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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
KENTUCKY**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
KENTUCKY, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	879337 (A)	170404 (E)	708933 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	816743 (B)	110041 (F)	706702 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	650797 (C)	96779 (G)	554018 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	13895 (D)	12584 (H)	1311 (L)

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Kentucky in 2007 was \$491,810,293, of which \$4,149,680 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
KENTUCKY, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	650,797	36,667	178,193	107,184	328,259	494	6,231,235	359,514	1,924,672	819,507	3,125,707	1,835
Age												
5 and younger	134,055	2	4,687	20	129,346	0	1,225,164	15	49,950	99	1,175,100	0
6-14	152,577	0	14,758	20	137,799	0	1,546,191	0	167,300	97	1,378,794	0
15-20	82,405	0	11,093	10,835	60,472	5	766,428	0	120,486	78,640	567,292	10
21-44	144,221	5	53,936	89,373	599	308	1,274,441	54	583,736	685,548	4,210	893
45-64	80,603	81	73,379	6,921	43	179	830,094	702	773,078	55,080	311	923
65-74	24,349	9,183	15,150	14	0	2	262,727	90,933	171,744	41	0	9
75-84	18,668	14,229	4,438	1	0	0	193,363	143,072	50,289	2	0	0
85 and older	13,919	13,167	752	0	0	0	132,827	124,738	8,089	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	374,535	26,577	94,418	91,179	161,867	494	3,541,216	263,838	1,030,877	698,414	1,546,252	1,835
Male	276,261	10,090	83,774	16,005	166,392	0	2,690,007	95,676	893,783	121,093	1,579,455	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Race												
White	545,934	31,563	136,743	95,220	281,950	458	5,223,637	307,136	1,474,563	740,679	2,699,597	1,662
African American	51,947	2,832	10,264	8,533	30,291	27	477,534	28,043	104,041	64,071	281,257	122
Other/unknown	52,916	2,272	31,186	3,431	16,018	9	530,064	24,335	346,068	14,757	144,853	51
Use of Nursing Facilities^c												
Entire year	13,895	11,147	2,730	16	2	0	142,086	112,237	29,810	25	14	0
Part year	12,306	7,418	4,381	486	19	2	118,611	68,398	45,408	4,612	173	20
None	624,596	18,102	171,082	106,682	328,238	492	5,970,538	178,879	1,849,454	814,870	3,125,520	1,815
Maintenance Assistance Status												
Cash	321,248	12,622	164,569	52,702	91,355	0	3,308,470	138,516	1,806,348	449,466	914,140	0
Medically needy	22,903	3,049	3,838	11,352	4,664	0	163,851	21,966	16,803	79,880	45,202	0
Poverty-related	236,815	1,269	2,192	27,392	205,468	494	2,095,402	12,455	20,058	163,301	1,897,753	1,835
Other/unknown	69,831	19,727	7,594	15,738	26,772	0	663,512	186,577	81,463	126,860	268,612	0
Dual Medicare Status^d												
Full dual, all year	91,639	32,738	58,216	659	19	7	974,502	324,044	645,240	4,989	189	40
Full dual, part year	5,140	2,408	2,696	34	2	0	50,614	24,627	25,633	330	24	0
Non-dual, all year	554,018	1,521	117,281	106,491	328,238	487	5,206,119	10,843	1,253,799	814,188	3,125,494	1,795
Managed Care (MC) Status												
Fee-for-service (FFS) all year	639,616	36,123	175,150	104,955	322,899	489	6,190,440	356,739	1,910,310	814,145	3,107,426	1,820
FFS part year, with Rx claims	3,581	264	1,430	430	1,452	5	21,148	1,558	8,601	2,152	8,822	15
FFS part year, no Rx claims	7,600	280	1,613	1,799	3,908	0	19,647	1,217	5,761	3,210	9,459	0

