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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
KENTUCKY

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
KENTUCKY, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	874200 (A)	163003 (E)	711197 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	823231 (B)	113072 (F)	710159 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	653964 (C)	99594 (G)	554370 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	14343 (D)	12908 (H)	1435 (L)

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Kentucky in 2005 was $750,754,245, of which $25,846,472 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and N+B18D.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
KENTUCKY, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**653,964**	**39,787**	**175,432**	**105,712**	**332,596**	**437**	**6,152,867**	**388,253**	**1,875,261**	**802,703**	**3,085,053**	**1,597**
Age												
5 and younger	137,004	1	4,219	38	132,746	0	1,187,531	2	45,079	232	1,142,218	0
6-14	154,691	2	13,765	46	140,878	0	1,545,824	8	153,325	352	1,392,139	0
15-20	79,396	0	10,258	10,634	58,502	2	736,949	0	111,870	76,949	548,126	4
21-44	144,982	17	55,844	88,385	457	279	1,273,776	144	597,106	673,139	2,519	868
45-64	77,927	71	71,103	6,587	12	154	794,162	630	740,844	51,932	41	715
65-74	25,213	10,058	15,133	20	0	2	269,780	98,865	170,817	88	0	10
75-84	20,362	16,027	4,332	2	1	0	208,413	160,346	48,046	11	10	0
85 and older	14,388	13,610	778	0	0	0	136,420	128,246	8,174	0	0	0
Unknown	1	1	0	0	0	0	12	12	0	0	0	0
Gender												
Female	375,690	28,941	93,564	89,462	163,286	437	3,502,717	287,139	1,012,323	681,472	1,520,186	1,597
Male	278,272	10,845	81,867	16,250	169,310	0	2,650,137	101,113	862,926	121,231	1,564,867	0
Unknown	2	1	1	0	0	0	13	1	12	0	0	0
Race												
White	554,128	34,192	137,605	93,714	288,216	401	5,213,565	331,355	1,470,987	724,266	2,685,524	1,433
African American	51,250	3,037	9,662	8,448	30,077	26	469,924	30,032	98,696	64,444	276,619	133
Other/unknown	48,586	2,558	28,165	3,550	14,303	10	469,378	26,866	305,578	13,993	122,910	31
Use of Nursing Facilities[c]												
Entire year	14,343	11,559	2,767	12	5	0	138,848	110,018	28,793	17	20	0
Part year	12,672	7,458	4,695	509	10	0	124,170	70,153	49,190	4,719	108	0
None	626,949	20,770	167,970	105,191	332,581	437	5,889,849	208,082	1,797,278	797,967	3,084,925	1,597
Maintenance Assistance Status												
Cash	324,639	14,418	161,379	53,746	95,096	0	3,301,065	157,456	1,754,911	454,877	933,821	0
Medically needy	24,374	2,799	4,048	10,725	6,802	0	174,667	17,358	16,936	75,006	65,367	0
Poverty-related	237,693	1,577	2,241	28,031	205,407	437	2,035,981	16,323	21,084	159,565	1,837,412	1,597
Other/unknown	67,258	20,993	7,764	13,210	25,291	0	641,154	197,116	82,330	113,255	248,453	0
Dual Medicare Status[d]												
Full dual, all year	94,029	35,717	57,474	821	8	9	986,232	348,605	631,368	6,147	45	67
Full dual, part year	5,565	2,665	2,866	32	2	0	55,520	27,671	27,501	330	18	0
Non-dual, all year	554,370	1,405	115,092	104,859	332,586	428	5,111,115	11,977	1,216,392	796,226	3,084,990	1,530
Managed Care (MC) Status												
Fee-for-service (FFS) all year	646,717	39,093	173,112	104,444	329,635	433	6,119,434	384,446	1,863,514	798,687	3,071,205	1,582
FFS part year, with Rx claims	4,107	453	1,632	537	1,482	3	23,295	2,735	9,227	2,667	8,653	13
FFS part year, no Rx claims	3,140	241	688	731	1,479	1	10,138	1,072	2,520	1,349	5,195	2

