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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	97,214	36,066	60,294	838	7	9	1,031,439	359,291	665,549	6,498	49	52
Age												
5 and younger	7	1	6	0	0	0	71	12	59	0	0	0
6-14	12	0	11	0	1	0	139	0	127	0	12	0
15-20	249	0	244	3	2	0	2,809	0	2,769	25	15	0
21-44	17,703	11	17,093	593	4	2	192,432	120	187,470	4,805	22	15
45-64	23,610	35	23,343	226	0	6	253,912	314	251,992	1,573	0	33
65-74	23,719	8,968	14,736	14	0	1	258,225	89,704	168,424	93	0	4
75-84	18,362	14,217	4,144	1	0	0	191,688	144,845	46,842	1	0	0
85 and older	13,551	12,833	717	1	0	0	132,152	124,285	7,866	1	0	0
Unknown	1	1	0	0	0	0	11	11	0	0	0	0
Gender												
Female	60,638	26,441	33,682	502	4	9	646,875	267,201	375,509	4,099	14	52
Male	36,576	9,625	26,612	336	3	0	384,564	92,090	290,040	2,399	35	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	81,918	30,961	50,163	779	7	8	866,100	306,026	553,957	6,019	49	49
African American	6,712	2,791	3,881	39	0	1	69,974	28,175	41,502	294	0	3
Other/unknown	8,584	2,314	6,250	20	0	0	95,365	25,090	70,090	185	0	0
Use of Nursing Facilities^c												
Entire year	12,292	10,456	1,836	0	0	0	125,586	105,373	20,213	0	0	0
Part year	9,561	7,630	1,922	9	0	0	91,134	71,208	19,822	104	0	0
None	75,361	17,980	56,536	829	7	9	814,719	182,710	625,514	6,394	49	52
Maintenance Assistance Status												
Cash	64,723	13,061	51,264	398	0	0	725,416	144,103	577,613	3,700	0	0
Medically needy	3,960	2,525	1,213	222	0	0	23,893	17,277	5,427	1,189	0	0
Poverty-related	2,946	986	1,785	161	5	9	27,025	9,593	16,264	1,090	26	52
Other/unknown	25,585	19,494	6,032	57	2	0	255,105	188,318	66,245	519	23	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	95,750	35,506	59,402	826	7	9	1,024,002	356,440	661,010	6,451	49	52
FFS part year, with Rx claims	580	319	260	1	0	0	3,444	1,838	1,603	3	0	0
FFS part year, no Rx claims	884	241	632	11	0	0	3,993	1,013	2,936	44	0	0

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 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 2006. 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, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	47.6		5.8	\$181	\$31	\$11,135	1.6	97,214
Age								
5 and younger	42.9		2.4	99	41	15,769	0.6	7
6-14	41.7		12.7	754	60	9,806	7.7	12
15-20	77.1		13.9	1,358	97	7,821	17.4	249
21-44	47.2		5.8	278	48	7,141	3.9	17,703
45-64	50.5		6.8	233	34	9,427	2.5	23,610
65-74	47.0		6.1	194	32	7,758	2.5	23,719
75-84	45.0		4.7	68	14	14,111	0.5	18,362
85 and older	47.0		5.1	68	13	21,262	0.3	13,551
Unknown	0.0		0.0	0	0	30,322	0.0	1
Basis of Eligibility^e								
Aged	44.8		5.0	79	16	17,038	0.5	36,066
Disabled	48.9		6.1	225	37	7,682	2.9	60,294
Adults	67.8		23.7	1,386	58	5,387	25.7	838
Children	42.9		3.9	187	49	11,167	1.7	7
Unknown	100.0		19.3	1,596	83	20,611	7.7	9
Gender								
Female	50.9		6.4	188	29	11,801	1.6	60,638
Male	42.0		4.9	168	34	10,029	1.7	36,576
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	48.7		6.1	186	31	11,677	1.6	81,918
African American	37.1		3.9	131	33	14,236	0.9	6,712
Other/unknown	45.5		4.8	164	35	3,536	4.6	8,584
Use of Nursing Facilities^f								
Entire year	58.8		9.9	145	15	39,013	0.4	12,292
Part year	61.0		7.6	164	22	22,485	0.7	9,561
None	44.1		5.0	189	38	5,147	3.7	75,361
Maintenance Assistance Status								
Cash	46.2		5.3	193	37	4,203	4.6	64,723
Medically needy	40.1		6.4	223	35	11,453	1.9	3,960
Poverty related	38.8		6.0	333	56	3,842	8.7	2,946
Other/unknown	53.3		7.2	125	17	29,460	0.4	25,585

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 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 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.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2006

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	0.6	\$17	1.6	52.4	37.3	4.3	4.3	1.4	0.3	\$1,049	97,214	1,031,439
Age												
5 and younger	0.2	10	0.6	57.1	42.9	0.0	0.0	0.0	0.0	1,555	7	71
6-14	1.1	65	7.7	58.3	16.7	0.0	16.7	8.3	0.0	847	12	139
15-20	1.2	120	17.4	22.9	47.4	12.9	13.7	3.2	0.0	693	249	2,809
21-44	0.5	26	3.9	52.8	37.1	4.5	3.9	1.4	0.2	657	17,703	192,432
45-64	0.6	22	2.5	49.5	39.4	4.4	4.3	1.8	0.5	877	23,610	253,912
65-74	0.6	18	2.5	53.0	37.0	3.9	4.3	1.5	0.3	713	23,719	258,225
75-84	0.4	7	0.5	55.0	35.8	4.1	4.0	0.8	0.2	1,352	18,362	191,688
85 and older	0.5	7	0.3	53.0	36.2	4.8	5.0	1.0	0.1	2,180	13,551	132,152
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,757	1	11
Basis of Eligibility^e												
Aged	0.5	8	0.5	55.2	34.3	4.5	4.9	1.0	0.2	1,710	36,066	359,291
Disabled	0.6	20	2.9	51.1	39.3	4.1	3.7	1.4	0.3	696	60,294	665,549
Adults	3.1	179	25.7	32.2	22.1	11.1	19.0	12.6	3.0	695	838	6,498
Children	0.6	27	1.7	57.1	28.6	0.0	14.3	0.0	0.0	1,595	7	49
Unknown	3.3	276	7.7	0.0	55.6	0.0	22.2	22.2	0.0	3,567	9	52
Gender												
Female	0.6	18	1.6	49.1	39.8	4.6	4.7	1.5	0.3	1,106	60,638	646,875
Male	0.5	16	1.7	58.0	33.1	3.8	3.7	1.1	0.2	954	36,576	384,564
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.6	18	1.6	51.3	37.8	4.5	4.6	1.4	0.3	1,104	81,918	866,100
African American	0.4	13	0.9	62.9	30.2	3.0	2.8	0.8	0.3	1,366	6,712	69,974
Other/unknown	0.4	15	4.6	54.5	38.5	3.3	2.4	1.1	0.2	318	8,584	95,365
Use of Nursing Facilities^f												
Entire year	1.0	14	0.4	41.2	37.2	7.7	10.9	2.4	0.5	3,819	12,292	125,586
Part year	0.8	17	0.7	39.0	44.6	7.4	7.1	1.5	0.5	2,359	9,561	91,134
None	0.5	17	3.7	55.9	36.4	3.4	2.9	1.2	0.2	476	75,361	814,719
Maintenance Assistance Status												
Cash	0.5	17	4.6	53.8	38.4	3.4	2.9	1.2	0.3	375	64,723	725,416
Medically needy	1.1	37	1.9	59.9	22.1	6.1	7.6	3.3	1.0	1,898	3,960	23,893
Poverty related	0.7	36	8.7	61.2	26.7	4.2	5.8	1.8	0.3	419	2,946	27,025
Other/unknown	0.7	13	0.4	46.7	38.2	6.3	7.1	1.5	0.3	2,955	25,585	255,105

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 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 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.

