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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
KENTUCKY**

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KENTUCKY, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	871842 (A)	167475 (E)	704367 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	812445 (B)	110662 (F)	701783 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	645265 (C)	97214 (G)	548051 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	13627 (D)	12292 (H)	1335 (L)

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Kentucky in 2006 was \$454,535,840, of which \$4,544,105 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI.

In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
KENTUCKY, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>645,265</b>	<b>37,683</b>	<b>175,537</b>	<b>107,168</b>	<b>324,402</b>	<b>475</b>	<b>6,196,124</b>	<b>370,868</b>	<b>1,913,026</b>	<b>825,086</b>	<b>3,085,332</b>	<b>1,812</b>
<b>Age</b>												
5 and younger	132,716	1	4,483	60	128,172	0	1,199,913	12	48,732	280	1,150,889	0
6-14	150,954	0	14,332	43	136,579	0	1,542,849	0	162,590	175	1,380,084	0
15-20	80,714	0	10,679	10,886	59,149	0	747,173	0	117,091	78,786	551,296	0
21-44	144,336	17	54,301	89,257	483	278	1,287,090	159	593,126	690,061	2,904	840
45-64	78,635	70	71,451	6,900	18	196	819,314	600	761,934	55,665	147	968
65-74	24,505	9,250	15,233	20	1	1	264,715	91,776	172,806	117	12	4
75-84	19,111	14,816	4,294	1	0	0	197,733	149,351	48,381	1	0	0
85 and older	14,293	13,528	764	1	0	0	137,326	128,959	8,366	1	0	0
Unknown	1	1	0	0	0	0	11	11	0	0	0	0
<b>Gender</b>												
Female	371,678	27,399	93,295	90,911	159,598	475	3,526,616	273,430	1,026,745	700,561	1,524,068	1,812
Male	273,586	10,284	82,241	16,257	164,804	0	2,669,496	97,438	886,269	124,525	1,561,264	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
<b>Race</b>												
White	544,421	32,283	135,859	94,990	280,858	431	5,224,869	315,245	1,478,421	746,144	2,683,456	1,603
African American	51,104	2,967	9,845	8,469	29,794	29	478,262	29,541	102,416	65,137	281,035	133
Other/unknown	49,740	2,433	29,833	3,709	13,750	15	492,993	26,082	332,189	13,805	120,841	76
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,627	10,876	2,740	10	1	0	139,331	109,587	29,718	14	12	0
Part year	12,931	7,886	4,505	523	16	1	125,488	73,562	46,762	4,992	164	8
None	618,707	18,921	168,292	106,635	324,385	474	5,931,305	187,719	1,836,546	820,080	3,085,156	1,804
<b>Maintenance Assistance Status</b>												
Cash	319,314	13,357	162,123	53,040	90,794	0	3,311,146	146,892	1,796,875	456,846	910,533	0
Medically needy	22,979	2,766	3,894	11,011	5,308	0	163,995	18,734	16,833	77,066	51,362	0
Poverty-related	234,434	1,006	1,821	29,508	201,624	475	2,057,658	9,764	16,529	171,103	1,858,450	1,812
Other/unknown	68,538	20,554	7,699	13,609	26,676	0	663,325	195,478	82,789	120,071	264,987	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	92,783	34,007	57,952	808	7	9	988,537	338,489	643,725	6,222	49	52
Full dual, part year	4,431	2,059	2,342	30	0	0	42,902	20,802	21,824	276	0	0
Non-dual, all year	548,051	1,617	115,243	106,330	324,395	466	5,164,685	11,577	1,247,477	818,588	3,085,283	1,760
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	637,721	37,101	172,990	105,848	321,312	470	6,160,992	367,928	1,899,799	821,087	3,070,380	1,798
FFS part year, with Rx claims	3,631	330	1,275	470	1,553	3	21,662	1,886	7,779	2,487	9,500	10
FFS part year, no Rx claims	3,913	252	1,272	850	1,537	2	13,470	1,054	5,448	1,512	5,452	4