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
KENTUCKY, 2005

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	**77.9**	**20.2**	**$1,109**	**$55**	**$5,344**	**20.7**	**653,964**
Age							
5 and younger	72.1	5.5	285	52	2,069	13.8	137,004
6-14	73.8	7.0	452	65	2,175	20.8	154,691
15-20	74.8	7.9	473	60	3,496	13.5	79,396
21-44	80.6	19.1	1,129	59	5,553	20.3	144,982
45-64	85.4	52.7	3,033	58	11,017	27.5	77,927
65-74	88.6	63.6	3,127	49	10,583	29.5	25,213
75-84	90.5	67.6	3,041	45	16,570	18.4	20,362
85 and older	91.9	63.8	2,626	41	22,906	11.5	14,388
Unknown	100.0	52.0	2,206	42	41,492	5.3	1
Basis of Eligibility[e]							
Aged	88.3	63.1	2,815	45	18,717	15.0	39,787
Disabled	86.3	43.4	2,636	61	10,035	26.3	175,432
Adults	78.2	11.2	477	42	3,324	14.4	105,712
Children	72.2	5.8	298	52	1,905	15.6	332,596
Unknown	75.5	11.6	2,425	210	11,184	21.7	437
Gender							
Female	80.4	23.4	1,207	52	5,752	21.0	375,690
Male	74.6	16.0	975	61	4,794	20.3	278,272
Unknown	0.0	0.0	0	0	205	0.0	2
Race							
White	79.1	20.4	1,101	54	5,306	20.8	554,128
African American	67.4	13.1	729	56	5,002	14.6	51,250
Other/unknown	76.2	25.9	1,594	62	6,148	25.9	48,586
Use of Nursing Facilities[f]							
Entire year	97.8	95.2	4,318	45	42,631	10.1	14,343
Part year	96.8	71.2	3,637	51	28,627	12.7	12,672
None	77.1	17.5	984	56	4,021	24.5	626,949
Maintenance Assistance Status							
Cash	82.4	27.7	1,577	57	5,662	27.9	324,639
Medically needy	66.4	14.9	763	51	5,413	14.1	24,374
Poverty related	71.3	5.7	283	50	1,923	14.7	237,693
Other/unknown	83.9	37.5	1,891	50	15,878	11.9	67,258

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 4

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

KENTUCKY, 2005

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**2.2**	**$118**	**20.7**	**22.1**	**45.9**	**9.3**	**11.8**	**7.8**	**3.2**	**$568**	**653,964**	**6,152,867**
Age												
5 and younger	0.6	33	13.8	27.9	62.2	6.9	2.8	0.2	0.0	239	137,004	1,187,531
6-14	0.7	45	20.8	26.2	60.7	7.5	5.0	0.5	0.0	218	154,691	1,545,824
15-20	0.9	51	13.5	25.2	58.0	9.7	6.1	0.9	0.1	377	79,396	736,949
21-44	2.2	129	20.3	19.4	40.7	14.3	17.3	6.8	1.5	632	144,982	1,273,776
45-64	5.2	298	27.5	14.6	14.0	9.5	25.9	25.2	10.7	1,081	77,927	794,162
65-74	5.9	292	29.5	11.4	9.7	7.6	25.6	30.9	14.8	989	25,213	269,780
75-84	6.6	297	18.4	9.5	7.5	6.3	24.6	33.6	18.4	1,619	20,362	208,413
85 and older	6.7	277	11.5	8.1	6.2	6.5	25.5	36.0	17.6	2,416	14,388	136,420
Unknown	4.3	184	5.3	0.0	0.0	0.0	100.0	0.0	0.0	3,458	1	12
Basis of Eligibility[e]												
Aged	6.5	289	15.0	11.7	8.2	6.7	24.1	31.5	17.8	1,918	39,787	388,253
Disabled	4.1	247	26.3	13.7	23.5	11.3	24.3	19.7	7.5	939	175,432	1,875,261
Adults	1.5	63	14.4	21.8	47.8	14.4	12.6	3.0	0.4	438	105,712	802,703
Children	0.6	32	15.6	27.8	61.6	7.0	3.4	0.2	0.0	205	332,596	3,085,053
Unknown	3.2	664	21.7	24.5	24.9	19.9	19.9	8.2	2.5	3,060	437	1,597
Gender												
Female	2.5	130	21.0	19.6	44.3	9.9	12.9	9.4	4.0	617	375,690	3,502,717
Male	1.7	102	20.3	25.4	48.1	8.6	10.2	5.7	2.0	503	278,272	2,650,137
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	32	2	13
Race												
White	2.2	117	20.8	20.9	46.7	9.5	11.7	7.8	3.3	564	554,128	5,213,565
African American	1.4	80	14.6	32.6	46.5	6.6	7.8	4.8	1.7	546	51,250	469,924
Other/unknown	2.7	165	25.9	23.8	35.5	9.9	16.2	11.0	3.6	636	48,586	469,378
Use of Nursing Facilities[f]												
Entire year	9.8	446	10.1	2.2	2.4	3.2	16.4	37.9	37.9	4,404	14,343	138,848
Part year	7.3	371	12.7	3.2	7.8	7.4	25.3	35.0	21.4	2,922	12,672	124,170
None	1.9	105	24.5	22.9	47.6	9.5	11.4	6.6	2.0	428	626,949	5,889,849
Maintenance Assistance Status												
Cash	2.7	155	27.9	17.6	39.1	10.7	17.1	11.7	3.9	557	324,639	3,301,065
Medically needy	2.1	107	14.1	33.6	34.1	9.7	12.9	6.9	2.8	755	24,374	174,667
Poverty related	0.7	33	14.7	28.7	59.4	7.7	3.8	0.4	0.1	225	237,693	2,035,981
Other/unknown	3.9	198	11.9	16.1	35.3	8.4	13.8	15.5	10.7	1,666	67,258	641,154