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, 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
All	0.6	\$17	\$31	0.1	\$10	\$123	0.0	\$1	\$76	0.5	\$6	\$13
Age												
5 and younger	0.2	10	41	0.0	4	135	0.0	0	0	0.2	6	28
6-14	1.1	65	60	0.4	51	128	0.0	0	13	0.7	14	21
15-20	1.2	120	97	0.4	99	266	0.0	3	55	0.8	19	23
21-44	0.5	26	48	0.1	17	161	0.0	1	89	0.4	8	18
45-64	0.6	22	34	0.1	13	123	0.0	1	82	0.5	8	15
65-74	0.6	18	32	0.1	11	110	0.0	1	85	0.5	6	14
75-84	0.4	7	14	0.0	3	72	0.0	0	41	0.4	4	9
85 and older	0.5	7	13	0.0	3	70	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
Basis of Eligibility^d												
Aged	0.5	8	16	0.0	3	80	0.0	0	47	0.5	4	9
Disabled	0.6	20	37	0.1	13	131	0.0	1	84	0.4	7	15
Adults	3.1	179	58	0.9	124	145	0.1	7	109	2.1	48	22
Children	0.6	27	49	0.1	16	263	0.0	0	0	0.5	11	22
Unknown	3.3	276	83	1.0	223	227	0.2	20	94	2.2	34	16
Gender												
Female	0.6	18	29	0.1	11	117	0.0	1	78	0.5	7	13
Male	0.5	16	34	0.1	10	136	0.0	1	72	0.4	5	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	18	31	0.1	11	124	0.0	1	78	0.5	6	13
African American	0.4	13	33	0.1	8	124	0.0	0	51	0.3	4	14
Other/unknown	0.4	15	35	0.1	9	116	0.0	1	71	0.3	5	15
Use of Nursing Facilities^e												
Entire year	1.0	14	15	0.1	6	84	0.0	1	44	0.9	8	9
Part year	0.8	17	22	0.1	9	102	0.0	1	67	0.7	7	11
None	0.5	17	38	0.1	11	131	0.0	1	84	0.4	6	16
Maintenance Assistance Status												
Cash	0.5	17	37	0.1	11	129	0.0	1	84	0.4	6	15
Medically needy	1.1	37	35	0.2	24	116	0.0	2	74	0.8	12	14
Poverty related	0.7	36	56	0.2	26	142	0.0	2	100	0.4	9	19
Other/unknown	0.7	13	17	0.1	6	97	0.0	0	52	0.7	6	10

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 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.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.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$10	\$0	\$5	\$61	\$170	\$90	\$26	13,865	\$850,447	5,177	5.3	54,553
Biologicals	0.2	0.1	0.0	0.1	236	143	92	2	1303	1,538	2,585	35	41	53,413	26	0.0	226
Antineoplastic Agents	0.3	0.1	0.0	0.2	74	55	0	18	239	788	13	77	972	232,245	323	0.3	3,155
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	24	19	0	5	49	107	54	16	23,734	1,169,714	4,660	4.8	48,838
Cardiovascular Agents	0.8	0.3	0.0	0.5	32	23	1	7	40	83	77	15	58,247	2,353,202	7,254	7.5	74,679
Respiratory Agents	0.3	0.1	0.0	0.2	10	7	0	3	38	96	36	17	51,535	1,952,030	16,850	17.3	191,352
Gastrointestinal Agents	0.3	0.1	0.0	0.3	17	11	1	4	50	170	305	16	12,493	627,434	3,657	3.8	37,946
Genitourinary Agents	0.3	0.1	0.0	0.1	16	12	1	3	61	84	79	26	3,219	195,522	1,195	1.2	12,540
CNS Drugs	0.8	0.1	0.0	0.7	16	8	1	7	20	140	86	10	213,348	4,298,175	25,269	26.0	276,523
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	35	28	3	5	97	132	142	37	504	48,961	127	0.1	1,389
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	52	52	0	0	158	159	0	18	2,380	376,428	788	0.8	7,189
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	15	5	2	8	35	153	236	20	32,222	1,138,406	7,199	7.4	75,911
Neuromuscular Agents	0.7	0.1	0.0	0.7	20	10	0	10	27	168	51	15	78,064	2,122,599	9,766	10.0	107,519
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	15	31	15	14	19,937	300,584	5,314	5.5	56,531
Hematological Agents	0.5	0.1	0.0	0.5	13	9	0	4	24	164	17	8	47,575	1,133,689	8,354	8.6	90,218
Topical Products	0.2	0.1	0.0	0.1	15	11	1	3	60	124	52	22	7,117	429,773	2,787	2.9	29,265
Miscellaneous Products	0.3	0.1	0.0	0.2	33	28	0	5	120	343	57	27	2,169	260,385	760	0.8	7,829
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	19	0	0	0	811	15,748	275	0.3	3,023
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.	568,233	17,558,755	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 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.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.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2006

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
ULCER DRUGS	\$2,768,670	18,590	19.1	207,379	0.5	\$29	\$13
ANTICONVULSANT	1,804,937	9,163	9.4	101,633	0.7	25	18
ANTIPSYCHOTICS	1,636,336	2,041	2.1	21,205	0.4	216	77
ANTIANSXIETY AGENTS	1,438,500	19,667	20.2	216,159	0.7	10	7
ANTIDIABETIC	1,198,255	5,789	6.0	62,135	0.3	59	19
ANTIHYPERLIPIDEMIC	1,181,909	3,781	3.9	40,622	0.3	88	29
ANALGESICS - NonNarcotic	1,131,395	37,199	38.3	405,524	0.5	5	3
ANTIASTHMATIC	1,066,853	4,461	4.6	47,783	0.3	77	22
COUGH/COLD/ALLERGY	1,060,610	29,213	30.1	334,268	0.2	18	3
HEMATOPOIETIC AGENTS	990,935	16,322	16.8	177,806	0.5	10	6
Total	14,278,400	146,226	n.a.	1,614,514	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 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 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; n.a. = not applicable.

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTICONVULSANT			
	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	740,226	\$14,278,400	18,590	19.1	207,379	0.5	\$13	9,163	9.4	101,633	0.7	\$18
Female												
All Females	513,184	9,421,272	12,548	20.7	140,413	0.5	13	5,935	9.8	66,019	0.7	17
Female, Disabled												
All Ages	236,446	6,026,759	7,285	21.6	84,254	0.4	13	4,437	13.2	50,507	0.6	18
5 and younger	7	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	38	2,952	1	16.7	11	0.4	3	0	0.0	0	0.0	0
15-20	532	38,232	21	21.4	246	0.3	6	23	23.5	264	0.5	46
21-44	37,217	1,359,663	1,235	16.1	14,209	0.3	11	1,466	19.2	16,541	0.6	24
45-64	95,455	2,419,935	2,962	22.4	34,026	0.4	13	1,904	14.4	21,608	0.7	15
65-74	76,424	1,890,102	2,370	25.8	27,730	0.4	13	869	9.5	10,180	0.6	15
75-84	22,146	269,865	591	20.2	6,817	0.5	13	156	5.3	1,710	0.7	9
85 and older	4,627	45,973	105	18.3	1,215	0.5	13	19	3.3	204	0.6	4
Female, Other Eligibles												
All Ages	276,736	3,394,502	5,263	19.5	56,159	0.5	14	1,498	5.6	15,512	0.9	16
5 and younger	20	284	1	100.0	12	0.7	18	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	27	695	0	0.0	0	0.0	0	1	33.3	9	0.4	6
21-44	3,517	256,138	137	32.9	1,441	0.4	16	157	37.7	1,676	0.6	51
45-64	1,716	117,249	40	36.7	407	0.5	16	51	46.8	505	0.7	48
65-74	42,136	621,018	932	17.0	10,274	0.5	13	362	6.6	3,721	0.9	14
75-84	106,953	1,172,682	1,998	19.5	21,462	0.5	14	543	5.3	5,655	1.0	8
85 and older	122,367	1,226,436	2,155	20.2	22,563	0.6	15	384	3.6	3,946	1.0	8
Male												
All Males	227,042	4,857,128	6,042	16.5	66,966	0.5	14	3,228	8.8	35,614	0.7	19
Male, Disabled												
All Ages	146,418	3,742,298	4,275	16.1	48,613	0.4	13	2,702	10.2	30,374	0.7	19
5 and younger	15	139	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	40	305	1	20.0	12	0.3	6	0	0.0	0	0.0	0
15-20	902	158,544	27	18.5	318	0.3	9	43	29.5	497	0.6	74
21-44	33,362	1,242,772	1,136	12.0	12,971	0.4	12	1,201	12.7	13,470	0.6	23
45-64	62,125	1,327,066	1,691	16.8	18,894	0.5	15	1,026	10.2	11,373	0.8	16
65-74	40,448	909,325	1,181	21.3	13,672	0.5	13	381	6.9	4,439	0.7	13
75-84	8,498	93,515	205	16.8	2,352	0.5	13	46	3.8	535	0.6	6
85 and older	1,028	10,632	34	23.8	394	0.5	11	5	3.5	60	0.8	7

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ULCER DRUGS				ANTICONVULSANT				
	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
Male, Other Eligibles												
All Ages	80,624	1,114,830	1,767	17.7	18,353	0.5	14	526	5.3	5,240	0.8	16
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	1	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,705	121,289	65	33.5	645	0.4	18	65	33.5	652	0.5	52
45-64	1,088	56,656	41	25.9	385	0.5	25	28	17.7	283	0.5	21
65-74	23,637	315,485	520	14.9	5,612	0.5	13	187	5.4	1,885	0.9	11
75-84	33,656	403,424	719	18.1	7,528	0.5	14	163	4.1	1,605	0.7	10
85 and older	20,537	217,966	422	19.6	4,183	0.5	14	83	3.9	815	0.8	9
Unknown	2	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIANKXIETY AGENTS					ANTIDIABETIC				
	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	2,041	2.1	21,205	0.4	\$77	19,667	20.2	216,159	0.7	\$7	5,789	6.0	62,135	0.3	\$19
Female															
All Females	1,221	2.0	12,785	0.3	69	13,894	22.9	153,213	0.7	7	3,907	6.4	42,556	0.3	19
Female, Disabled															
All Ages	766	2.3	8,492	0.4	78	7,566	22.5	86,743	0.5	6	2,393	7.1	26,962	0.4	23
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	16.7	11	0.1	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	14	14.3	168	0.4	68	13	13.3	146	0.3	6	5	5.1	60	0.3	25
21-44	326	4.3	3,618	0.4	84	1,643	21.5	18,686	0.4	4	314	4.1	3,544	0.4	25
45-64	258	1.9	2,772	0.4	77	3,272	24.7	37,374	0.5	6	954	7.2	10,370	0.4	25
65-74	160	1.7	1,850	0.4	70	1,971	21.5	22,911	0.5	6	988	10.8	11,484	0.4	23
75-84	7	0.2	73	0.5	29	572	19.6	6,549	0.6	6	118	4.0	1,345	0.3	16
85 and older	0	0.0	0	0.0	0	95	16.6	1,077	0.6	5	14	2.4	159	0.2	9
Female, Other Eligibles															
All Ages	455	1.7	4,293	0.3	51	6,328	23.5	66,470	0.9	8	1,514	5.6	15,594	0.3	11
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	1	33.3	9	1.3	59
21-44	60	14.4	663	0.5	120	129	31.0	1,315	0.3	5	37	8.9	377	0.4	22
45-64	20	18.3	187	0.6	139	42	38.5	442	0.5	7	32	29.4	335	0.6	48
65-74	92	1.7	920	0.3	53	1,089	19.8	11,743	0.8	8	357	6.5	3,769	0.3	13
75-84	148	1.4	1,323	0.2	26	2,437	23.8	25,891	0.9	8	619	6.0	6,397	0.2	10
85 and older	135	1.3	1,200	0.2	25	2,631	24.6	27,079	1.0	8	468	4.4	4,707	0.3	9
Male															
All Males	820	2.2	8,420	0.4	90	5,773	15.8	62,946	0.6	7	1,882	5.1	19,579	0.3	20
Male, Disabled															
All Ages	638	2.4	6,843	0.4	101	4,039	15.2	45,583	0.6	6	1,291	4.9	13,854	0.4	22
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	1	20.0	12	2.8	17	0	0.0	0	0.0	0
15-20	32	21.9	373	0.4	133	13	8.9	156	0.5	5	7	4.8	82	0.3	30
21-44	336	3.6	3,717	0.4	108	1,318	14.0	14,811	0.5	6	242	2.6	2,550	0.4	28
45-64	193	1.9	1,863	0.4	85	1,671	16.6	18,745	0.7	7	604	6.0	6,164	0.4	21
65-74	73	1.3	842	0.4	90	861	15.5	9,890	0.6	6	402	7.2	4,657	0.4	23
75-84	4	0.3	48	0.2	19	158	12.9	1,772	0.6	6	30	2.5	333	0.2	13
85 and older	0	0.0	0	0.0	0	17	11.9	197	0.7	7	6	4.2	68	0.2	7