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
KENTUCKY, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	72.2	12.9	\$749	\$58	\$5,458	13.7	650,797
Age							
5 and younger	73.3	5.6	306	54	2,497	12.3	134,055
6-14	74.4	7.5	541	73	2,553	21.2	152,577
15-20	75.0	8.4	548	65	4,077	13.4	82,405
21-44	76.0	16.3	916	56	5,836	15.7	144,221
45-64	74.0	38.3	2,214	58	10,729	20.6	80,603
65-74	48.3	7.1	241	34	8,208	2.9	24,349
75-84	46.2	5.1	79	16	14,692	0.5	18,668
85 and older	48.2	5.3	71	13	22,358	0.3	13,919
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	45.7	5.4	90	17	17,879	0.5	36,667
Disabled	72.5	27.3	1,773	65	9,749	18.2	178,193
Adults	78.3	12.2	525	43	3,872	13.5	107,184
Children	73.0	6.1	340	56	2,251	15.1	328,259
Unknown	79.4	10.4	1,484	143	11,367	13.1	494
Gender							
Female	74.2	14.3	773	54	5,767	13.4	374,535
Male	69.5	10.9	717	66	5,039	14.2	276,261
Unknown	0.0	0.0	0	0	50	0.0	1
Race							
White	73.5	13.0	729	56	5,387	13.5	545,934
African American	60.9	7.3	451	62	5,260	8.6	51,947
Other/unknown	70.1	17.2	1,257	73	6,384	19.7	52,916
Use of Nursing Facilities^f							
Entire year	62.3	17.7	629	36	42,047	1.5	13,895
Part year	70.7	21.6	1,174	54	26,905	4.4	12,306
None	72.5	12.6	744	59	4,222	17.6	624,596
Maintenance Assistance Status							
Cash	74.4	19.0	1,158	61	5,789	20.0	321,248
Medically needy	61.8	11.4	571	50	7,095	8.0	22,903
Poverty related	71.3	5.7	295	52	2,358	12.5	236,815
Other/unknown	69.0	9.6	467	49	13,912	3.4	69,831

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

All Medicaid Beneficiaries

TABLE 4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
KENTUCKY, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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
			None	None								
All	1.3	\$78	13.7	27.8	49.5	8.9	8.8	3.8	1.2	\$570	650,797	6,231,235
Age												
5 and younger	0.6	34	12.3	26.7	63.9	6.6	2.6	0.2	0.0	273	134,055	1,225,164
6-14	0.7	53	21.2	25.6	60.5	7.7	5.6	0.6	0.0	252	152,577	1,546,191
15-20	0.9	59	13.4	25.0	56.9	10.3	6.7	1.0	0.1	438	82,405	766,428
21-44	1.8	104	15.7	24.0	40.4	13.7	15.5	5.4	1.1	661	144,221	1,274,441
45-64	3.7	215	20.6	26.0	22.3	7.9	18.9	17.4	7.5	1,042	80,603	830,094
65-74	0.7	22	2.9	51.7	37.4	4.1	4.3	1.9	0.6	761	24,349	262,727
75-84	0.5	8	0.5	53.8	36.7	4.6	4.0	0.9	0.2	1,418	18,668	193,363
85 and older	0.6	8	0.3	51.8	36.9	5.1	5.0	0.9	0.2	2,343	13,919	132,827
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.6	9	0.5	54.3	34.6	4.9	4.9	1.1	0.2	1,824	36,667	359,514
Disabled	2.5	164	18.2	27.5	31.9	9.3	16.2	11.0	4.2	903	178,193	1,924,672
Adults	1.6	69	13.5	21.7	45.4	15.1	14.1	3.3	0.4	506	107,184	819,507
Children	0.6	36	15.1	27.0	62.1	7.1	3.6	0.3	0.0	236	328,259	3,125,707
Unknown	2.8	399	13.1	20.6	26.1	18.0	24.3	9.1	1.8	3,060	494	1,835
Gender												
Female	1.5	82	13.4	25.8	48.9	9.6	9.7	4.4	1.5	610	374,535	3,541,216
Male	1.1	74	14.2	30.5	50.3	8.0	7.6	2.9	0.8	518	276,261	2,690,007
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	4	1	12
Race												
White	1.4	76	13.5	26.5	50.3	9.2	9.0	3.8	1.2	563	545,934	5,223,637
African American	0.8	49	8.6	39.1	48.0	6.1	4.7	1.6	0.5	572	51,947	477,534
Other/unknown	1.7	126	19.7	29.9	42.3	8.7	11.3	5.7	2.0	637	52,916	530,064
Use of Nursing Facilities^f												
Entire year	1.7	62	1.5	37.7	36.6	7.7	10.1	4.0	3.8	4,112	13,895	142,086
Part year	2.2	122	4.4	29.3	37.7	8.6	11.9	7.8	4.7	2,791	12,306	118,611
None	1.3	78	17.6	27.5	50.0	8.9	8.7	3.7	1.1	442	624,596	5,970,538
Maintenance Assistance Status												
Cash	1.8	113	20.0	25.6	43.4	9.6	12.4	6.7	2.3	562	321,248	3,308,470
Medically needy	1.6	80	8.0	38.2	33.3	10.1	13.1	4.5	0.8	992	22,903	163,851
Poverty related	0.6	33	12.5	28.7	59.6	7.6	3.7	0.3	0.0	267	236,815	2,095,402
Other/unknown	1.0	49	3.4	31.0	48.5	9.6	8.7	1.7	0.5	1,464	69,831	663,512

