

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY

BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH,

BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES

AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY

BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	99,594	38,382	60,340	853	10	9	1,041,752	376,276	658,869	6,477	63	67
Age												
5 and younger	10	1	9	0	0	0	94	2	92	0	0	0
6-14	13	2	9	0	2	0	120	8	98	0	14	0
15-20	251	0	245	3	3	0	2,784	0	2,726	30	28	0
21-44	17,982	9	17,358	610	3	2	193,446	103	188,406	4,905	10	22
45-64	23,590	39	23,323	222	1	5	249,820	386	247,935	1,463	1	35
65-74	24,343	9,783	14,541	17	0	2	262,576	96,553	165,942	71	0	10
75-84	19,606	15,469	4,135	1	1	0	201,363	155,283	46,062	8	10	0
85 and older	13,798	13,078	720	0	0	0	131,537	123,929	7,608	0	0	0
Unknown	1	1	0	0	0	0	12	12	0	0	0	0
Gender												
Female	62,298	28,203	33,604	478	4	9	655,169	280,741	370,544	3,806	11	67
Male	37,296	10,179	26,736	375	6	0	386,583	95,535	288,325	2,671	52	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	84,201	33,064	50,328	794	8	7	877,909	321,713	550,101	5,992	50	53
African American	6,724	2,879	3,800	43	1	1	69,440	28,609	40,460	349	12	10
Other/unknown	8,669	2,439	6,212	16	1	1	94,403	25,954	68,308	136	1	4
Use of Nursing Facilities^c												
Entire year	12,908	11,085	1,823	0	0	0	125,104	105,525	19,579	0	0	0
Part year	9,175	7,195	1,969	11	0	0	88,416	67,763	20,532	121	0	0
None	77,511	20,102	56,548	842	10	9	828,232	202,988	618,758	6,356	63	67
Maintenance Assistance Status												
Cash	65,143	14,085	50,658	399	1	0	723,513	154,129	565,657	3,719	8	0
Medically needy	4,196	2,594	1,355	246	1	0	23,410	16,205	5,973	1,231	1	0
Poverty-related	3,905	1,545	2,196	151	4	9	37,833	16,013	20,725	1,009	19	67
Other/unknown	26,350	20,158	6,131	57	4	0	256,996	189,929	66,514	518	35	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	98,033	37,713	59,461	841	9	9	1,033,467	372,591	654,326	6,421	62	67
FFS part year, with Rx claims	1,017	432	578	6	1	0	5,892	2,625	3,233	33	1	0
FFS part year, no Rx claims	544	237	301	6	0	0	2,393	1,060	1,310	23	0	0

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 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 2005. 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, 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	89.2	58.3	\$3,043	\$52	\$13,523	22.5	99,594
Age							
5 and younger	90.0	44.1	5,931	135	14,719	40.3	10
6-14	92.3	49.1	6,136	125	9,027	68.0	13
15-20	83.7	26.1	2,569	99	10,430	24.6	251
21-44	86.2	34.8	2,592	74	9,259	28.0	17,982
45-64	88.4	58.9	3,490	59	12,015	29.0	23,590
65-74	89.0	64.2	3,159	49	10,487	30.1	24,343
75-84	90.7	67.9	3,056	45	16,404	18.6	19,606
85 and older	92.4	64.3	2,644	41	22,975	11.5	13,798
Unknown	100.0	52.0	2,206	42	41,492	5.3	1
Basis of Eligibility^e							
Aged	88.6	63.4	2,829	45	18,629	15.2	38,382
Disabled	89.7	55.5	3,199	58	10,389	30.8	60,340
Adults	80.2	26.4	1,629	62	5,141	31.7	853
Children	80.0	23.4	3,441	147	14,230	24.2	10
Unknown	100.0	28.9	3,526	122	39,166	9.0	9
Gender							
Female	91.9	64.8	3,242	50	14,418	22.5	62,298
Male	84.5	47.3	2,711	57	12,027	22.5	37,296
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.3	59.4	3,097	52	14,087	22.0	84,201
African American	86.2	49.7	2,650	53	15,949	16.6	6,724
Other/unknown	90.2	54.0	2,823	52	6,156	45.9	8,669
Use of Nursing Facilities^f							
Entire year	97.9	94.4	4,233	45	40,992	10.3	12,908
Part year	96.6	73.5	3,446	47	25,914	13.3	9,175
None	86.8	50.5	2,797	55	7,482	37.4	77,511
Maintenance Assistance Status							
Cash	90.8	54.2	2,934	54	6,855	42.8	65,143
Medically needy	61.4	32.7	1,552	47	10,454	14.8	4,196
Poverty related	71.2	24.5	1,406	57	4,424	31.8	3,905
Other/unknown	92.0	77.4	3,791	49	31,844	11.9	26,350

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 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 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	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	5.6	\$291	22.5	10.8	12.8	8.5	25.8	28.6	13.5	\$1,293	99,594	1,041,752
Age												
5 and younger	4.7	631	40.3	10.0	10.0	0.0	60.0	10.0	10.0	1,566	10	94
6-14	5.3	665	68.0	7.7	7.7	7.7	53.8	7.7	15.4	978	13	120
15-20	2.4	232	24.6	16.3	41.4	10.0	18.3	12.0	2.0	940	251	2,784
21-44	3.2	241	28.0	13.8	27.7	13.6	25.8	15.2	4.0	861	17,982	193,446
45-64	5.6	330	29.0	11.6	12.5	8.7	26.8	27.6	12.8	1,135	23,590	249,820
65-74	6.0	293	30.1	11.0	9.6	7.6	25.7	31.2	14.9	972	24,343	262,576
75-84	6.6	298	18.6	9.3	7.5	6.3	24.8	33.7	18.4	1,597	19,606	201,363
85 and older	6.7	277	11.5	7.6	6.3	6.6	25.6	36.2	17.8	2,410	13,798	131,537
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	15.2	11.4	8.2	6.8	24.2	31.7	17.8	1,900	38,382	376,276
Disabled	5.1	293	30.8	10.3	15.5	9.6	26.8	26.8	10.9	952	60,340	658,869
Adults	3.5	215	31.7	19.8	23.7	13.2	25.4	14.0	3.9	677	853	6,477
Children	3.7	546	24.2	20.0	20.0	10.0	20.0	30.0	0.0	2,259	10	63
Unknown	3.9	474	9.0	0.0	11.1	55.6	11.1	22.2	0.0	5,261	9	67
Gender												
Female	6.2	308	22.5	8.1	9.8	7.9	26.5	32.0	15.7	1,371	62,298	655,169
Male	4.6	262	22.5	15.5	17.7	9.6	24.5	22.9	9.8	1,160	37,296	386,583
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.7	297	22.0	10.7	12.5	8.4	25.4	28.8	14.3	1,351	84,201	877,909
African American	4.8	257	16.6	13.8	15.3	9.5	26.6	25.5	9.4	1,544	6,724	69,440
Other/unknown	5.0	259	45.9	9.8	13.9	9.6	29.3	28.7	8.7	565	8,669	94,403
Use of Nursing Facilities ^f												
Entire year	9.7	437	10.3	2.1	2.5	3.3	16.7	38.3	37.3	4,229	12,908	125,104
Part year	7.6	358	13.3	3.4	5.9	6.3	24.3	37.5	22.6	2,689	9,175	88,416
None	4.7	262	37.4	13.2	15.3	9.7	27.5	25.9	8.4	700	77,511	828,232
Maintenance Assistance Status												
Cash	4.9	264	42.8	9.2	15.3	10.0	28.8	27.5	9.3	617	65,143	723,513
Medically needy	5.9	278	14.8	38.6	7.1	6.0	17.1	18.9	12.4	1,874	4,196	23,410
Poverty related	2.5	145	31.8	28.8	27.4	11.7	18.8	10.4	2.8	457	3,905	37,833
Other/unknown	7.9	389	11.9	8.0	5.3	5.0	20.6	35.6	25.6	3,265	26,350	256,996