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE 5

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

KENTUCKY, 2005

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**2.2**	**$118**	**$55**	**0.7**	**$86**	**$116**	**0.1**	**$4**	**$74**	**1.3**	**$27**	**$20**
Age												
5 and younger	0.6	33	52	0.2	25	107	0.0	1	51	0.4	7	18
6-14	0.7	45	65	0.3	36	111	0.0	2	71	0.3	7	21
15-20	0.9	51	60	0.3	38	127	0.0	3	62	0.5	10	19
21-44	2.2	129	59	0.7	92	137	0.1	5	82	1.4	31	21
45-64	5.2	298	58	1.8	218	122	0.1	9	88	3.3	71	22
65-74	5.9	292	49	2.1	213	103	0.1	7	72	3.8	71	19
75-84	6.6	297	45	2.2	212	96	0.1	9	67	4.3	76	18
85 and older	6.7	277	41	2.1	188	91	0.2	11	69	4.5	78	17
Unknown	4.3	184	42	1.7	123	74	0.3	18	74	2.4	43	18
Basis of Eligibility[d]												
Aged	6.5	289	45	2.1	204	96	0.1	9	69	4.2	75	18
Disabled	4.1	247	61	1.4	184	129	0.1	7	86	2.5	55	22
Adults	1.5	63	42	0.4	41	99	0.1	3	67	1.0	18	18
Children	0.6	32	52	0.2	24	97	0.0	2	61	0.3	7	19
Unknown	3.2	664	210	0.8	496	604	0.1	3	39	2.2	68	31
Gender												
Female	2.5	130	52	0.8	93	111	0.1	5	73	1.6	32	20
Male	1.7	102	61	0.6	77	126	0.0	3	78	1.0	21	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.2	117	54	0.7	85	115	0.1	4	74	1.4	28	20
African American	1.4	80	56	0.5	60	118	0.0	3	80	0.9	17	19
Other/unknown	2.7	165	62	1.0	127	125	0.1	5	75	1.6	34	21
Use of Nursing Facilities[e]												
Entire year	9.8	446	45	3.1	307	100	0.2	17	75	6.5	123	19
Part year	7.3	371	51	2.3	264	114	0.1	12	80	4.8	95	20
None	1.9	105	56	0.7	77	118	0.1	4	74	1.2	24	20
Maintenance Assistance Status												
Cash	2.7	155	57	0.9	115	121	0.1	5	78	1.7	35	21
Medically needy	2.1	107	51	0.7	75	110	0.1	5	81	1.3	27	20
Poverty related	0.7	33	50	0.2	24	96	0.0	2	60	0.4	7	18
Other/unknown	3.9	198	50	1.3	141	108	0.1	7	76	2.5	50	20