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIANKXIETY AGENTS					ANTIDIABETIC				
	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
Male, Other Eligibles															
All Ages	182	1.8	1,577	0.3	45	1,734	17.4	17,363	0.8	8	591	5.9	5,725	0.3	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	20	10.3	191	0.3	74	53	27.3	526	0.4	5	45	23.2	483	0.5	40
45-64	6	3.8	62	0.4	92	25	15.8	231	0.4	5	29	18.4	285	0.5	31
65-74	47	1.3	446	0.3	52	521	14.9	5,437	0.8	8	190	5.4	1,922	0.3	12
75-84	64	1.6	532	0.3	36	712	18.0	7,166	0.9	8	229	5.8	2,147	0.3	11
85 and older	45	2.1	346	0.2	24	423	19.7	4,003	0.8	7	98	4.6	888	0.2	9
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 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - NonNarcotic					ANTIASTHMATIC				
	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	3,781	3.9	40,622	0.3	\$29	37,199	38.3	405,524	0.5	\$3	4,461	4.6	47,783	0.3	\$22
Female															
All Females	2,420	4.0	26,545	0.3	29	25,434	41.9	277,052	0.5	3	3,056	5.0	33,333	0.3	22
Female, Disabled															
All Ages	1,872	5.6	21,052	0.3	31	8,374	24.9	96,670	0.5	3	2,436	7.2	27,470	0.3	24
5 and younger	0	0.0	0	0.0	0	1	50.0	9	0.6	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	16.7	11	0.1	1	1	16.7	12	0.2	3
15-20	1	1.0	12	0.8	20	9	9.2	108	0.2	2	30	30.6	348	0.2	14
21-44	219	2.9	2,379	0.3	28	855	11.2	9,924	0.3	3	450	5.9	5,023	0.3	21
45-64	796	6.0	8,664	0.4	33	2,991	22.6	34,353	0.5	3	1,057	8.0	11,567	0.3	27
65-74	819	8.9	9,574	0.3	31	3,072	33.5	35,897	0.6	3	874	9.5	10,238	0.3	23
75-84	36	1.2	411	0.2	18	1,159	39.7	13,214	0.6	3	24	0.8	282	0.1	6
85 and older	1	0.2	12	0.1	6	286	49.8	3,154	0.6	3	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	548	2.0	5,493	0.3	20	17,059	63.3	180,371	0.5	3	620	2.3	5,863	0.2	16
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	56	13.5	586	0.4	33	49	11.8	520	0.3	4	112	26.9	1,161	0.3	24
45-64	40	36.7	424	0.5	50	23	21.1	249	0.5	4	36	33.0	393	0.4	27
65-74	180	3.3	1,874	0.2	19	2,227	40.6	24,351	0.5	3	154	2.8	1,550	0.3	19
75-84	162	1.6	1,529	0.2	14	6,381	62.2	68,379	0.5	3	166	1.6	1,473	0.2	12
85 and older	110	1.0	1,080	0.2	13	8,378	78.4	86,860	0.5	3	152	1.4	1,286	0.2	8
Male															
All Males	1,361	3.7	14,077	0.3	29	11,765	32.2	128,472	0.5	3	1,405	3.8	14,450	0.3	22
Male, Disabled															
All Ages	1,045	3.9	11,095	0.3	31	6,242	23.5	71,625	0.5	3	1,110	4.2	11,824	0.3	23
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	3	2.1	36	0.3	24	9	6.2	106	0.3	2	22	15.1	248	0.3	23
21-44	236	2.5	2,466	0.3	30	967	10.2	11,114	0.4	3	283	3.0	3,077	0.2	17
45-64	422	4.2	4,162	0.4	31	2,642	26.2	30,138	0.5	3	362	3.6	3,486	0.3	26
65-74	378	6.8	4,359	0.4	32	2,010	36.2	23,287	0.6	3	422	7.6	4,761	0.3	26
75-84	6	0.5	72	0.1	15	539	44.1	6,132	0.6	3	21	1.7	252	0.2	13
85 and older	0	0.0	0	0.0	0	75	52.4	848	0.5	3	0	0.0	0	0.0	0

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - NonNarcotic					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		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				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	316	3.2	2,982	0.3	23	5,523	55.4	56,847	0.5	3	295	3.0	2,626	0.3	18
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	1	50.0	11	0.1	1
21-44	52	26.8	519	0.5	43	21	10.8	213	0.3	2	48	24.7	486	0.3	30
45-64	35	22.2	335	0.5	44	15	9.5	138	0.8	5	34	21.5	319	0.4	29
65-74	102	2.9	1,004	0.2	15	1,493	42.7	15,908	0.5	3	81	2.3	739	0.3	21
75-84	95	2.4	896	0.2	13	2,371	59.8	24,519	0.5	3	83	2.1	693	0.2	10
85 and older	32	1.5	228	0.2	17	1,623	75.5	16,069	0.5	3	48	2.2	378	0.2	6
Unknown	0	0.0	0	0.0	0	1	100.0	11	0.2	1	0	0.0	0	0.0	0

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 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid 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, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY					HEMATOPOIETIC AGENTS						
	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 Beneficiaries	Number of Benefit Months
All	29,213	30.1	334,268	0.2	\$3	16,322	16.8	177,806	0.5	\$6	97,214	1,031,439
Female												
All Females	20,445	33.7	234,234	0.2	3	11,967	19.7	131,008	0.5	5	60,637	646,864
Female, Disabled												
All Ages	12,159	36.1	142,620	0.2	3	4,461	13.2	51,401	0.5	6	33,682	375,509
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.2	1	2	21
6-14	0	0.0	0	0.0	0	6	100.0	70	0.4	40	6	67
15-20	43	43.9	516	0.1	2	17	17.3	188	0.2	24	98	1,088
21-44	2,665	34.8	31,171	0.1	3	627	8.2	7,249	0.4	6	7,648	84,418
45-64	4,950	37.4	57,932	0.2	3	1,514	11.4	17,501	0.5	6	13,249	144,928
65-74	3,387	36.9	39,886	0.2	3	1,484	16.2	17,193	0.5	6	9,183	105,518
75-84	956	32.7	11,249	0.2	3	657	22.5	7,452	0.5	4	2,922	33,163
85 and older	158	27.5	1,866	0.2	3	155	27.0	1,736	0.6	4	574	6,306
Female, Other Eligibles												
All Ages	8,286	30.7	91,614	0.2	3	7,506	27.8	79,607	0.6	5	26,955	271,355
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.3	2	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	33.3	9	0.1	1	2	66.7	13	0.8	8	3	22
21-44	129	31.0	1,389	0.2	4	46	11.1	398	0.2	2	416	3,346
45-64	39	35.8	425	0.2	4	13	11.9	139	0.5	48	109	958
65-74	1,471	26.8	16,682	0.2	4	956	17.4	10,329	0.5	5	5,488	55,947
75-84	3,175	31.0	35,472	0.2	3	2,897	28.2	31,015	0.6	5	10,255	106,405
85 and older	3,471	32.5	37,637	0.2	3	3,590	33.6	37,689	0.6	5	10,683	104,665
Male												
All Males	8,768	24.0	100,034	0.2	3	4,355	11.9	46,798	0.6	7	36,576	384,564
Male, Disabled												
All Ages	6,280	23.6	73,219	0.2	3	2,093	7.9	23,525	0.5	9	26,612	290,040
5 and younger	0	0.0	0	0.0	0	3	75.0	36	0.4	4	4	38
6-14	2	40.0	24	0.1	1	1	20.0	12	0.1	1	5	60
15-20	44	30.1	515	0.1	5	12	8.2	144	0.4	395	146	1,681
21-44	1,807	19.1	21,057	0.1	2	295	3.1	3,395	0.5	4	9,445	103,052
45-64	2,484	24.6	28,838	0.2	3	881	8.7	9,726	0.6	7	10,094	107,064
65-74	1,569	28.3	18,425	0.2	3	652	11.7	7,435	0.5	7	5,553	62,906
75-84	350	28.6	4,083	0.2	4	221	18.1	2,463	0.5	4	1,222	13,679
85 and older	24	16.8	277	0.1	2	28	19.6	314	0.5	3	143	1,560

Dual Medicaid 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, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY					HEMATOPOIETIC AGENTS					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		
Male, Other Eligibles												
All Ages	2,488	25.0	26,815	0.2	4	2,262	22.7	23,273	0.6	5	9,964	94,524
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
21-44	39	20.1	430	0.1	2	17	8.8	163	0.4	5	194	1,616
45-64	30	19.0	310	0.1	2	5	3.2	60	0.4	2	158	962
65-74	755	21.6	8,363	0.2	4	587	16.8	6,332	0.5	4	3,495	33,854
75-84	1,013	25.6	11,019	0.2	4	937	23.6	9,665	0.6	6	3,963	38,441
85 and older	651	30.3	6,693	0.2	3	716	33.3	7,053	0.6	4	2,151	19,621
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11

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 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2006

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	\$14	1.0	12,292	125,586
Age				
0-64	23	1.6	1,001	11,081
65-74	25	1.3	1,864	19,926
75-84	12	0.9	4,101	41,943
85 and older	10	0.8	5,326	52,636
Unknown	0	0.0	0	0
Gender				
Female	13	0.9	9,202	94,406
Male	17	1.1	3,090	31,180
Unknown	0	0.0	0	0
Race				
White	14	1	11,129	113,335
African American	13	0.6	1,069	11,304
Other/unknown	24	1.2	94	947
Basis of Eligibility^c				
Aged	12	0.9	10,456	105,373
Disabled	25	1.5	1,836	20,213
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 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 Medicaid 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, 2006

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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	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	0.3	0.1	0.0	0.2	\$12	\$7	\$0	\$4	\$46	\$109	\$50	\$24	1,040	\$48,109	426	3.5	4,036
Biologicals	0.1	0.1	0.0	0.1	4	1	0	2	30	26	0	34	9	272	9	0.1	75
Antineoplastic Agents	0.3	0.0	0.0	0.3	26	3	0	22	90	265	0	82	186	16,786	74	0.6	657
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	13	9	1	3	37	76	66	14	1,703	62,753	517	4.2	4,886
Cardiovascular Agents	0.6	0.1	0.0	0.4	16	10	1	5	29	73	59	13	4,555	130,638	896	7.3	8,271
Respiratory Agents	0.3	0.0	0.0	0.2	6	3	0	3	23	67	24	15	4,429	101,285	1,503	12.2	16,265
Gastrointestinal Agents	0.3	0.1	0.0	0.2	9	5	0	4	31	106	56	15	1,532	47,172	535	4.4	5,091
Genitourinary Agents	0.3	0.1	0.0	0.1	13	10	1	2	53	73	77	24	494	26,075	210	1.7	1,969
CNS Drugs	1.4	0.1	0.0	1.4	15	4	0	10	10	73	51	7	69,475	708,777	4,667	38.0	48,863
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	5	1	0	4	19	56	0	17	16	304	6	0.0	57
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	37	37	0	0	116	117	0	17	1,003	116,508	348	2.8	3,124
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	9	3	1	4	23	77	96	12	1,864	42,015	502	4.1	4,737
Neuromuscular Agents	1.4	0.1	0.0	1.3	19	7	0	11	14	123	52	8	13,257	179,338	905	7.4	9,370
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	13	37	16	12	4,901	65,814	1,227	10.0	12,632
Hematological Agents	0.7	0.0	0.0	0.6	8	3	0	5	12	99	13	7	15,522	181,787	2,215	18.0	23,486
Topical Products	0.3	0.1	0.0	0.2	10	4	2	3	35	67	51	20	1,230	43,409	460	3.7	4,439
Miscellaneous Products	0.2	0.0	0.0	0.2	2	1	0	1	12	38	0	8	597	7,175	275	2.2	2,898
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	5	0	0	0	8	0	0	0	323	2,534	50	0.4	528
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.	122,136	1,780,751	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 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.
 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, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users				
	Total Medicaid Rx \$	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	
ULCER DRUGS	\$577,843	3,174	25.8	33,918	0.6	\$27	\$17	
LAXATIVES	517,746	11,682	95.0	126,953	0.5	8	4	
MULTIVITAMINS	491,125	8,729	71.0	93,231	0.8	7	5	
ANALGESICS - NonNarcotic	472,085	13,173	107.2	141,596	0.6	6	3	
ANTIANSXIETY AGENTS	420,634	3,866	31.5	40,653	1.3	8	10	
DERMATOLOGICAL	348,764	9,170	74.6	100,713	0.3	11	3	
HEMATOPOIETIC AGENTS	313,277	4,974	40.5	53,193	0.7	8	6	
MINERALS & ELECTROLYTES	295,717	5,283	43.0	56,143	0.7	8	5	
COUGH/COLD/ALLERGY	206,769	5,263	42.8	58,427	0.3	14	4	
ANTIHISTAMINES	158,814	3,195	26.0	35,358	0.4	10	4	
Total	3,802,774	68,509	n.a.	740,185	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				LAXATIVES			
	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	434,901	\$3,802,774	3,174	25.8	33,918	0.6	\$17	11,682	95.0	126,953	0.5	\$4
Female												
All Females	332,467	2,872,427	2,324	25.3	25,005	0.6	17	8,851	96.2	96,316	0.5	4
Female, Disabled												
All Ages	40,663	354,833	265	26.2	2,950	0.6	18	1,057	104.7	12,031	0.5	4
64 or younger	18,984	164,629	111	23.2	1,262	0.6	19	491	102.7	5,605	0.6	4
65-74	12,507	113,930	94	31.2	1,014	0.7	17	340	113.0	3,850	0.5	4
75-84	5,929	48,400	33	22.0	375	0.7	18	157	104.7	1,794	0.5	4
85 and older	3,243	27,874	27	33.3	299	0.6	16	69	85.2	782	0.6	4
Female, Other Eligibles												
All Ages	291,804	2,517,594	2,059	25.1	22,055	0.6	17	7,794	95.1	84,285	0.5	4
64 or younger	81	849	2	100.0	24	0.9	21	3	150.0	36	0.7	4
65-74	30,993	276,656	240	29.1	2,642	0.6	17	801	97.1	8,996	0.5	4
75-84	105,401	915,181	738	25.7	7,916	0.6	17	2,744	95.4	30,047	0.5	4
85 and older	155,329	1,324,908	1,079	24.0	11,473	0.6	17	4,246	94.6	45,206	0.5	4
Male												
All Males	102,434	930,347	850	27.5	8,913	0.6	17	2,831	91.6	30,637	0.6	4
Male, Disabled												
All Ages	31,829	295,149	236	28.6	2,614	0.7	18	853	103.3	9,740	0.6	5
64 or younger	20,832	194,658	148	28.5	1,649	0.7	18	583	112.1	6,632	0.6	5
65-74	8,115	77,037	67	30.2	735	0.6	19	190	85.6	2,199	0.6	5
75-84	2,135	17,423	14	22.6	146	0.7	15	61	98.4	686	0.6	5
85 and older	747	6,031	7	31.8	84	0.4	9	19	86.4	223	0.5	4
Male, Other Eligibles												
All Ages	70,605	635,198	614	27.1	6,299	0.6	17	1,978	87.4	20,897	0.5	4
64 or younger	17	89	0	0.0	0	0.0	0	2	200.0	24	0.1	1
65-74	17,407	156,369	131	25.4	1,450	0.6	16	475	92.1	5,253	0.5	4
75-84	31,529	289,372	293	28.9	2,971	0.6	17	872	86.1	9,298	0.5	4
85 and older	21,652	189,368	190	25.9	1,878	0.7	18	629	85.7	6,322	0.5	4
Unknown	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 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.
 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 2006. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	MULTIVITAMINS					ANALGESICS - NonNarcotic					ANTIANSIETY AGENTS				
	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	8,729	71.0	93,231	0.8	\$5	13,173	107.2	141,596	0.6	\$3	3,866	31.5	40,653	1.3	\$10
Female															
All Females	6,605	71.8	70,741	0.8	5	9,900	107.6	106,762	0.6	3	2,943	32.0	31,075	1.3	10
Female, Disabled															
All Ages	713	70.6	8,078	0.8	5	1,080	106.9	12,280	0.6	3	371	36.7	4,084	1.4	11
64 or younger	315	65.9	3,568	0.8	6	473	99.0	5,417	0.5	3	183	38.3	2,031	1.4	11
65-74	209	69.4	2,396	0.8	5	347	115.3	3,922	0.6	3	113	37.5	1,242	1.3	12
75-84	128	85.3	1,471	0.7	5	167	111.3	1,929	0.6	4	51	34.0	568	1.4	10
85 and older	61	75.3	643	0.8	6	93	114.8	1,012	0.6	4	24	29.6	243	1.5	10
Female, Other Eligibles															
All Ages	5,892	71.9	62,663	0.8	5	8,820	107.7	94,482	0.6	3	2,572	31.4	26,991	1.3	10
64 or younger	1	50.0	12	0.9	5	2	100.0	24	0.7	4	0	0.0	0	0.0	0
65-74	523	63.4	5,756	0.8	5	886	107.4	9,898	0.6	3	306	37.1	3,330	1.4	12
75-84	1,989	69.2	21,444	0.8	5	3,142	109.2	33,913	0.6	3	952	33.1	10,017	1.4	11
85 and older	3,379	75.3	35,451	0.8	5	4,790	106.7	50,647	0.6	3	1,314	29.3	13,644	1.2	9
Male															
All Males	2,124	68.7	22,490	0.8	5	3,273	105.9	34,834	0.6	3	923	29.9	9,578	1.2	10
Male, Disabled															
All Ages	595	72.0	6,702	0.8	5	860	104.1	9,702	0.6	3	260	31.5	2,909	1.4	11
64 or younger	370	71.2	4,170	0.8	6	519	99.8	5,906	0.5	3	187	36.0	2,117	1.4	12
65-74	158	71.2	1,788	0.7	5	243	109.5	2,731	0.6	3	54	24.3	580	1.6	11
75-84	46	74.2	503	0.7	5	72	116.1	765	0.7	4	13	21.0	140	1.2	10
85 and older	21	95.5	241	0.6	4	26	118.2	300	0.6	4	6	27.3	72	0.8	8
Male, Other Eligibles															
All Ages	1,529	67.5	15,788	0.8	5	2,413	106.6	25,132	0.6	3	663	29.3	6,669	1.1	10
64 or younger	0	0.0	0	0.0	0	1	100.0	12	1.0	5	0	0.0	0	0.0	0
65-74	341	66.1	3,704	0.8	5	571	110.7	6,167	0.6	3	164	31.8	1,768	1.2	11
75-84	673	66.4	7,047	0.8	5	1,064	105.0	11,152	0.6	3	303	29.9	3,054	1.2	11
85 and older	515	70.2	5,037	0.8	5	777	105.9	7,801	0.6	4	196	26.7	1,847	0.9	7
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 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.
 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 2006. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	DERMATOLOGICAL					HEMATOPOIETIC AGENTS					MINERALS & ELECTROLYTES				
	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	9,170	74.6	100,713	0.3	\$4	4,974	40.5	53,193	0.7	\$6	5,283	43.0	56,143	0.7	\$5
Female															
All Females	6,769	73.6	74,622	0.3	4	3,742	40.7	40,281	0.7	6	4,315	46.9	46,038	0.7	5
Female, Disabled															
All Ages	816	80.8	9,393	0.3	3	405	40.1	4,525	0.7	6	526	52.1	5,962	0.7	5
64 or younger	379	79.3	4,341	0.3	3	162	33.9	1,864	0.8	6	239	50.0	2,719	0.7	6
65-74	254	84.4	2,963	0.3	3	134	44.5	1,471	0.7	6	179	59.5	2,039	0.7	5
75-84	111	74.0	1,263	0.3	3	72	48.0	788	0.7	4	72	48.0	817	0.7	5
85 and older	72	88.9	826	0.3	3	37	45.7	402	0.8	5	36	44.4	387	0.7	5
Female, Other Eligibles															
All Ages	5,953	72.7	65,229	0.3	4	3,337	40.7	35,756	0.7	6	3,789	46.3	40,076	0.7	5
64 or younger	1	50.0	12	0.1	1	2	100.0	24	0.3	2	0	0.0	0	0.0	0
65-74	613	74.3	6,979	0.3	4	293	35.5	3,265	0.7	6	356	43.2	3,943	0.7	5
75-84	2,063	71.7	22,721	0.4	4	1,216	42.3	13,086	0.7	6	1,324	46.0	14,162	0.7	5
85 and older	3,276	73.0	35,517	0.3	4	1,826	40.7	19,381	0.7	6	2,109	47.0	21,971	0.7	5
Male															
All Males	2,401	77.7	26,091	0.3	3	1,232	39.9	12,912	0.7	7	968	31.3	10,105	0.6	5
Male, Disabled															
All Ages	715	86.6	8,208	0.3	3	304	36.8	3,375	0.8	8	309	37.4	3,455	0.6	5
64 or younger	454	87.3	5,218	0.3	3	193	37.1	2,161	0.8	8	192	36.9	2,164	0.6	5
65-74	190	85.6	2,212	0.3	4	81	36.5	891	0.7	8	91	41.0	1,012	0.6	5
75-84	53	85.5	580	0.3	3	24	38.7	260	0.7	5	19	30.6	195	0.5	4
85 and older	18	81.8	198	0.4	3	6	27.3	63	0.8	5	7	31.8	84	0.7	5
Male, Other Eligibles															
All Ages	1,686	74.5	17,883	0.3	3	928	41.0	9,537	0.7	6	659	29.1	6,650	0.6	5
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	376	72.9	4,252	0.3	3	203	39.3	2,194	0.7	6	149	28.9	1,596	0.6	6
75-84	737	72.8	7,790	0.3	3	385	38.0	4,012	0.7	7	288	28.4	2,944	0.6	5
85 and older	573	78.1	5,841	0.3	3	340	46.3	3,331	0.7	5	222	30.2	2,110	0.6	5
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 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.
 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 2006. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIHISTAMINES					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	5,263	42.8	58,427	0.3	\$4	3,195	26.0	35,358	0.4	\$5	12,292	125,586
Female												
All Females	4,016	43.6	44,831	0.2	3	2,431	26.4	26,972	0.4	4	9,202	94,406
Female, Disabled												
All Ages	464	45.9	5,328	0.3	4	347	34.4	3,963	0.4	4	1,010	11,139
64 or younger	215	45.0	2,486	0.3	4	184	38.5	2,094	0.4	4	478	5,286
65-74	154	51.2	1,744	0.3	4	106	35.2	1,214	0.4	5	301	3,314
75-84	64	42.7	736	0.2	2	37	24.7	415	0.4	4	150	1,687
85 and older	31	38.3	362	0.3	5	20	24.7	240	0.5	6	81	852
Female, Other Eligibles												
All Ages	3,552	43.4	39,503	0.2	3	2,084	25.4	23,009	0.4	4	8,192	83,267
64 or younger	0	0.0	0	0.0	0	1	50.0	12	0.1	1	2	24
65-74	403	48.8	4,636	0.3	4	257	31.2	2,986	0.4	4	825	8,829
75-84	1,245	43.3	13,861	0.3	4	816	28.4	9,064	0.4	4	2,876	29,644
85 and older	1,904	42.4	21,006	0.2	3	1,010	22.5	10,947	0.4	5	4,489	44,770
Male												
All Males	1,247	40.4	13,596	0.3	4	764	24.7	8,386	0.4	5	3,090	31,180
Male, Disabled												
All Ages	323	39.1	3,690	0.3	5	217	26.3	2,496	0.4	5	826	9,074
64 or younger	200	38.5	2,302	0.3	5	141	27.1	1,624	0.5	5	520	5,759
65-74	91	41.0	1,039	0.3	3	56	25.2	642	0.4	5	222	2,420
75-84	29	46.8	313	0.2	3	13	21.0	147	0.5	6	62	653
85 and older	3	13.6	36	0.2	5	7	31.8	83	0.3	3	22	242
Male, Other Eligibles												
All Ages	924	40.8	9,906	0.3	4	547	24.2	5,890	0.4	5	2,264	22,106
64 or younger	0	0.0	0	0.0	0	1	100.0	12	0.3	1	1	12
65-74	216	41.9	2,389	0.3	5	120	23.3	1,333	0.5	5	516	5,363
75-84	396	39.1	4,315	0.3	4	254	25.1	2,738	0.5	5	1,013	9,959
85 and older	312	42.5	3,202	0.2	3	172	23.4	1,807	0.4	4	734	6,772
Unknown	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 2006 file for Kentucky, released by CMS in 7/2009. This table was produced on 02/12/2010.
 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 2006. A total of 9,561 beneficiaries who were in nursing facilities for part of their enrollment and their 91,134 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

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	62,814	64.6	12.0	1,166,377	\$115	\$11,175,023	\$10	63.6	97,214
Age									
5 and younger	4	57.1	11.6	81	141	987	12	142.8	7
6-14	6	50.0	9.0	108	187	2,238	21	24.7	12
15-20	124	49.8	3.6	892	66	16,528	19	4.9	249
21-44	8,953	50.6	4.9	85,933	60	1,057,310	12	21.5	17,703
45-64	14,725	62.4	9.3	220,004	100	2,367,715	11	43.0	23,610
65-74	15,154	63.9	10.6	251,071	106	2,502,363	10	54.3	23,719
75-84	13,060	71.1	16.6	304,963	146	2,680,253	9	215.9	18,362
85 and older	10,787	79.6	22.4	303,322	188	2,547,610	8	276.2	13,551
Unknown	1	100.0	3.0	3	19	19	6	0.0	1
Basis of Eligibility^c									
Aged	25,520	70.8	18.5	666,498	159	5,746,543	9	202.4	36,066
Disabled	36,851	61.1	8.2	496,383	89	5,372,625	11	39.7	60,294
Adults	436	52.0	4.1	3,455	66	55,400	16	4.8	838
Children	1	14.3	1.4	10	15	105	11	8.0	7
Unknown	6	66.7	3.4	31	39	350	11	2.4	9
Gender									
Female	42,058	69.4	13.6	823,909	129	7,813,502	9	68.4	60,638
Male	20,756	56.7	9.4	342,468	92	3,361,521	10	54.8	36,576
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	53,933	65.8	12.7	1,040,788	121	9,922,076	10	65.0	81,918
African American	3,848	57.3	10.8	72,352	94	633,388	9	71.8	6,712
Other/unknown	5,033	58.6	6.2	53,237	72	619,559	12	44.0	8,584
Use of Nursing Facilities^d									
Entire year	11,865	96.5	38.6	474,994	323	3,964,646	8	222.6	12,292
Part year	8,785	91.9	22.7	217,479	190	1,820,664	8	116.4	9,561
None	42,164	55.9	6.3	473,904	72	5,389,713	11	37.9	75,361
Maintenance Assistance Status									
Cash	38,626	59.7	7.0	455,000	78	5,016,532	11	40.1	64,723
Medically needy	1,980	50.0	12.4	49,010	109	430,347	9	48.7	3,960
Poverty related	1,095	37.2	2.9	8,426	32	95,410	11	9.7	2,946
Other/unknown	21,113	82.5	25.6	653,941	220	5,632,734	9	176.6	25,585

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 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 2006.

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, 2006

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	1.1	\$11	\$10	\$0	\$2	1,031,439
Age						
5 and younger	1.1	14	12	0	0	71
6-14	0.8	16	21	0	1	139
15-20	0.3	6	19	0	1	2,809
21-44	0.4	5	12	0	2	192,432
45-64	0.9	9	11	0	2	253,912
65-74	1.0	10	10	0	2	258,225
75-84	1.6	14	9	0	2	191,688
85 and older	2.3	19	8	0	2	132,152
Unknown	0.3	2	6	0	0	11
Basis of Eligibility^c						
Aged	1.9	16	9	0	2	359,291
Disabled	0.7	8	11	0	2	665,549
Adults	0.5	9	16	0	2	6,498
Children	0.2	2	11	0	0	49
Unknown	0.6	7	11	0	4	52
Gender						
Female	1.3	12	9	0	2	646,875
Male	0.9	9	10	0	2	384,564
Unknown	0.0	0	0	0	0	0
Race						
White	1.2	11	10	0	2	866,100
African American	1.0	9	9	0	1	69,974
Other/unknown	0.6	6	12	0	2	95,365
Use of Nursing Facilities^d						
Entire year	3.8	32	8	0	4	125,586
Part year	2.4	20	8	0	3	91,134
None	0.6	7	11	0	2	814,719
Maintenance Assistance Status						
Cash	0.6	7	11	0	2	725,416
Medically needy	2.1	18	9	0	3	23,893
Poverty related	0.3	4	11	0	1	27,025
Other/unknown	2.6	22	9	0	3	255,105

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 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 2006.

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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx				
All	97,907	\$114	\$11,175,023	100.0	1,166,377	\$10	100.0	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0	
Drugs for cosmetic purposes	1	21	21	0.0	2	11	0.0	0.0	
Cough and cold medications	12,788	42	539,043	4.8	28,424	19	2.4	2.4	
Vitamins and minerals	4,933	47	233,370	2.1	18,182	13	1.6	1.6	
Non-prescription drugs	51,976	155	8,071,919	72.2	873,260	9	74.9	74.9	
Barbiturates	1,326	67	88,941	0.8	15,969	6	1.4	1.4	
Benzodiazepines	25,199	83	2,101,645	18.8	225,272	9	19.3	19.3	
Other Part D Excl Rx Drugs	1,684	83	140,084	1.3	5,268	27	0.5	0.5	

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 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 KENTUCKY, 2006

Total Number of Dual Eligible Beneficiaries: 97,214
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$17,558,755
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$180

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	50,956	52.4	\$0	0.0
1-500	40,415	41.6	3,829,538	21.8
501-1,000	2,270	2.3	1,610,641	9.2
1,001-1,500	1,019	1.0	1,242,863	7.1
1,501-2,000	591	0.6	1,023,264	5.8
2,001-2,500	383	0.4	855,382	4.9
2,501-3,000	295	0.3	811,191	4.6
3,001-3,500	210	0.2	682,147	3.9
3,501-4,000	159	0.2	592,242	3.4
4,001-4,500	153	0.2	649,613	3.7
4,501-5,000	104	0.1	495,026	2.8
5,001-5,500	99	0.1	521,504	3.0
5,501-6,000	107	0.1	615,683	3.5
6,001-6,500	63	0.1	391,867	2.2
6,501-7,000	63	0.1	424,856	2.4
7,001-7,500	44	0.0	317,651	1.8
7,501-8,000	35	0.0	270,630	1.5
8,001-8,500	41	0.0	338,191	1.9
8,501-9,000	30	0.0	262,016	1.5
9,001-9,500	20	0.0	184,771	1.1
9,501-10,000	19	0.0	184,896	1.1
10,001+	138	0.1	2,254,783	12.8

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 KENTUCKY, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 40,697
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$9,604,899
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$236

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	20,812	51.1	\$0	0.0	
1-500	16,827	41.3	1,645,358	17.1	
501-1,000	1,080	2.7	771,722	8.0	
1,001-1,500	523	1.3	640,338	6.7	
1,501-2,000	302	0.7	522,243	5.4	
2,001-2,500	209	0.5	468,348	4.9	
2,501-3,000	161	0.4	445,072	4.6	
3,001-3,500	123	0.3	400,893	4.2	
3,501-4,000	101	0.2	376,567	3.9	
4,001-4,500	93	0.2	393,951	4.1	
4,501-5,000	49	0.1	233,371	2.4	
5,001-5,500	63	0.2	331,766	3.5	
5,501-6,000	66	0.2	379,960	4.0	
6,001-6,500	39	0.1	242,270	2.5	
6,501-7,000	35	0.1	236,352	2.5	
7,001-7,500	27	0.1	194,620	2.0	
7,501-8,000	17	0.0	131,991	1.4	
8,001-8,500	27	0.1	223,379	2.3	
8,501-9,000	20	0.0	174,878	1.8	
9,001-9,500	15	0.0	138,562	1.4	
9,501-10,000	13	0.0	126,446	1.3	
10,001+	95	0.2	1,526,812	15.9	