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 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 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 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, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.6	\$291	\$52	1.9	\$211	\$112	0.1	\$9	\$79	3.6	\$71	\$20
Age												
5 and younger	4.7	631	135	1.8	551	299	0.2	23	95	2.6	57	22
6-14	5.3	665	125	2.5	603	246	0.1	6	48	2.8	56	21
15-20	2.4	232	99	0.9	188	215	0.1	6	79	1.4	37	27
21-44	3.2	241	74	1.1	182	163	0.1	8	102	2.0	50	25
45-64	5.6	330	59	2.0	242	124	0.1	10	90	3.5	78	22
65-74	6.0	293	49	2.1	214	103	0.1	7	73	3.8	72	19
75-84	6.6	298	45	2.2	213	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	70	4.2	75	18
Disabled	5.1	293	58	1.8	216	123	0.1	8	85	3.2	68	21
Adults	3.5	215	62	1.2	153	132	0.1	9	106	2.2	53	24
Children	3.7	546	147	1.8	475	270	0.0	2	33	1.9	69	36
Unknown	3.9	474	122	0.7	411	574	0.0	2	49	3.1	60	19
Gender												
Female	6.2	308	50	2.1	221	107	0.1	10	78	4.0	77	19
Male	4.6	262	57	1.6	195	123	0.1	7	81	2.9	60	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.7	297	52	1.9	215	112	0.1	9	80	3.7	73	20
African American	4.8	257	53	1.7	193	115	0.1	6	74	3.0	58	19
Other/unknown	5.0	259	52	1.8	190	108	0.1	6	70	3.1	63	20
Use of Nursing Facilities^e												
Entire year	9.7	437	45	3.1	301	99	0.2	16	74	6.5	119	19
Part year	7.6	358	47	2.4	251	103	0.2	11	75	5.0	95	19
None	4.7	262	55	1.7	194	117	0.1	7	81	3.0	61	20
Maintenance Assistance Status												
Cash	4.9	264	54	1.7	196	115	0.1	7	79	3.1	61	20
Medically needy	5.9	278	47	2.0	198	101	0.1	9	72	3.8	71	19
Poverty related	2.5	145	57	0.9	105	119	0.1	5	85	1.6	34	22
Other/unknown	7.9	389	49	2.6	272	106	0.2	14	79	5.2	103	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 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Off-Patent Brand-Name				Off-Patent Brand-Name				Off-Patent Brand-Name				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.4	0.1	0.0	0.2	\$21	\$13	\$3	\$5	\$55	\$126	\$71	\$20	266,113	\$14,731,163	63,350	63.6	704,914
Biologicals	0.1	0.0	0.0	0.1	72	4	29	40	530	106	1,778	469	1,188	629,619	785	0.8	8,702
Antineoplastic Agents	0.5	0.1	0.0	0.4	97	58	0	38	180	671	153	85	28,824	5,187,251	5,288	5.3	53,692
Endocrine/Metabolic Drugs	1.0	0.4	0.0	0.6	51	38	3	10	49	97	78	16	564,353	27,440,426	49,167	49.4	542,581
Cardiovascular Agents	2.0	0.7	0.0	1.3	71	52	0	19	35	74	16	14	1,505,475	52,536,920	67,763	68.0	740,323
Respiratory Agents	0.8	0.4	0.0	0.4	47	40	1	6	58	96	63	16	475,043	27,469,167	52,928	53.1	588,466
Gastrointestinal Agents	0.7	0.1	0.0	0.6	30	21	0	9	41	143	34	15	388,504	15,870,202	48,587	48.8	536,671
Genitourinary Agents	0.5	0.3	0.0	0.2	33	28	0	6	63	82	60	30	106,637	6,765,620	18,293	18.4	202,920
CNS Drugs	1.3	0.5	0.0	0.8	89	73	0	16	67	138	59	20	820,283	55,270,357	56,860	57.1	619,119
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	53	43	1	9	92	140	116	33	4,723	434,117	730	0.7	8,189
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	136	135	0	0	152	154	0	27	86,587	13,185,163	9,380	9.4	97,165
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	33	14	5	15	43	137	136	23	508,209	21,775,719	59,162	59.4	653,805
Neuromuscular Agents	0.9	0.2	0.0	0.7	63	35	1	27	67	154	93	39	384,653	25,668,364	36,702	36.9	407,682
Nutritional Products	0.7	0.0	0.0	0.7	15	1	0	14	22	52	23	21	184,101	4,016,809	25,207	25.3	269,836
Hematological Agents	0.9	0.4	0.0	0.5	72	64	0	8	83	178	46	15	242,100	20,161,187	26,022	26.1	280,988
Topical Products	0.5	0.2	0.0	0.3	23	17	0	6	48	85	29	22	215,371	10,405,755	40,904	41.1	454,534
Miscellaneous Products	0.3	0.1	0.0	0.3	28	21	0	6	82	260	186	25	15,466	1,266,887	4,316	4.3	45,422
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	31	0	0	0	7,413	230,364	2,893	2.9	32,213
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.	5,805,043	303,045,090	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 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.medspan.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.medspan.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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$32,141,212	22,650	22.7	247,637	0.7	\$186	\$130
ANTIHYPERLIPIDEMIC	22,471,477	36,837	37.0	418,235	0.6	84	54
ANTICONVULSANT	20,097,987	31,007	31.1	345,329	0.8	76	58
ANTIASTHMATIC	20,091,197	53,790	54.0	599,006	0.5	71	34
ANTIDEPRESSANTS	19,829,636	58,433	58.7	644,321	0.6	48	31
ANTIDIABETIC	17,895,488	40,489	40.7	449,248	0.7	58	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	13,163,876	11,683	11.7	121,600	0.7	152	108
ULCER DRUGS	12,838,352	56,213	56.4	628,457	0.6	37	20
MISC. HEMATOLOGICAL	12,320,345	14,230	14.3	156,363	0.7	118	79
ANTIHYPERTENSIVE	12,073,084	49,569	49.8	551,075	0.7	34	22
Total	182,922,654	374,901		4,161,271	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 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 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERTENSIVES			
	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	2,606,498	\$182,922,654	22,650	22.7	247,637	0.7	\$130	36,837	37.0	418,235	0.6	\$54
Female												
All Females	1,746,921	118,337,677	13,946	22.4	152,028	0.7	115	24,088	38.7	273,654	0.6	54
Female, Disabled												
All Ages	975,447	70,777,576	7,080	21.1	80,906	0.7	133	15,220	45.3	176,104	0.6	53
5 and younger	26	1,019	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	94	5,639	2	33.3	24	0.5	43	0	0.0	0	0.0	0
15-20	1,045	93,419	22	24.4	262	0.4	72	6	6.7	72	0.5	43
21-44	142,523	13,632,940	2,339	30.4	26,761	0.6	135	1,338	17.4	15,355	0.5	42
45-64	407,902	30,744,584	3,034	23.0	34,743	0.7	146	6,492	49.2	74,549	0.6	51
65-74	318,087	19,918,884	1,168	12.9	13,323	0.7	112	5,736	63.1	67,173	0.7	56
75-84	91,756	5,546,961	411	13.9	4,616	0.6	98	1,510	51.1	17,413	0.7	59
85 and older	14,014	834,130	104	18.2	1,177	0.7	96	138	24.1	1,542	0.7	56
Female, Other Eligibles												
All Ages	771,464	47,559,118	6,865	23.9	71,110	0.7	94	8,868	30.9	97,550	0.7	55
5 and younger	3	183	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	316	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	432	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4,150	351,354	73	18.3	753	0.3	60	46	11.6	491	0.5	37
45-64	2,403	216,849	39	36.4	412	0.6	129	42	39.3	400	0.6	53
65-74	164,790	10,540,069	1,132	18.8	12,024	0.8	124	2,660	44.2	29,484	0.6	54
75-84	334,761	20,641,984	2,734	24.2	28,922	0.7	96	4,229	37.4	47,044	0.7	56
85 and older	265,345	15,807,931	2,887	26.6	28,999	0.7	81	1,891	17.4	20,131	0.7	53
Male												
All Males	859,577	64,584,977	8,704	23.3	95,609	0.7	153	12,749	34.2	144,581	0.6	54
Male, Disabled												
All Ages	614,876	49,114,934	6,266	23.4	71,347	0.7	172	9,765	36.5	112,478	0.6	54
5 and younger	38	1,734	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	34	801	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,676	181,947	34	21.9	398	0.8	186	8	5.2	96	0.5	40
21-44	148,990	15,773,359	2,757	28.6	31,700	0.7	177	1,896	19.6	21,947	0.5	45
45-64	261,213	20,469,446	2,640	26.0	29,800	0.8	183	4,389	43.3	49,990	0.6	55
65-74	167,295	10,535,952	676	12.4	7,702	0.7	132	2,898	53.1	33,884	0.7	58
75-84	32,980	1,999,389	127	10.8	1,402	0.6	89	544	46.2	6,263	0.7	61
85 and older	2,650	152,306	32	21.8	345	0.5	53	30	20.4	298	0.6	47