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.2 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)

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

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

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

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
KENTUCKY, 2005

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$14	$8	$3	$4	$46	$95	$67	$20	1,232,650	$56,885,653	384,800	58.8	4,054,532
Biologicals	0.3	0.3	0.0	0.0	350	295	24	32	1113	1,091	2,357	921	9,261	10,305,119	3,001	0.5	29,410
Antineoplastic Agents	0.5	0.1	0.0	0.4	141	101	0	39	258	877	182	92	44,337	11,433,470	7,942	1.2	81,138
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	33	24	2	7	50	100	86	18	1,161,074	58,169,265	164,167	25.1	1,758,408
Cardiovascular Agents	1.6	0.6	0.0	1.0	60	45	0	15	36	75	17	14	2,497,683	90,320,337	139,619	21.3	1,517,947
Respiratory Agents	0.5	0.3	0.0	0.3	29	24	1	4	55	94	49	17	1,743,865	95,052,318	304,588	46.6	3,249,560
Gastrointestinal Agents	0.5	0.1	0.0	0.4	24	18	0	6	45	149	38	15	740,042	33,454,819	127,936	19.6	1,390,936
Genitourinary Agents	0.4	0.2	0.0	0.1	21	17	0	4	59	83	62	27	191,572	11,360,576	50,491	7.7	535,736
CNS Drugs	1.0	0.4	0.0	0.6	73	61	0	12	74	145	59	21	1,722,946	128,144,422	162,543	24.9	1,746,160
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	59	55	0	4	89	98	73	39	201,384	17,919,861	27,734	4.2	301,919
Miscellaneous Psychological/ Neurological Agents	0.9	0.8	0.0	0.0	142	142	0	0	167	170	0	26	96,670	16,181,875	10,917	1.7	113,632
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	19	7	3	9	36	147	119	20	1,377,431	50,235,661	246,751	37.7	2,614,455
Neuromuscular Agents	0.8	0.2	0.0	0.5	54	32	1	21	71	159	105	38	918,422	65,410,760	111,703	17.1	1,216,633
Nutritional Products	0.5	0.1	0.0	0.5	12	2	0	10	21	31	22	20	309,249	6,608,906	56,116	8.6	566,512
Hematological Agents	0.8	0.3	0.0	0.4	88	81	0	7	113	239	62	16	348,325	39,303,443	41,578	6.4	446,415
Topical Products	0.3	0.1	0.0	0.2	14	10	0	4	50	95	30	23	594,057	29,937,377	205,562	31.4	2,208,118
Miscellaneous Products	0.4	0.1	0.0	0.3	42	31	1	10	110	326	226	35	30,580	3,373,313	7,760	1.2	80,710
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	55	0	0	0	14,674	810,598	6,698	1.0	74,564
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	13,234,222	724,907,773	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than

the original patent holder. In Kentucky, 0.2 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 2005.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
KENTUCKY, 2005

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$73,970,142	55,243	8.4	610,563	0.6	$199	$121
ANTIASTHMATIC	64,826,566	223,616	34.2	2,455,824	0.4	75	26
ANTICONVULSANT	52,436,800	83,777	12.8	926,858	0.7	86	57
ANTIDEPRESSANTS	47,798,789	166,610	25.5	1,815,062	0.5	51	26
ANTIHYPERLIPIDEMIC	40,703,502	70,965	10.9	803,488	0.6	85	51
ANTIDIABETIC	33,963,870	77,012	11.8	853,866	0.6	61	40
ULCER DRUGS	27,018,843	146,744	22.4	1,618,096	0.4	38	17
ANALGESICS - Narcotic	25,534,554	266,830	40.8	2,854,995	0.3	32	9
MISC. HEMATOLOGICAL	23,601,807	21,456	3.3	236,288	0.7	154	100
ANTIHYPERTENSIVE	21,113,986	95,253	14.6	1,054,752	0.6	33	20
Total	410,968,859	1,207,506		13,229,792	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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