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

term-care services, were included.

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

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

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

All Medicaid Beneficiaries

TABLE 5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
KENTUCKY, 2007

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	1.3	\$78	\$58	0.4	\$56	\$148	0.0	\$4	\$101	0.9	\$18	\$20
Age												
5 and younger	0.6	34	54	0.2	22	138	0.0	3	70	0.4	9	22
6-14	0.7	53	73	0.3	41	132	0.0	3	94	0.4	10	25
15-20	0.9	59	65	0.3	44	154	0.0	2	103	0.6	13	21
21-44	1.8	104	56	0.4	73	166	0.0	4	120	1.4	27	19
45-64	3.7	215	58	1.1	156	147	0.1	9	117	2.6	49	19
65-74	0.7	22	34	0.1	14	123	0.0	1	90	0.5	7	13
75-84	0.5	8	16	0.0	3	84	0.0	0	47	0.4	4	9
85 and older	0.6	8	13	0.0	3	77	0.0	0	42	0.5	5	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.6	9	17	0.0	4	95	0.0	0	48	0.5	5	10
Disabled	2.5	164	65	0.7	123	165	0.1	7	118	1.7	35	20
Adults	1.6	69	43	0.3	44	127	0.0	2	104	1.2	22	18
Children	0.6	36	56	0.2	24	118	0.0	2	81	0.4	9	23
Unknown	2.8	399	143	0.5	335	642	0.1	26	335	2.2	38	17
Gender												
Female	1.5	82	54	0.4	57	142	0.0	4	103	1.1	21	19
Male	1.1	74	66	0.3	55	157	0.0	3	98	0.7	16	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.4	76	56	0.4	54	144	0.0	4	101	0.9	19	20
African American	0.8	49	62	0.2	37	155	0.0	2	90	0.5	11	20
Other/unknown	1.7	126	73	0.6	97	168	0.0	5	104	1.1	23	21
Use of Nursing Facilities^e												
Entire year	1.7	62	36	0.3	39	147	0.0	3	101	1.4	20	14
Part year	2.2	122	54	0.5	88	177	0.0	4	114	1.7	29	17
None	1.3	78	59	0.4	56	147	0.0	4	100	0.9	18	20
Maintenance Assistance Status												
Cash	1.8	113	61	0.5	82	157	0.0	5	109	1.3	25	20
Medically needy	1.6	80	50	0.4	54	144	0.0	3	95	1.2	22	19
Poverty related	0.6	33	52	0.2	22	114	0.0	2	84	0.4	9	21
Other/unknown	1.0	49	49	0.2	34	138	0.0	2	89	0.7	13	17