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups					ANTIPSYCHOTICS				ANTIHYPERTENSIVE			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean
					Number of Benefit Months Among Users	Benefit per Rx per Month	\$ per Benefit Month			Number of Benefit Months Among Users	Benefit per Rx per Month	
Male, Other Eligibles												
All Ages	244,701	15,470,043	2,438	23.1	24,262	0.7	99	2,984	28.3	32,103	0.7	54
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	0.0	0
15-20	44	2,880	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,854	241,082	35	15.5	395	0.6	153	59	26.1	590	0.4	37
45-64	1,892	141,227	19	11.9	203	0.9	188	42	26.3	423	0.5	38
65-74	87,497	5,651,469	740	19.5	7,796	0.7	115	1,306	34.5	14,405	0.7	54
75-84	105,417	6,601,774	1,042	25.0	10,290	0.7	94	1,234	29.6	13,204	0.7	55
85 and older	46,997	2,831,611	602	27.3	5,578	0.6	78	343	15.5	3,481	0.7	53
Unknown	10	983	1	100.0	12	0.8	77	0	0.0	0	0.0	0

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 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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDEPRESSANTS				
	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	31,007	31.1	345,329	0.8	\$58	53,790	54.0	599,006	0.5	\$34	58,433	58.7	644,321	0.6	\$31
Female															
All Females	19,672	31.6	219,369	0.8	55	35,836	57.5	399,753	0.5	33	41,275	66.3	455,839	0.6	32
Female, Disabled															
All Ages	13,006	38.7	148,681	0.7	63	22,407	66.7	257,317	0.5	35	24,758	73.7	283,264	0.6	31
5 and younger	0	0.0	0	0.0	0	2	66.7	20	0.2	7	0	0.0	0	0.0	0
6-14	2	33.3	24	0.9	21	0	0.0	0	0.0	0	3	50.0	36	0.9	42
15-20	34	37.8	383	0.8	98	32	35.6	380	0.3	36	51	56.7	586	0.4	15
21-44	3,942	51.2	45,011	0.7	79	3,433	44.6	39,513	0.4	26	6,230	80.9	71,306	0.5	31
45-64	5,811	44.1	66,138	0.7	65	9,595	72.8	109,879	0.5	35	11,413	86.6	129,896	0.6	33
65-74	2,430	26.8	28,203	0.7	41	7,286	80.2	84,186	0.5	40	5,426	59.7	62,885	0.6	27
75-84	694	23.5	7,902	0.7	33	1,791	60.6	20,431	0.5	33	1,419	48.0	16,238	0.7	26
85 and older	93	16.2	1,020	0.8	29	268	46.8	2,908	0.4	28	216	37.7	2,317	0.8	27
Female, Other Eligibles															
All Ages	6,666	23.2	70,688	0.8	39	13,428	46.8	142,424	0.4	29	16,517	57.6	172,575	0.8	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	1	50.0	4	0.5	16	1	50.0	4	0.3	38	1	50.0	4	0.3	11
15-20	0	0.0	0	0.0	0	2	66.7	21	0.1	1	2	66.7	21	0.1	14
21-44	154	38.7	1,540	0.5	63	141	35.4	1,429	0.3	18	340	85.4	3,442	0.4	28
45-64	49	45.8	450	0.6	36	69	64.5	718	0.5	76	89	83.2	846	0.6	37
65-74	1,612	26.8	17,632	0.8	47	3,166	52.6	34,625	0.5	36	3,241	53.9	34,999	0.7	31
75-84	2,807	24.8	30,217	0.8	37	5,425	48.0	58,379	0.5	30	6,588	58.3	70,120	0.8	34
85 and older	2,043	18.8	20,845	0.8	33	4,624	42.5	47,248	0.4	23	6,256	57.6	63,143	0.8	34
Male															
All Males	11,335	30.4	125,960	0.8	63	17,954	48.1	199,253	0.5	35	17,158	46.0	188,482	0.6	29
Male, Disabled															
All Ages	8,866	33.2	100,753	0.8	68	12,433	46.5	142,201	0.5	36	12,396	46.4	140,590	0.6	28
5 and younger	0	0.0	0	0.0	0	6	100.0	63	0.2	11	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.3	3	1	33.3	12	0.8	44
15-20	49	31.6	580	0.7	94	38	24.5	452	0.4	39	54	34.8	642	0.4	21
21-44	3,637	37.7	41,458	0.8	78	2,426	25.1	27,783	0.4	26	4,646	48.1	52,986	0.5	29
45-64	3,759	37.1	42,391	0.8	69	4,819	47.5	54,646	0.5	36	5,087	50.2	57,149	0.6	30
65-74	1,217	22.3	13,978	0.7	44	4,156	76.2	48,074	0.6	41	2,181	40.0	25,047	0.6	25
75-84	177	15.0	2,034	0.6	28	930	78.9	10,631	0.6	39	380	32.3	4,292	0.6	22
85 and older	27	18.4	312	0.6	23	57	38.8	540	0.5	39	47	32.0	462	0.7	20

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	2,469	23.4	25,207	0.8	43	5,521	52.3	57,052	0.5	32	4,762	45.1	47,892	0.7	32
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	1	33.3	8	1.4	79	1	33.3	12	0.8	65
21-44	78	34.5	835	0.5	58	56	24.8	602	0.3	25	147	65.0	1,517	0.4	23
45-64	43	26.9	357	0.7	37	45	28.1	419	0.5	50	64	40.0	659	0.5	27
65-74	931	24.6	9,805	0.8	47	1,895	50.1	20,363	0.5	36	1,531	40.4	16,026	0.7	32
75-84	980	23.5	10,023	0.8	41	2,393	57.3	24,729	0.5	33	1,954	46.8	19,610	0.7	32
85 and older	437	19.8	4,187	0.8	34	1,131	51.2	10,931	0.5	26	1,065	48.2	10,068	0.8	32
Unknown	0	0.0	0	0.0	0	1	100.0	12	0.1	5	0	0.0	0	0.0	0

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 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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	40,489	40.7	449,248	0.7	\$40	11,683	11.7	121,600	0.7	\$108	56,213	56.4	628,457	0.6	\$20
Female															
All Females	27,353	43.9	304,543	0.7	40	8,825	14.2	92,927	0.7	109	38,243	61.4	427,499	0.6	20
Female, Disabled															
All Ages	15,572	46.3	178,863	0.7	42	1,462	4.4	16,666	0.6	179	22,150	65.9	255,338	0.5	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	133.3	44	0.3	19
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	24	0.8	105
15-20	8	8.9	87	0.6	33	2	2.2	24	0.5	66	30	33.3	350	0.3	11
21-44	1,457	18.9	16,722	0.6	39	153	2.0	1,735	0.5	444	3,764	48.9	43,516	0.4	17
45-64	6,349	48.1	72,437	0.6	42	409	3.1	4,656	0.7	274	9,044	68.6	103,840	0.5	21
65-74	5,956	65.6	69,241	0.7	43	432	4.8	4,923	0.6	92	6,771	74.5	78,724	0.6	20
75-84	1,601	54.1	18,235	0.7	39	353	11.9	4,055	0.7	89	2,150	72.7	24,611	0.6	20
85 and older	201	35.1	2,141	0.7	30	113	19.7	1,273	0.7	96	385	67.2	4,229	0.6	20
Female, Other Eligibles															
All Ages	11,781	41.1	125,680	0.7	36	7,363	25.7	76,261	0.7	94	16,093	56.1	172,161	0.6	21
5 and younger	0	0.0	0	0.0	0	1	100.0	2	0.5	69	1	100.0	2	1.0	23
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	4	0.5	15
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	9	0.1	12
21-44	50	12.6	496	0.4	22	4	1.0	38	0.6	557	162	40.7	1,600	0.4	17
45-64	36	33.6	351	0.7	39	0	0.0	0	0.0	0	70	65.4	686	0.5	17
65-74	3,019	50.2	32,673	0.7	38	721	12.0	7,559	0.7	93	3,105	51.6	34,156	0.6	21
75-84	5,412	47.9	58,560	0.7	38	3,145	27.8	32,970	0.7	92	6,582	58.3	71,622	0.6	21
85 and older	3,264	30.0	33,600	0.7	32	3,492	32.1	35,692	0.7	95	6,171	56.8	64,082	0.6	22
Male															
All Males	13,136	35.2	144,705	0.7	41	2,858	7.7	28,673	0.7	107	17,970	48.2	200,958	0.6	21
Male, Disabled															
All Ages	9,093	34.0	103,348	0.7	43	680	2.5	7,616	0.6	146	12,977	48.5	149,090	0.5	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	21	0.7	43
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.5	6
15-20	9	5.8	100	0.4	46	0	0.0	0	0.0	0	39	25.2	455	0.5	20
21-44	1,570	16.3	17,885	0.6	42	105	1.1	1,220	0.6	278	3,406	35.3	39,210	0.5	19
45-64	4,072	40.2	45,646	0.7	43	227	2.2	2,452	0.7	178	5,215	51.4	59,571	0.6	22
65-74	2,926	53.6	33,859	0.7	43	220	4.0	2,510	0.6	83	3,452	63.3	40,046	0.6	19
75-84	486	41.3	5,545	0.7	40	106	9.0	1,200	0.6	90	780	66.2	8,921	0.6	19
85 and older	30	20.4	313	0.6	25	22	15.0	234	0.6	95	81	55.1	842	0.5	20

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	4,043	38.3	41,357	0.7	36	2,178	20.6	21,057	0.7	92	4,993	47.3	51,868	0.6	21
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	2	66.7	20	0.7	53
21-44	65	28.8	642	0.6	41	3	1.3	36	0.3	33	91	40.3	904	0.4	19
45-64	34	21.3	330	0.5	28	1	0.6	12	1.1	156	46	28.8	455	0.5	17
65-74	1,584	41.8	16,703	0.7	38	423	11.2	4,365	0.7	93	1,643	43.4	17,666	0.6	20
75-84	1,729	41.4	17,672	0.7	36	1,056	25.3	10,382	0.7	93	2,084	49.9	21,693	0.6	21
85 and older	631	28.6	6,010	0.7	30	695	31.5	6,262	0.7	92	1,127	51.0	11,130	0.6	22
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 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE					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	14,230	14.3	156,363	0.7	\$79	49,569	49.8	551,075	0.7	\$22	99,594	1,041,752
Female												
All Females	9,334	15.0	102,884	0.7	72	33,291	53.4	370,350	0.7	23	62,297	655,157
Female, Disabled												
All Ages	4,396	13.1	50,104	0.6	71	17,166	51.1	197,240	0.6	23	33,604	370,544
5 and younger	0	0.0	0	0.0	0	2	66.7	20	0.4	3	3	34
6-14	0	0.0	0	0.0	0	2	33.3	24	0.3	3	6	62
15-20	0	0.0	0	0.0	0	17	18.9	203	0.4	17	90	1,007
21-44	154	2.0	1,748	0.5	59	1,473	19.1	16,822	0.5	17	7,705	83,934
45-64	1,593	12.1	18,075	0.6	70	6,511	49.4	74,102	0.6	22	13,186	142,436
65-74	1,820	20.0	20,990	0.7	72	6,624	72.9	77,136	0.7	25	9,084	104,035
75-84	704	23.8	7,940	0.7	70	2,182	73.8	24,995	0.7	23	2,957	32,971
85 and older	125	21.8	1,351	0.7	75	355	62.0	3,938	0.6	23	573	6,065
Female, Other Eligibles												
All Ages	4,938	17.2	52,780	0.7	72	16,125	56.2	173,110	0.7	22	28,693	284,613
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	8
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30
21-44	9	2.3	95	0.3	35	55	13.8	584	0.4	16	398	3,167
45-64	10	9.3	81	0.4	50	44	41.1	412	0.6	27	107	877
65-74	971	16.1	10,528	0.7	73	3,523	58.6	38,559	0.7	23	6,016	60,669
75-84	2,041	18.1	22,271	0.7	72	6,893	61.0	75,354	0.7	23	11,296	115,536
85 and older	1,907	17.5	19,805	0.7	73	5,610	51.6	58,201	0.7	21	10,870	104,324
Male												
All Males	4,896	13.1	53,479	0.7	93	16,278	43.6	180,725	0.6	21	37,296	386,583
Male, Disabled												
All Ages	2,911	10.9	33,019	0.6	108	11,159	41.7	127,057	0.6	21	26,736	288,325
5 and younger	0	0.0	0	0.0	0	4	66.7	42	0.3	4	6	58
6-14	0	0.0	0	0.0	0	1	33.3	12	0.8	8	3	36
15-20	0	0.0	0	0.0	0	37	23.9	433	0.4	10	155	1,719
21-44	231	2.4	2,593	0.5	544	2,172	22.5	24,608	0.6	20	9,653	104,472
45-64	1,210	11.9	13,480	0.6	70	4,575	45.1	51,360	0.6	22	10,137	105,499
65-74	1,153	21.1	13,331	0.7	70	3,545	65.0	41,165	0.7	23	5,457	61,907
75-84	288	24.4	3,301	0.7	75	750	63.7	8,594	0.7	21	1,178	13,091
85 and older	29	19.7	314	0.6	60	75	51.0	843	0.7	20	147	1,543

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL						ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Mean		Number of Beneficiaries	Number of Benefit Months	
				Rx per Benefit Month	Rx \$ per Benefit Month			Rx per Benefit Month	Rx \$ per Benefit Month			
Male, Other Eligibles												
All Ages	1,985	18.8	20,460	0.7	69	5,119	48.5	53,668	0.7	19	10,560	98,258
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	2	14
15-20	0	0.0	0	0.0	0	5	166.7	48	0.2	9	3	28
21-44	8	3.5	82	0.5	66	64	28.3	652	0.6	17	226	1,873
45-64	17	10.6	161	0.5	53	50	31.3	415	0.6	18	160	1,008
65-74	656	17.3	7,053	0.6	70	1,859	49.1	19,986	0.7	20	3,786	35,965
75-84	834	20.0	8,539	0.7	69	2,151	51.5	22,645	0.7	19	4,175	39,765
85 and older	470	21.3	4,625	0.7	67	990	44.8	9,922	0.6	16	2,208	19,605
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 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2005

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	\$437	9.7	12,908	125,104
Age				
0-64	602	11.4	963	10,544
65-74	542	11.4	1,885	19,159
75-84	449	10.0	4,399	42,596
85 and older	356	8.6	5,660	52,793
Unknown	184	4.3	1	12
Gender				
Female	427	9.7	9,605	93,943
Male	467	9.8	3,303	31,161
Unknown	0	0.0	0	0
Race				
White	438	9.8	11,750	113,423
African American	413	8.8	1,043	10,619
Other/unknown	514	10.1	115	1,062
Basis of Eligibility^c				
Aged	414	9.5	11,085	105,525
Disabled	558	11.1	1,823	19,579
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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.