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

## All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
KENTUCKY, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>71.8</b>	<b>12.6</b>	<b>\$697</b>	<b>\$56</b>	<b>\$5,232</b>	<b>13.3</b>	<b>645,265</b>
<b>Age</b>							
5 and younger	72.5	5.8	293	51	2,329	12.6	132,716
6-14	74.2	7.3	491	67	2,370	20.7	150,954
15-20	74.7	8.1	499	62	3,742	13.3	80,714
21-44	76.0	15.9	854	54	5,615	15.2	144,336
45-64	74.4	37.4	2,103	56	10,597	19.8	78,635
65-74	47.1	6.6	225	34	7,888	2.9	24,505
75-84	44.8	4.9	81	17	14,148	0.6	19,111
85 and older	46.4	5.1	73	14	20,971	0.3	14,293
Unknown	0.0	0.0	0	0	30,322	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	44.6	5.3	94	18	16,961	0.6	37,683
Disabled	72.4	26.6	1,665	63	9,529	17.5	175,537
Adults	78.5	11.8	483	41	3,596	13.4	107,168
Children	72.5	6.0	312	52	2,074	15.0	324,402
Unknown	75.8	13.4	2,705	202	12,581	21.5	475
<b>Gender</b>							
Female	73.9	14.0	719	52	5,543	13.0	371,678
Male	69.0	10.6	668	63	4,809	13.9	273,586
Unknown	0.0	0.0	0	0	116	0.0	1
<b>Race</b>							
White	73.1	12.6	678	54	5,175	13.1	544,421
African American	61.5	7.2	425	59	5,118	8.3	51,104
Other/unknown	68.5	17.2	1,185	69	5,976	19.8	49,740
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	61.3	17.7	609	34	41,265	1.5	13,627
Part year	69.4	21.7	1,176	54	26,426	4.5	12,931
None	72.1	12.3	689	56	3,995	17.3	618,707
<b>Maintenance Assistance Status</b>							
Cash	73.9	18.4	1,073	58	5,484	19.6	319,314
Medically needy	62.2	11.1	567	51	6,123	9.3	22,979
Poverty related	71.1	5.6	277	49	2,090	13.3	234,434
Other/unknown	68.0	9.5	431	45	14,507	3.0	68,538

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 KENTUCKY, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 Medicaid FFS \$ <sup>d</sup>	Mean \$, All	Beneficiaries	Benefit Months
<b>All</b>	<b>1.3</b>	<b>\$73</b>	<b>13.3</b>	<b>28.2</b>	<b>49.2</b>	<b>9.0</b>	<b>8.8</b>	<b>3.7</b>	<b>1.1</b>	<b>\$545</b>	<b>645,265</b>	<b>6,196,124</b>
<b>Age</b>												
5 and younger	0.6	32	12.6	27.5	62.4	7.0	2.8	0.2	0.0	258	132,716	1,199,913
6-14	0.7	48	20.7	25.8	60.5	7.7	5.4	0.6	0.0	232	150,954	1,542,849
15-20	0.9	54	13.3	25.3	57.0	10.2	6.5	0.9	0.1	404	80,714	747,173
21-44	1.8	96	15.2	24.0	41.0	13.7	15.2	5.1	1.0	630	144,336	1,287,090
45-64	3.6	202	19.8	25.6	22.3	8.0	19.8	17.4	6.9	1,017	78,635	819,314
65-74	0.6	21	2.9	52.9	36.4	4.0	4.5	1.8	0.5	730	24,505	264,715
75-84	0.5	8	0.6	55.2	35.4	4.1	4.1	0.9	0.3	1,367	19,111	197,733
85 and older	0.5	8	0.3	53.6	35.5	4.7	5.0	1.0	0.2	2,183	14,293	137,326
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,757	1	11
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.5	10	0.6	55.4	33.7	4.5	5.0	1.1	0.3	1,723	37,683	370,868
Disabled	2.4	153	17.5	27.6	31.7	9.4	16.6	10.9	3.8	874	175,537	1,913,026
Adults	1.5	63	13.4	21.5	46.4	15.2	13.5	3.0	0.4	467	107,168	825,086
Children	0.6	33	15.0	27.5	61.5	7.2	3.5	0.3	0.0	218	324,402	3,085,332
Unknown	3.5	709	21.5	24.2	23.6	15.4	25.1	8.2	3.6	3,298	475	1,812
<b>Gender</b>												
Female	1.5	76	13.0	26.1	48.9	9.6	9.7	4.3	1.4	584	371,678	3,526,616
Male	1.1	69	13.9	31.0	49.8	8.0	7.7	2.8	0.7	493	273,586	2,669,496
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	10	1	12
<b>Race</b>												
White	1.3	71	13.1	26.9	50.1	9.3	9.0	3.6	1.1	539	544,421	5,224,869
African American	0.8	45	8.3	38.5	48.5	6.0	4.8	1.6	0.5	547	51,104	478,262
Other/unknown	1.7	120	19.8	31.5	40.3	8.6	11.6	6.0	2.0	603	49,740	492,993
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.7	60	1.5	38.7	35.0	7.2	10.9	4.2	4.0	4,036	13,627	139,331
Part year	2.2	121	4.5	30.6	37.1	8.2	11.9	7.4	4.9	2,723	12,931	125,488
None	1.3	72	17.3	27.9	49.8	9.0	8.7	3.6	1.0	417	618,707	5,931,305
<b>Maintenance Assistance Status</b>												
Cash	1.8	103	19.6	26.1	43.3	9.6	12.4	6.5	2.1	529	319,314	3,311,146
Medically needy	1.6	79	9.3	37.8	33.8	10.5	13.0	4.1	0.9	858	22,979	163,995
Poverty related	0.6	32	13.3	28.9	59.2	7.9	3.7	0.3	0.0	238	234,434	2,057,658
Other/unknown	1.0	45	3.0	32.0	48.1	9.2	8.6	1.7	0.5	1,499	68,538	663,325

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

## All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 KENTUCKY, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.3</b>	<b>\$73</b>	<b>\$56</b>	<b>0.4</b>	<b>\$52</b>	<b>\$136</b>	<b>0.0</b>	<b>\$3</b>	<b>\$83</b>	<b>0.9</b>	<b>\$18</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.6	32	51	0.2	23	123	0.0	1	40	0.4	8	19
6-14	0.7	48	67	0.3	38	124	0.0	1	50	0.4	9	23
15-20	0.9	54	62	0.3	40	144	0.0	2	80	0.6	12	21
21-44	1.8	96	54	0.4	66	150	0.0	4	107	1.3	26	20
45-64	3.6	202	56	1.1	145	136	0.1	8	114	2.5	49	20
65-74	0.6	21	34	0.1	13	114	0.0	1	86	0.5	7	14
75-84	0.5	8	17	0.0	4	81	0.0	0	46	0.4	4	10
85 and older	0.5	8	14	0.0	3	72	0.0	0	44	0.5	4	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.5	10	18	0.1	5	87	0.0	0	51	0.5	5	10
Disabled	2.4	153	63	0.7	113	153	0.0	5	105	1.6	34	21
Adults	1.5	63	41	0.3	39	111	0.0	3	107	1.2	21	18
Children	0.6	33	52	0.2	24	111	0.0	1	47	0.4	8	21
Unknown	3.5	709	202	0.8	623	791	0.1	28	285	2.6	56	22
<b>Gender</b>												
Female	1.5	76	52	0.4	53	130	0.0	3	88	1.0	20	19
Male	1.1	69	63	0.4	52	146	0.0	2	73	0.7	15	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.3	71	54	0.4	50	133	0.0	3	82	0.9	18	20
African American	0.8	45	59	0.2	34	141	0.0	2	78	0.5	10	20
Other/unknown	1.7	120	69	0.6	93	153	0.0	4	86	1.1	23	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.7	60	34	0.3	37	130	0.0	3	81	1.4	20	14
Part year	2.2	121	54	0.5	87	164	0.0	4	99	1.7	30	18
None	1.3	72	56	0.4	52	135	0.0	3	82	0.9	17	20
<b>Maintenance Assistance Status</b>												
Cash	1.8	103	58	0.5	75	144	0.0	4	94	1.2	25	20
Medically needy	1.6	79	51	0.4	54	135	0.0	4	102	1.1	22	19
Poverty related	0.6	32	49	0.2	22	107	0.0	1	57	0.4	8	20
Other/unknown	1.0	45	45	0.3	31	124	0.0	2	65	0.7	12	17

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.3 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.medi-span.com/master-drug-database.aspx>

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.