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. 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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 KENTUCKY, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 55,632
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$6,772,860
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$121

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	29,855	53.7	\$0	0.0
1-500	23,330	41.9	2,144,707	31.7
501-1,000	1,116	2.0	784,480	11.6
1,001-1,500	453	0.8	551,563	8.1
1,501-2,000	253	0.5	438,307	6.5
2,001-2,500	142	0.3	315,426	4.7
2,501-3,000	110	0.2	300,414	4.4
3,001-3,500	70	0.1	227,132	3.4
3,501-4,000	44	0.1	163,158	2.4
4,001-4,500	47	0.1	201,083	3.0
4,501-5,000	45	0.1	213,298	3.1
5,001-5,500	26	0.0	136,855	2.0
5,501-6,000	30	0.1	172,631	2.5
6,001-6,500	14	0.0	86,731	1.3
6,501-7,000	20	0.0	135,177	2.0
7,001-7,500	11	0.0	79,267	1.2
7,501-8,000	15	0.0	115,795	1.7
8,001-8,500	11	0.0	90,428	1.3
8,501-9,000	4	0.0	34,490	0.5
9,001-9,500	3	0.0	27,701	0.4
9,501-10,000	4	0.0	38,948	0.6
10,001+	29	0.1	515,269	7.6

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 KENTUCKY, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 23,719
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$4,608,831
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$194

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,579	53.0	\$0	0.0
1-500	9,519	40.1	889,463	19.3
501-1,000	599	2.5	428,094	9.3
1,001-1,500	283	1.2	345,467	7.5
1,501-2,000	191	0.8	331,414	7.2
2,001-2,500	115	0.5	256,338	5.6
2,501-3,000	87	0.4	238,159	5.2
3,001-3,500	62	0.3	201,269	4.4
3,501-4,000	41	0.2	152,152	3.3
4,001-4,500	41	0.2	175,650	3.8
4,501-5,000	43	0.2	203,608	4.4
5,001-5,500	23	0.1	121,351	2.6
5,501-6,000	27	0.1	155,650	3.4
6,001-6,500	13	0.1	80,641	1.7
6,501-7,000	20	0.1	135,177	2.9
7,001-7,500	10	0.0	71,767	1.6
7,501-8,000	15	0.1	115,795	2.5
8,001-8,500	11	0.0	90,428	2.0
8,501-9,000	4	0.0	34,490	0.7
9,001-9,500	3	0.0	27,701	0.6
9,501-10,000	4	0.0	38,948	0.8
10,001+	29	0.1	515,269	11.2

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 KENTUCKY, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 18,362
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,241,515
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$67

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,097	55.0	\$0	0.0
1-500	7,794	42.4	707,703	57.0
501-1,000	291	1.6	197,051	15.9
1,001-1,500	93	0.5	112,555	9.1
1,501-2,000	37	0.2	63,728	5.1
2,001-2,500	20	0.1	43,450	3.5
2,501-3,000	10	0.1	27,134	2.2
3,001-3,500	5	0.0	16,155	1.3
3,501-4,000	2	0.0	7,170	0.6
4,001-4,500	5	0.0	20,969	1.7
4,501-5,000	2	0.0	9,690	0.8
5,001-5,500	1	0.0	5,339	0.4
5,501-6,000	3	0.0	16,981	1.4
6,001-6,500	1	0.0	6,090	0.5
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,500	0.6
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 KENTUCKY, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,551
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$922,514
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$68

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,179	53.0	\$0	0.0
1-500	6,017	44.4	547,541	59.4
501-1,000	226	1.7	159,335	17.3
1,001-1,500	77	0.6	93,541	10.1
1,501-2,000	25	0.2	43,165	4.7
2,001-2,500	7	0.1	15,638	1.7
2,501-3,000	13	0.1	35,121	3.8
3,001-3,500	3	0.0	9,708	1.1
3,501-4,000	1	0.0	3,836	0.4
4,001-4,500	1	0.0	4,464	0.5
4,501-5,000	0	0.0	0	0.0
5,001-5,500	2	0.0	10,165	1.1
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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. 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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

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	110,662	38,965	70,712	967	9	9	1,188,582	393,996	786,776	7,690	68	52
Age												
5 and younger	7	1	6	0	0	0	81	12	69	0	0	0
6-14	16	0	14	0	2	0	189	0	165	0	24	0
15-20	298	0	292	4	2	0	3,406	0	3,356	35	15	0
21-44	21,471	11	20,762	691	5	2	235,255	120	229,390	5,701	29	15
45-64	27,649	37	27,351	255	0	6	300,828	330	298,611	1,854	0	33
65-74	26,871	10,048	16,807	15	0	1	295,301	102,192	193,007	98	0	4
75-84	20,149	15,459	4,689	1	0	0	213,194	159,814	53,379	1	0	0
85 and older	14,200	13,408	791	1	0	0	140,317	131,517	8,799	1	0	0
Unknown	1	1	0	0	0	0	11	11	0	0	0	0
Gender												
Female	69,088	28,554	39,917	602	6	9	746,756	293,002	448,656	5,013	33	52
Male	41,574	10,411	30,795	365	3	0	441,826	100,994	338,120	2,677	35	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	90,243	32,690	56,672	865	8	8	963,923	327,234	629,732	6,852	56	49
African American	9,818	3,309	6,430	78	0	1	106,464	34,358	71,483	620	0	3
Other/unknown	10,601	2,966	7,610	24	1	0	118,195	32,404	85,561	218	12	0
Use of Nursing Facilities^c												
Entire year	12,304	10,463	1,841	0	0	0	125,755	105,485	20,270	0	0	0
Part year	9,669	7,676	1,983	10	0	0	94,405	73,176	21,113	116	0	0
None	88,689	20,826	66,888	957	9	9	968,422	215,335	745,393	7,574	68	52
Maintenance Assistance Status												
Cash	77,589	15,768	61,356	465	0	0	873,865	175,555	693,986	4,324	0	0
Medically needy	4,001	2,539	1,219	243	0	0	24,326	17,424	5,474	1,428	0	0
Poverty related	2,995	991	1,788	200	7	9	28,598	9,909	17,184	1,408	45	52
Other/unknown	26,077	19,667	6,349	59	2	0	261,793	191,108	70,132	530	23	0
Dual Status^d												
Full dual, all year	106,211	36,896	68,360	937	9	9	1,143,448	372,453	763,507	7,368	68	52
Full dual, part year	4,451	2,069	2,352	30	0	0	45,134	21,543	23,269	322	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	95,750	35,506	59,402	826	7	9	1,024,002	356,440	661,010	6,451	49	52
FFS part year, with Rx claims	580	319	260	1	0	0	6,304	3,355	2,937	12	0	0
FFS part year, no Rx claims	884	241	632	11	0	0	9,031	2,342	6,576	113	0	0
MC all year, with Rx claims	11	7	4	0	0	0	113	71	42	0	0	0
MC all year, no Rx claims	13,437	2,892	10,414	129	2	0	149,132	31,788	116,211	1,114	19	0

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 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 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	110,662	1,188,582	97,214	1,031,439	0	157,143
Fee-for-service (FFS) all year	95,750	1,024,002	95,750	1,024,002	0	0
FFS part year, with Rx claims	580	6,304	580	3,444	0	2,860
FFS part year, with no Rx claims	884	9,031	884	3,993	0	5,038
Managed care (MC) all year, with Rx claims	11	113	0	0	0	113
MC all year, with no Rx claims	13,437	149,132	0	0	0	149,132

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. 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 Medicaid Beneficiaries