Dual Eligible Beneficiaries

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.1	0.3	\$25	\$14	\$5	\$6	\$55	\$102	\$88	\$23	45,895	\$2,511,901	9,708	75.2	99,672
Biologicals	0.1	0.0	0.0	0.1	3	1	0	3	30	28	23	30	423	12,581	353	2.7	3,879
Antineoplastic Agents	0.6	0.0	0.0	0.6	72	20	0	51	111	437	41	86	9,858	1,094,620	1,637	12.7	15,280
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.7	57	39	7	11	45	81	78	16	96,665	4,340,180	7,519	58.3	76,187
Cardiovascular Agents	2.3	0.6	0.0	1.7	59	36	0	23	26	65	18	14	236,743	6,174,133	10,478	81.2	103,771
Respiratory Agents	0.8	0.3	0.0	0.5	36	28	0	8	45	87	50	16	67,057	2,996,034	8,090	62.7	83,357
Gastrointestinal Agents	1.1	0.2	0.0	0.9	34	21	0	13	32	112	26	14	96,924	3,091,006	8,858	68.6	90,584
Genitourinary Agents	0.7	0.4	0.0	0.3	38	29	0	9	56	78	50	30	29,523	1,667,710	4,149	32.1	43,369
CNS Drugs	2.2	0.9	0.0	1.3	118	94	0	23	53	106	40	18	223,746	11,893,062	10,077	78.1	101,022
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.0	0.7	22	14	0	8	26	94	0	11	835	21,359	91	0.7	972
Miscellaneous Psychological/Neurological Agents	1.1	1.0	0.0	0.0	145	145	0	0	138	138	0	16	43,972	6,068,951	4,115	31.9	41,817
Analgesics and Anesthetics	1.2	0.2	0.1	1.0	41	15	9	17	34	90	117	17	92,838	3,159,780	7,635	59.1	76,735
Neuromuscular Agents	1.4	0.3	0.0	1.1	75	35	1	38	51	113	66	34	79,103	4,068,368	5,254	40.7	54,581
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	16	18	28	25	18	52,206	957,386	5,949	46.1	59,143
Hematological Agents	1.2	0.4	0.0	0.8	70	60	0	9	59	150	26	12	64,104	3,776,252	5,389	41.7	53,928
Topical Products	0.8	0.3	0.0	0.5	30	18	1	10	38	65	26	22	71,197	2,674,219	8,702	67.4	90,336
Miscellaneous Products	0.3	0.1	0.0	0.2	6	3	0	3	19	50	12	11	5,451	102,048	1,775	13.8	18,160
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	20	0	0	0	1,764	35,461	574	4.4	5,837
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.	1,218,304	54,645,051	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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 2005. 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.medispn.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, 2005

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	\$6,616,372	5,705	44.2	59,234	0.8	\$142	\$112
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,064,787	5,212	40.4	53,431	0.8	138	114
ANTIDEPRESSANTS	4,423,282	10,229	79.2	104,734	0.9	46	42
ANTICONVULSANT	2,945,226	4,927	38.2	51,903	1.1	51	57
ANTIDIABETIC	2,567,509	6,099	47.2	62,610	0.9	45	41
ULCER DRUGS	2,309,150	8,251	63.9	85,256	0.8	36	27
ANTIASTHMATIC	2,136,989	7,664	59.4	78,513	0.5	55	27
DERMATOLOGICAL	2,103,883	21,228	164.5	226,703	0.4	25	9
MISC. HEMATOLOGICAL	1,924,388	2,358	18.3	24,008	0.8	96	80
ANALGESICS - Narcotic	1,900,804	7,533	58.4	75,243	0.9	29	25
Total	32,992,390	79,206		821,635	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	573,841	\$32,992,390	5,705	44.2	59,234	0.8	\$112	5,212	40.4	53,431	0.8	\$114
Female												
All Females	424,488	24,023,472	4,107	42.8	42,986	0.8	108	3,999	41.6	41,648	0.8	113
Female, Disabled												
All Ages	59,975	3,801,934	586	57.6	6,633	0.8	133	245	24.1	2,744	0.8	223
64 or younger	27,629	1,941,316	262	57.5	2,961	0.8	127	83	18.2	948	0.9	427
65-74	19,725	1,129,538	184	60.3	2,086	0.9	133	67	22.0	741	0.8	122
75-84	8,239	474,521	96	59.3	1,088	0.8	135	57	35.2	626	0.8	99
85 and older	4,382	256,559	44	46.8	498	0.8	153	38	40.4	429	0.9	124
Female, Other Eligibles												
All Ages	364,491	20,220,252	3,520	41.0	36,341	0.8	103	3,754	43.7	38,904	0.8	105
64 or younger	21	637	1	100.0	3	0.7	11	0	0.0	0	0.0	0
65-74	48,762	2,819,209	435	52.8	4,518	0.9	143	285	34.6	2,927	0.9	108
75-84	144,382	8,199,353	1,404	46.0	14,967	0.8	106	1,472	48.2	15,299	0.8	104
85 and older	171,326	9,201,053	1,680	35.7	16,853	0.7	91	1,997	42.4	20,678	0.8	105
Male												
All Males	149,353	8,968,918	1,598	48.4	16,248	0.8	122	1,213	36.7	11,783	0.8	116
Male, Disabled												
All Ages	47,885	3,015,704	456	56.6	5,131	0.9	149	135	16.7	1,523	0.8	167
64 or younger	31,649	2,086,746	287	56.7	3,236	0.9	165	52	10.3	576	0.8	271
65-74	12,132	704,940	121	58.7	1,355	0.8	133	49	23.8	564	0.8	99
75-84	3,139	180,985	32	45.7	357	0.8	112	25	35.7	279	0.8	115
85 and older	965	43,033	16	66.7	183	0.5	62	9	37.5	104	0.7	100
Male, Other Eligibles												
All Ages	101,468	5,953,214	1,142	45.7	11,117	0.8	109	1,078	43.2	10,260	0.8	109
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	28,749	1,741,052	301	54.7	3,156	0.8	126	183	33.3	1,859	0.9	119
75-84	47,005	2,787,458	531	47.6	5,194	0.8	108	528	47.3	5,226	0.8	107
85 and older	25,714	1,424,704	310	37.3	2,767	0.8	93	367	44.2	3,175	0.8	106
Unknown	22	1,286	1	100.0	12	0.8	77	0	0.0	0	0.0	0

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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 2005. 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 2005 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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONSULSANT					ANTIDIABETIC				
	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	10,229	79.2	104,734	0.9	\$42	4,927	38.2	51,903	1.1	\$57	6,099	47.2	62,610	0.9	\$41
Female															
All Females	7,599	79.1	78,384	0.9	42	3,389	35.3	35,836	1.1	53	4,420	46.0	45,890	0.9	41
Female, Disabled															
All Ages	840	82.6	9,254	1.0	45	709	69.7	7,934	1.3	74	635	62.4	6,978	1.0	44
64 or younger	404	88.6	4,524	0.9	44	378	82.9	4,307	1.3	83	246	53.9	2,776	1.1	48
65-74	269	88.2	2,985	1.0	43	218	71.5	2,432	1.2	69	243	79.7	2,609	0.9	43
75-84	115	71.0	1,222	1.0	50	82	50.6	882	1.3	51	96	59.3	1,041	0.8	39
85 and older	52	55.3	523	1.1	46	31	33.0	313	1.0	39	50	53.2	552	0.9	36
Female, Other Eligibles															
All Ages	6,759	78.7	69,130	0.9	42	2,680	31.2	27,902	1.0	47	3,785	44.1	38,912	0.9	40
64 or younger	1	100.0	3	1.0	28	2	200.0	6	1.2	35	0	0.0	0	0.0	0
65-74	777	94.3	8,142	0.9	46	493	59.8	5,326	1.2	61	571	69.3	5,989	1.0	47
75-84	2,628	86.1	27,288	0.9	43	1,103	36.2	11,641	1.0	48	1,647	54.0	17,028	0.9	42
85 and older	3,353	71.2	33,697	0.9	40	1,082	23.0	10,929	1.0	38	1,567	33.3	15,895	0.8	36
Male															
All Males	2,630	79.6	26,350	0.9	42	1,538	46.6	16,067	1.2	66	1,679	50.8	16,720	0.9	41
Male, Disabled															
All Ages	687	85.2	7,563	1.0	45	580	72.0	6,504	1.3	84	427	53.0	4,692	1.0	47
64 or younger	434	85.8	4,836	1.0	48	419	82.8	4,718	1.4	93	254	50.2	2,813	1.0	50
65-74	186	90.3	2,036	0.9	41	134	65.0	1,479	1.2	62	135	65.5	1,485	1.0	47
75-84	54	77.1	570	0.9	43	20	28.6	231	0.9	53	34	48.6	354	0.7	26
85 and older	13	54.2	121	0.9	19	7	29.2	76	0.8	31	4	16.7	40	0.9	23
Male, Other Eligibles															
All Ages	1,943	77.8	18,787	0.9	41	958	38.4	9,563	1.0	54	1,252	50.1	12,028	0.9	39
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	506	92.0	5,170	0.9	43	323	58.7	3,457	1.1	66	370	67.3	3,885	0.9	43
75-84	898	80.5	8,807	0.9	40	441	39.5	4,342	1.0	49	599	53.7	5,731	0.9	38
85 and older	539	64.9	4,810	0.9	41	194	23.3	1,764	0.9	44	283	34.1	2,412	0.8	34
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 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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, 2005

Beneficiary Characteristics	ULCER DRUGS					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	8,251	63.9	85,256	0.8	\$27	7,664	59.4	78,513	0.5	\$27	21,228	164.5	226,703	0.4	\$9
Female															
All Females	6,109	63.6	63,503	0.8	26	5,468	56.9	56,500	0.5	26	15,668	163.1	168,002	0.4	9
Female, Disabled															
All Ages	775	76.2	8,526	0.8	29	638	62.7	6,788	0.5	27	1,845	181.4	20,684	0.4	10
64 or younger	345	75.7	3,869	0.7	32	224	49.1	2,523	0.5	26	869	190.6	9,981	0.4	12
65-74	253	83.0	2,770	0.8	26	250	82.0	2,658	0.6	32	594	194.8	6,479	0.4	10
75-84	109	67.3	1,172	0.7	25	106	65.4	1,025	0.4	19	228	140.7	2,556	0.5	9
85 and older	68	72.3	715	0.8	27	58	61.7	582	0.5	27	154	163.8	1,668	0.5	7
Female, Other Eligibles															
All Ages	5,334	62.1	54,977	0.8	26	4,829	56.2	49,700	0.5	26	13,820	160.9	147,282	0.4	9
64 or younger	1	100.0	3	0.3	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	561	68.1	5,994	0.8	28	555	67.4	5,912	0.6	41	1,410	171.1	15,375	0.4	10
75-84	1,939	63.6	20,181	0.7	26	1,814	59.5	18,981	0.5	28	4,980	163.2	53,678	0.4	9
85 and older	2,833	60.1	28,799	0.8	25	2,460	52.2	24,807	0.4	22	7,430	157.7	78,229	0.4	9
Male															
All Males	2,142	64.9	21,753	0.8	29	2,196	66.5	22,013	0.5	29	5,560	168.3	58,701	0.4	10
Male, Disabled															
All Ages	617	76.6	6,818	0.8	34	520	64.5	5,621	0.5	30	1,656	205.5	18,835	0.4	11
64 or younger	385	76.1	4,317	0.8	36	276	54.5	3,029	0.6	32	1,096	216.6	12,584	0.4	12
65-74	162	78.6	1,758	0.7	32	170	82.5	1,871	0.5	30	396	192.2	4,425	0.4	10
75-84	57	81.4	610	0.7	24	65	92.9	636	0.3	22	132	188.6	1,477	0.4	7
85 and older	13	54.2	133	0.9	32	9	37.5	85	0.6	33	32	133.3	349	0.8	9
Male, Other Eligibles															
All Ages	1,525	61.1	14,935	0.8	27	1,676	67.1	16,392	0.5	29	3,904	156.3	39,866	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	357	64.9	3,751	0.8	26	377	68.5	4,062	0.6	32	934	169.8	10,150	0.4	10
75-84	700	62.7	6,944	0.8	28	807	72.3	7,840	0.5	30	1,693	151.7	17,417	0.4	10
85 and older	468	56.3	4,240	0.8	27	492	59.2	4,490	0.5	25	1,277	153.7	12,299	0.3	9
Unknown	0	0.0	0	0.0	0	1	100.0	12	0.1	5	3	300.0	36	0.3	8

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - Narcotic						
	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	Benefit Months Among All-Year Nursing Facility Residents
All	2,358	18.3	24,008	0.8	\$80	7,533	58.4	75,243	0.9	\$25	12,908	125,104
Female												
All Females	1,680	17.5	17,364	0.8	81	5,797	60.4	58,506	0.9	26	9,604	93,931
Female, Disabled												
All Ages	179	17.6	1,909	0.8	78	657	64.6	7,012	1.0	31	1,017	10,912
64 or younger	58	12.7	656	0.9	84	314	68.9	3,486	0.9	31	456	5,075
65-74	72	23.6	764	0.7	69	214	70.2	2,256	1.1	35	305	3,266
75-84	32	19.8	310	0.8	81	83	51.2	833	1.2	28	162	1,632
85 and older	17	18.1	179	0.8	87	46	48.9	437	0.9	20	94	939
Female, Other Eligibles												
All Ages	1,501	17.5	15,455	0.8	81	5,140	59.9	51,494	0.9	26	8,587	83,019
64 or younger	0	0.0	0	0.0	0	2	200.0	6	1.3	47	1	3
65-74	162	19.7	1,727	0.9	89	575	69.8	5,858	1.1	29	824	8,293
75-84	575	18.8	6,027	0.8	79	1,931	63.3	19,770	0.9	29	3,051	30,046
85 and older	764	16.2	7,701	0.8	81	2,632	55.9	25,860	0.8	22	4,711	44,677
Male												
All Males	678	20.5	6,644	0.8	78	1,736	52.6	16,737	0.8	22	3,303	31,161
Male, Disabled												
All Ages	146	18.1	1,570	0.8	73	497	61.7	5,350	0.9	30	806	8,667
64 or younger	72	14.2	781	0.8	72	317	62.6	3,445	0.9	36	506	5,466
65-74	53	25.7	572	0.8	77	127	61.7	1,352	0.8	16	206	2,226
75-84	16	22.9	166	0.8	69	41	58.6	438	0.8	29	70	729
85 and older	5	20.8	51	0.7	73	12	50.0	115	1.1	16	24	246
Male, Other Eligibles												
All Ages	532	21.3	5,074	0.8	79	1,239	49.6	11,387	0.7	18	2,497	22,494
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	127	23.1	1,317	0.8	83	294	53.5	2,953	0.8	24	550	5,374
75-84	244	21.9	2,305	0.8	81	547	49.0	5,066	0.8	19	1,116	10,189
85 and older	161	19.4	1,452	0.8	73	398	47.9	3,368	0.6	11	831	6,931
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 2005 file for Kentucky, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 9,175 beneficiaries who were in nursing facilities for part of their enrollment and their 88,416 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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, 2005

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	72,937	73.2	14.2	1,419,007	\$176	\$17,507,346	\$12	5.8	99,594
Age									
5 and younger	9	90.0	7.6	76	175	1,753	23	3.0	10
6-14	9	69.2	6.4	83	81	1,058	13	1.3	13
15-20	128	51.0	4.7	1,190	68	17,039	14	2.6	251
21-44	10,772	59.9	6.0	108,511	119	2,137,340	20	4.6	17,982
45-64	16,942	71.8	11.4	269,814	168	3,957,930	15	4.8	23,590
65-74	17,889	73.5	13.1	319,099	170	4,126,613	13	5.4	24,343
75-84	15,461	78.9	19.1	375,188	202	3,969,408	11	6.6	19,606
85 and older	11,726	85.0	25.0	345,013	239	3,295,993	10	9.0	13,798
Unknown	1	100.0	33.0	33	212	212	6	9.6	1
Basis of Eligibility^c									
Aged	29,737	77.5	20.6	791,234	209	8,004,902	10	7.4	38,382
Disabled	42,718	70.8	10.3	624,422	157	9,446,151	15	4.9	60,340
Adults	472	55.3	3.8	3,259	64	54,547	17	3.9	853
Children	3	30.0	6.5	65	134	1,338	21	3.9	10
Unknown	7	77.8	3.0	27	45	408	15	1.3	9
Gender									
Female	48,956	78.6	16.3	1,014,220	200	12,453,419	12	6.2	62,298
Male	23,981	64.3	10.9	404,787	136	5,053,927	12	5.0	37,296
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	62,342	74.0	15.0	1,260,906	182	15,348,927	12	5.9	84,201
African American	4,480	66.6	12.7	85,426	144	968,045	11	5.4	6,724
Other/unknown	6,115	70.5	8.4	72,675	137	1,190,374	16	4.9	8,669
Use of Nursing Facilities^d									
Entire year	12,502	96.9	41.1	529,968	391	5,042,464	10	9.2	12,908
Part year	8,633	94.1	26.6	244,402	287	2,632,587	11	8.3	9,175
None	51,802	66.8	8.3	644,637	127	9,832,295	15	4.5	77,511
Maintenance Assistance Status									
Cash	46,047	70.7	9.3	603,394	135	8,794,459	15	4.6	65,143
Medically needy	2,200	52.4	11.8	49,562	126	530,106	11	8.1	4,196
Poverty related	1,859	47.6	4.0	15,797	59	231,552	15	4.2	3,905
Other/unknown	22,831	86.6	28.5	750,254	302	7,951,229	11	8.0	26,350

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 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 2005.

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, 2005

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	\$2	1,041,752
Age						
5 and younger	0.8	19	23	0	0	94
6-14	0.7	9	13	0	1	120
15-20	0.4	6	14	0	1	2,784
21-44	0.6	11	20	0	2	193,446
45-64	1.1	16	15	0	2	249,820
65-74	1.2	16	13	0	1	262,576
75-84	1.9	20	11	0	2	201,363
85 and older	2.6	25	10	0	2	131,537
Unknown	2.8	18	6	0	0	12
Basis of Eligibility^c						
Aged	2.1	21	10	0	2	376,276
Disabled	0.9	14	15	0	2	658,869
Adults	0.5	8	17	0	2	6,477
Children	1.0	21	21	0	0	63
Unknown	0.4	6	15	0	3	67
Gender						
Female	1.5	19	12	0	2	655,169
Male	1.0	13	12	0	2	386,583
Unknown	0.0	0	0	0	0	0
Race						
White	1.4	17	12	0	2	877,909
African American	1.2	14	11	0	1	69,440
Other/unknown	0.8	13	16	0	1	94,403
Use of Nursing Facilities^d						
Entire year	4.2	40	10	0	4	125,104
Part year	2.8	30	11	0	3	88,416
None	0.8	12	15	0	1	828,232
Maintenance Assistance Status						
Cash	0.8	12	15	0	2	723,513
Medically needy	2.1	23	11	0	2	23,410
Poverty related	0.4	6	15	0	1	37,833
Other/unknown	2.9	31	11	0	3	256,996

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 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 2005.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Number Rx.
All	136,695	\$128	\$17,507,346	100.0	1,419,007	\$12	100.0	1,419,007
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0
Fertility drugs	0	0	0	0.0	0	0	0.0	0
Drugs for cosmetic purposes	17	16	267	0.0	22	12	0.0	22
Cough and cold medications	19,925	46	924,718	5.3	48,153	19	3.4	48,153
Vitamins and minerals	24,601	114	2,814,046	16.1	176,779	16	12.5	176,779
Non-prescription drugs	60,320	163	9,837,554	56.2	944,969	10	66.6	944,969
Barbiturates	1,526	82	124,486	0.7	21,113	6	1.5	21,113
Benzodiazepines	25,651	75	1,920,419	11.0	207,466	9	14.6	207,466
Other Part D Excl Rx Drugs	4,655	405	1,885,856	10.8	20,505	92	1.4	20,505

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 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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 KENTUCKY, 2005

Total Number of Dual Eligible Beneficiaries: 99,594
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$303,045,090
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,042

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,801	10.8	\$0	0.0
1-500	15,103	15.2	3,210,272	1.1
501-1,000	9,450	9.5	7,038,149	2.3
1,001-1,500	8,198	8.2	10,203,855	3.4
1,501-2,000	7,261	7.3	12,679,152	4.2
2,001-2,500	6,366	6.4	14,279,771	4.7
2,501-3,000	5,571	5.6	15,304,799	5.1
3,001-3,500	4,962	5.0	16,102,255	5.3
3,501-4,000	4,454	4.5	16,677,875	5.5
4,001-4,500	3,973	4.0	16,854,304	5.6
4,501-5,000	3,318	3.3	15,733,989	5.2
5,001-5,500	2,970	3.0	15,568,932	5.1
5,501-6,000	2,485	2.5	14,276,466	4.7
6,001-6,500	2,090	2.1	13,048,139	4.3
6,501-7,000	1,822	1.8	12,286,595	4.1
7,001-7,500	1,534	1.5	11,101,449	3.7
7,501-8,000	1,386	1.4	10,735,322	3.5
8,001-8,500	1,062	1.1	8,751,199	2.9
8,501-9,000	951	1.0	8,308,498	2.7
9,001-9,500	815	0.8	7,536,340	2.5
9,501-10,000	662	0.7	6,447,488	2.1
10,001+	4,360	4.4	66,900,241	22.1

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. 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 2005.

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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 40,944
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$128,117,065
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,129

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	5,084	12.4	0	0.0
1-500	7,920	19.3	1,578,817	1.2
501-1,000	3,990	9.7	2,951,089	2.3
1,001-1,500	3,117	7.6	3,865,216	3.0
1,501-2,000	2,542	6.2	4,429,879	3.5
2,001-2,500	2,177	5.3	4,886,407	3.8
2,501-3,000	1,922	4.7	5,279,411	4.1
3,001-3,500	1,637	4.0	5,306,901	4.1
3,501-4,000	1,459	3.6	5,464,663	4.3
4,001-4,500	1,301	3.2	5,522,205	4.3
4,501-5,000	1,121	2.7	5,316,626	4.1
5,001-5,500	1,067	2.6	5,598,006	4.4
5,501-6,000	906	2.2	5,209,063	4.1
6,001-6,500	796	1.9	4,973,823	3.9
6,501-7,000	667	1.6	4,495,201	3.5
7,001-7,500	596	1.5	4,313,990	3.4
7,501-8,000	582	1.4	4,509,146	3.5
8,001-8,500	437	1.1	3,605,002	2.8
8,501-9,000	432	1.1	3,775,563	2.9
9,001-9,500	369	0.9	3,415,059	2.7
9,501-10,000	312	0.8	3,039,053	2.4
10,001+	2,510	6.1	40,581,945	31.7

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. 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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 57,747
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$173,308,925
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,001

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	5,550	9.6	0	0.0
1-500	6,901	12.0	1,574,096	0.9
501-1,000	5,363	9.3	4,013,229	2.3
1,001-1,500	5,012	8.7	6,252,320	3.6
1,501-2,000	4,671	8.1	8,167,168	4.7
2,001-2,500	4,150	7.2	9,307,428	5.4
2,501-3,000	3,619	6.3	9,942,371	5.7
3,001-3,500	3,301	5.7	10,717,826	6.2
3,501-4,000	2,977	5.2	11,146,170	6.4
4,001-4,500	2,656	4.6	11,263,966	6.5
4,501-5,000	2,189	3.8	10,379,496	6.0
5,001-5,500	1,891	3.3	9,907,732	5.7
5,501-6,000	1,562	2.7	8,970,296	5.2
6,001-6,500	1,287	2.2	8,030,598	4.6
6,501-7,000	1,141	2.0	7,697,170	4.4
7,001-7,500	931	1.6	6,736,882	3.9
7,501-8,000	796	1.4	6,164,618	3.6
8,001-8,500	622	1.1	5,121,311	3.0
8,501-9,000	512	0.9	4,471,786	2.6
9,001-9,500	445	0.8	4,111,991	2.4
9,501-10,000	347	0.6	3,379,582	2.0
10,001+	1,824	3.2	25,952,889	15.0