## All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 KENTUCKY, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$13	\$6	\$1	\$6	\$43	\$126	\$50	\$25	991,930	\$42,797,045	324,183	50.2	3,422,453
Biologicals	0.4	0.4	0.0	0.0	470	461	9	0	1271	1,272	3,018	35	7,313	9,294,627	2,030	0.3	19,767
Antineoplastic Agents	0.6	0.2	0.0	0.4	254	225	0	29	457	1,142	119	81	16,479	7,536,306	2,857	0.4	29,680
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	20	1	6	54	116	60	20	635,072	34,208,058	121,975	18.9	1,297,311
Cardiovascular Agents	1.3	0.4	0.0	0.8	50	37	2	11	40	85	90	14	1,082,278	42,958,749	79,791	12.4	864,909
Respiratory Agents	0.4	0.2	0.0	0.2	24	19	0	5	53	98	40	19	1,258,219	66,692,030	261,430	40.5	2,807,367
Gastrointestinal Agents	0.4	0.1	0.0	0.3	19	13	2	5	50	160	307	16	327,538	16,256,829	78,995	12.2	853,282
Genitourinary Agents	0.2	0.1	0.0	0.1	13	9	1	3	52	86	79	24	87,225	4,541,211	34,142	5.3	352,990
CNS Drugs	0.8	0.2	0.0	0.6	55	41	3	10	68	203	91	18	1,156,776	78,218,828	131,223	20.3	1,414,818
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	69	65	0	4	97	109	136	36	213,275	20,786,191	27,235	4.2	300,855
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	168	168	0	0	335	340	0	30	10,477	3,506,693	2,045	0.3	20,873
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	14	5	1	7	31	164	264	17	951,692	29,180,066	198,438	30.8	2,081,515
Neuromuscular Agents	0.7	0.2	0.0	0.5	49	35	0	14	70	175	77	28	641,439	44,913,284	85,086	13.2	923,623
Nutritional Products	0.4	0.1	0.0	0.3	9	4	0	5	22	36	17	18	145,637	3,217,242	36,465	5.7	356,738
Hematological Agents	0.6	0.2	0.0	0.4	76	69	0	6	132	336	25	18	160,716	21,235,558	26,470	4.1	280,760
Topical Products	0.2	0.1	0.0	0.1	12	9	0	3	54	111	57	20	392,116	21,193,706	169,773	26.3	1,830,855
Miscellaneous Products	0.4	0.2	0.0	0.3	87	72	1	14	204	452	179	54	14,448	2,950,054	3,156	0.5	34,048
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	53	0	0	0	9,606	505,258	5,193	0.8	57,757
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>8,102,236</b>	<b>449,991,735</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 0.3 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 KENTUCKY, 2006

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$49,601,958	34,995	5.4	389,072	0.6	\$230	\$127	
ANTIASTHMATIC	44,173,071	168,242	26.1	1,851,984	0.3	77	24	
ANTICONVULSANT	37,083,313	63,227	9.8	698,373	0.6	84	53	
ANTIDEPRESSANTS	23,433,512	106,120	16.4	1,152,374	0.4	46	20	
ANTIHYPERTENSIVE	22,621,626	40,800	6.3	459,803	0.5	90	49	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	20,782,631	31,785	4.9	354,538	0.6	97	59	
ANTIDIABETIC	19,225,238	41,989	6.5	464,436	0.6	71	41	
DERMATOLOGICAL	15,469,815	186,862	29.0	2,059,068	0.2	46	8	
ULCER DRUGS	15,314,704	109,566	17.0	1,205,900	0.4	33	13	
ANALGESICS - Narcotic	14,585,746	211,886	32.8	2,230,719	0.2	27	7	
Total	262,291,614	995,472	n.a.	10,866,267	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

All Medicaid Beneficiaries