.

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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	113,765	42,809	70,015	922	12	7	1,210,268	429,644	774,077	6,450	76	21
Age												
5 and younger	9	0	9	0	0	0	105	0	105	0	0	0
6-14	18	1	15	0	2	0	199	12	170	0	17	0
15-20	229	0	223	3	3	0	2,551	0	2,497	27	27	0
21-44	21,543	6	20,861	670	4	2	235,733	61	230,711	4,940	18	3
45-64	27,079	42	26,796	234	3	4	289,897	373	288,063	1,437	14	10
65-74	27,792	11,119	16,659	13	0	1	302,694	111,633	191,009	44	0	8
75-84	22,231	17,608	4,621	2	0	0	233,247	180,793	52,452	2	0	0
85 and older	14,862	14,032	830	0	0	0	145,818	136,760	9,058	0	0	0
Unknown	2	1	1	0	0	0	24	12	12	0	0	0
Gender												
Female	71,323	31,492	39,327	492	5	7	764,258	321,178	439,374	3,662	23	21
Male	42,442	11,317	30,688	430	7	0	446,010	108,466	334,703	2,788	53	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	92,822	35,915	56,055	834	11	7	981,155	356,809	618,513	5,748	64	21
African American	9,572	3,522	5,979	70	1	0	103,905	36,542	66,833	518	12	0
Other/unknown	11,371	3,372	7,981	18	0	0	125,208	36,293	88,731	184	0	0
Use of Nursing Facilities^c												
Entire year	13,419	11,587	1,830	2	0	0	133,339	113,618	19,718	3	0	0
Part year	8,663	6,765	1,889	9	0	0	85,057	64,658	20,313	86	0	0
None	91,683	24,457	66,296	911	12	7	991,872	251,368	734,046	6,361	76	21
Maintenance Assistance Status												
Cash	77,961	17,874	59,678	409	0	0	877,151	198,814	674,955	3,382	0	0
Medically needy	5,075	2,872	1,933	267	3	0	28,603	18,267	8,990	1,342	4	0
Poverty related	2,681	903	1,589	175	7	7	25,915	9,151	15,576	1,119	48	21
Other/unknown	28,048	21,160	6,815	71	2	0	278,599	203,412	74,556	607	24	0
Dual Status^d												
Full dual, all year	109,374	40,689	67,770	896	12	7	1,165,074	407,448	751,362	6,167	76	21
Full dual, part year	4,391	2,120	2,245	26	0	0	45,194	22,196	22,715	283	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	98,858	39,088	58,970	782	11	7	1,045,260	389,022	650,733	5,413	71	21
FFS part year, with Rx claims	929	396	532	1	0	0	10,496	4,454	6,032	10	0	0
FFS part year, no Rx claims	340	124	210	6	0	0	3,391	1,196	2,147	48	0	0
MC all year, with Rx claims	2,812	262	2,515	35	0	0	32,109	2,884	28,899	326	0	0
MC all year, no Rx claims	10,826	2,939	7,788	98	1	0	119,012	32,088	86,266	653	5	0

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 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 2004. 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; 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, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	113,765	1,210,268	100,127	1,052,217	0	158,051
Fee-for-service (FFS) all year	98,858	1,045,260	98,858	1,045,260	0	0
FFS part year, with Rx claims	929	10,496	929	5,344	0	5,152
FFS part year, with no Rx claims	340	3,391	340	1,613	0	1,778
Managed care (MC) all year, with Rx claims	2,812	32,109	0	0	0	32,109
MC all year, with no Rx claims	10,826	119,012	0	0	0	119,012

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. 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.