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. 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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 24,343
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$76,903,414
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,159

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	2,686	11.0		0	0.0
1-500	2,803	11.5		610,315	0.8
501-1,000	2,136	8.8		1,617,450	2.1
1,001-1,500	1,984	8.2		2,475,716	3.2
1,501-2,000	1,873	7.7		3,279,012	4.3
2,001-2,500	1,606	6.6		3,608,242	4.7
2,501-3,000	1,503	6.2		4,133,763	5.4
3,001-3,500	1,347	5.5		4,373,049	5.7
3,501-4,000	1,189	4.9		4,447,549	5.8
4,001-4,500	1,116	4.6		4,737,966	6.2
4,501-5,000	913	3.8		4,333,360	5.6
5,001-5,500	783	3.2		4,102,942	5.3
5,501-6,000	664	2.7		3,812,335	5.0
6,001-6,500	582	2.4		3,628,138	4.7
6,501-7,000	505	2.1		3,402,714	4.4
7,001-7,500	410	1.7		2,965,194	3.9
7,501-8,000	372	1.5		2,881,986	3.7
8,001-8,500	291	1.2		2,396,118	3.1
8,501-9,000	233	1.0		2,032,812	2.6
9,001-9,500	204	0.8		1,884,594	2.5
9,501-10,000	148	0.6		1,443,357	1.9
10,001+	995	4.1		14,736,802	19.2

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. 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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 19,606
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$59,920,757
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,056

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,817	9.3	0	0.0
1-500	2,232	11.4	511,906	0.9
501-1,000	1,698	8.7	1,262,997	2.1
1,001-1,500	1,619	8.3	2,018,216	3.4
1,501-2,000	1,574	8.0	2,749,081	4.6
2,001-2,500	1,480	7.5	3,317,419	5.5
2,501-3,000	1,277	6.5	3,503,897	5.8
3,001-3,500	1,134	5.8	3,682,157	6.1
3,501-4,000	1,069	5.5	4,000,032	6.7
4,001-4,500	922	4.7	3,910,485	6.5
4,501-5,000	776	4.0	3,680,945	6.1
5,001-5,500	721	3.7	3,773,922	6.3
5,501-6,000	543	2.8	3,119,378	5.2
6,001-6,500	428	2.2	2,672,526	4.5
6,501-7,000	421	2.1	2,843,641	4.7
7,001-7,500	340	1.7	2,463,331	4.1
7,501-8,000	248	1.3	1,923,324	3.2
8,001-8,500	215	1.1	1,768,065	3.0
8,501-9,000	196	1.0	1,713,839	2.9
9,001-9,500	159	0.8	1,469,643	2.5
9,501-10,000	146	0.7	1,421,844	2.4
10,001+	591	3.0	8,114,109	13.5

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. 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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,798
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$36,484,754
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,644

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,047	7.6	0	0.0
1-500	1,866	13.5	451,875	1.2
501-1,000	1,529	11.1	1,132,782	3.1
1,001-1,500	1,409	10.2	1,758,388	4.8
1,501-2,000	1,224	8.9	2,139,075	5.9
2,001-2,500	1,064	7.7	2,381,767	6.5
2,501-3,000	839	6.1	2,304,711	6.3
3,001-3,500	820	5.9	2,662,620	7.3
3,501-4,000	719	5.2	2,698,589	7.4
4,001-4,500	618	4.5	2,615,515	7.2
4,501-5,000	500	3.6	2,365,191	6.5
5,001-5,500	387	2.8	2,030,868	5.6
5,501-6,000	355	2.6	2,038,583	5.6
6,001-6,500	277	2.0	1,729,934	4.7
6,501-7,000	215	1.6	1,450,815	4.0
7,001-7,500	181	1.3	1,308,357	3.6
7,501-8,000	176	1.3	1,359,308	3.7
8,001-8,500	116	0.8	957,128	2.6
8,501-9,000	83	0.6	725,135	2.0
9,001-9,500	82	0.6	757,754	2.1
9,501-10,000	53	0.4	514,381	1.4
10,001+	238	1.7	3,101,978	8.5

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. 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 2005.

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	113,072	41,446	70,607	996	14	9	1,199,268	413,005	778,313	7,785	98	67
Age												
5 and younger	11	1	10	0	0	0	109	2	107	0	0	0
6-14	17	2	12	0	3	0	167	8	135	0	24	0
15-20	309	0	302	4	3	0	3,427	0	3,365	34	28	0
21-44	21,753	9	21,006	731	5	2	236,511	103	230,365	5,987	34	22
45-64	27,538	42	27,246	243	2	5	295,468	422	293,324	1,685	2	35
65-74	27,535	10,941	16,575	17	0	2	300,221	109,985	190,155	71	0	10
75-84	21,459	16,788	4,669	1	1	0	223,582	171,177	52,387	8	10	0
85 and older	14,449	13,662	787	0	0	0	139,771	131,296	8,475	0	0	0
Unknown	1	1	0	0	0	0	12	12	0	0	0	0
Gender												
Female	70,805	30,473	39,722	593	8	9	755,507	308,195	442,355	4,844	46	67
Male	42,267	10,973	30,885	403	6	0	443,761	104,810	335,958	2,941	52	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	92,545	34,925	56,707	896	10	7	976,405	344,446	624,929	6,919	58	53
African American	9,753	3,426	6,245	79	2	1	105,017	35,221	69,088	678	20	10
Other/unknown	10,774	3,095	7,655	21	2	1	117,846	33,338	84,296	188	20	4
Use of Nursing Facilities^c												
Entire year	12,918	11,091	1,827	0	0	0	125,324	105,690	19,634	0	0	0
Part year	9,326	7,243	2,068	15	0	0	91,937	69,483	22,286	168	0	0
None	90,828	23,112	66,712	981	14	9	982,007	237,832	736,393	7,617	98	67
Maintenance Assistance Status												
Cash	77,937	16,927	60,535	474	1	0	871,117	187,178	679,454	4,477	8	0
Medically needy	4,232	2,609	1,360	262	1	0	23,798	16,300	6,095	1,402	1	0
Poverty related	4,006	1,571	2,224	195	7	9	40,211	16,795	21,994	1,311	44	67
Other/unknown	26,897	20,339	6,488	65	5	0	264,142	192,732	70,770	595	45	0
Dual Status^d												
Full dual, all year	107,453	38,755	67,713	964	12	9	1,140,969	384,195	749,188	7,439	80	67
Full dual, part year	5,619	2,691	2,894	32	2	0	58,299	28,810	29,125	346	18	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	98,033	37,713	59,461	841	9	9	1,033,467	372,591	654,326	6,421	62	67
FFS part year, with Rx claims	1,017	432	578	6	1	0	11,200	4,640	6,490	60	10	0
FFS part year, no Rx claims	544	237	301	6	0	0	5,472	2,357	3,063	52	0	0
MC all year, with Rx claims	3,281	350	2,881	48	2	0	37,799	3,957	33,359	474	9	0
MC all year, no Rx claims	10,197	2,714	7,386	95	2	0	111,330	29,460	81,075	778	17	0

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 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 2005. 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, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	113,072	1,199,268	99,594	1,041,752	0	157,516
Fee-for-service (FFS) all year	98,033	1,033,467	98,033	1,033,467	0	0
FFS part year, with Rx claims	1,017	11,200	1,017	5,892	0	5,308
FFS part year, with no Rx claims	544	5,472	544	2,393	0	3,079
Managed care (MC) all year, with Rx claims	3,281	37,799	0	0	0	37,799
MC all year, with no Rx claims	10,197	111,330	0	0	0	111,330

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. 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.

Dual Eligible Beneficiaries