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

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

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

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

All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
KENTUCKY, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.0	0.0	0.2	\$13	\$5	\$2	\$6	\$45	\$167	\$98	\$26	997,119	\$44,373,585	328,537	50.5	3,476,202
Biologicals	0.5	0.5	0.0	0.0	691	691	0	0	1529	1,529	0	0	7,208	11,020,450	1,718	0.3	15,945
Antineoplastic Agents	0.5	0.2	0.0	0.4	239	214	1	24	437	1,164	811	66	15,751	6,882,865	2,769	0.4	28,836
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	29	23	0	6	59	126	44	19	656,785	38,444,844	124,857	19.2	1,331,115
Cardiovascular Agents	1.3	0.4	0.0	0.8	49	35	3	11	39	96	67	13	1,122,823	43,606,037	81,964	12.6	890,743
Respiratory Agents	0.4	0.2	0.0	0.2	27	21	1	4	60	95	76	21	1,260,354	75,338,163	260,304	40.0	2,807,968
Gastrointestinal Agents	0.4	0.1	0.0	0.3	19	12	2	6	51	190	197	19	320,383	16,263,478	77,347	11.9	834,745
Genitourinary Agents	0.3	0.1	0.0	0.1	14	10	0	4	56	95	78	26	90,187	5,072,760	34,373	5.3	356,816
CNS Drugs	0.8	0.2	0.0	0.7	56	44	0	12	67	242	80	18	1,205,398	80,508,158	133,188	20.5	1,436,742
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	77	73	0	4	106	121	54	34	228,890	24,344,429	28,601	4.4	316,458
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	214	214	0	0	399	405	0	38	10,518	4,198,028	1,881	0.3	19,601
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	14	5	1	8	30	212	321	17	972,679	29,380,394	197,828	30.4	2,081,399
Neuromuscular Agents	0.7	0.2	0.0	0.5	58	42	3	13	78	183	175	27	711,767	55,843,063	88,761	13.6	964,360
Nutritional Products	0.4	0.1	0.0	0.3	9	4	0	5	22	39	21	16	147,922	3,273,267	36,186	5.6	357,350
Hematological Agents	0.6	0.2	0.0	0.4	71	66	0	4	123	295	26	13	172,387	21,136,264	28,434	4.4	299,777
Topical Products	0.2	0.1	0.0	0.1	13	9	0	3	58	120	76	23	411,775	23,764,485	175,679	27.0	1,896,424
Miscellaneous Products	0.4	0.1	0.0	0.3	76	65	1	10	184	477	183	36	17,044	3,129,287	3,876	0.6	41,297
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	53	0	0	0	20,396	1,081,056	10,761	1.7	118,888
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.	8,369,386	487,660,613	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users.

Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kentucky, 0.6 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 2007.

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

All Medicaid Beneficiaries

TABLE 7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
KENTUCKY, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$57,420,019	36,667	5.6	407,996	0.6	\$253	\$141	
ANTIASTHMATIC	49,707,034	165,111	25.4	1,823,080	0.3	85	27	
ANTICONVULSANT	46,419,444	69,520	10.7	768,443	0.6	93	60	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	24,338,232	34,901	5.4	390,601	0.6	106	62	
ANTIHYPERTENSIVE	23,366,155	43,007	6.6	485,492	0.6	86	48	
ANTIDIABETIC	21,994,987	41,695	6.4	461,068	0.6	78	48	
DERMATOLOGICAL	17,801,597	196,804	30.2	2,169,372	0.2	50	8	
ANTIDEPRESSANTS	17,734,898	104,139	16.0	1,130,424	0.5	35	16	
ANALGESICS - Narcotic	16,859,066	217,127	33.4	2,295,617	0.3	28	7	
ULCER DRUGS	16,238,394	105,620	16.2	1,160,886	0.4	35	14	
Total	291,879,826	1,014,591	n.a.	11,092,979	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries