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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	96,779	35,146	60,912	693	21	7	1,025,116	348,671	670,873	5,319	213	40
Age												
5 and younger	6	1	5	0	0	0	69	12	57	0	0	0
6-14	8	0	7	0	1	0	96	0	84	0	12	0
15-20	243	0	238	2	3	0	2,710	0	2,658	20	32	0
21-44	17,532	5	17,020	491	15	1	190,292	54	186,061	4,016	157	4
45-64	24,292	53	24,044	188	2	5	260,412	542	258,585	1,243	12	30
65-74	23,523	8,908	14,603	11	0	1	255,886	88,887	166,955	38	0	6
75-84	17,993	13,694	4,298	1	0	0	187,923	139,040	48,881	2	0	0
85 and older	13,182	12,485	697	0	0	0	127,728	120,136	7,592	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	60,377	25,696	34,241	420	13	7	641,847	258,125	380,149	3,398	135	40
Male	36,402	9,450	26,671	273	8	0	383,269	90,546	290,724	1,921	78	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	81,576	30,312	50,608	632	20	4	861,621	298,364	558,165	4,864	201	27
African American	6,722	2,678	4,005	37	1	1	69,565	26,890	42,361	297	12	5
Other/unknown	8,481	2,156	6,299	24	0	2	93,930	23,417	70,347	158	0	8
Use of Nursing Facilities^c												
Entire year	12,584	10,750	1,834	0	0	0	128,421	108,158	20,263	0	0	0
Part year	9,166	7,208	1,953	5	0	0	86,768	66,418	20,300	50	0	0
None	75,029	17,188	57,125	688	21	7	809,927	174,095	630,310	5,269	213	40
Maintenance Assistance Status												
Cash	64,555	12,370	51,860	319	6	0	721,068	136,174	581,865	2,961	68	0
Medically needy	4,129	2,812	1,123	187	7	0	26,878	20,379	5,414	1,019	66	0
Poverty-related	3,535	1,246	2,142	133	7	7	33,037	12,251	19,799	880	67	40
Other/unknown	24,560	18,718	5,787	54	1	0	244,133	179,867	63,795	459	12	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	95,217	34,616	59,899	674	21	7	1,017,584	345,952	666,141	5,238	213	40
FFS part year, with Rx claims	517	258	259	0	0	0	3,068	1,530	1,538	0	0	0
FFS part year, no Rx claims	1,045	272	754	19	0	0	4,464	1,189	3,194	81	0	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 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 2007. 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, 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	48.9	6.0	\$181	\$30	\$11,332	1.6	96,779
Age							
5 and younger	83.3	10.0	777	78	16,781	4.6	6
6-14	62.5	24.3	3,877	160	16,249	23.9	8
15-20	73.3	13.3	1,354	102	8,681	15.6	243
21-44	48.9	5.9	279	47	7,080	3.9	17,532
45-64	51.5	7.0	223	32	8,939	2.5	24,292
65-74	48.0	6.4	202	32	8,062	2.5	23,523
75-84	46.4	4.9	66	14	14,688	0.5	17,993
85 and older	48.9	5.2	65	13	22,696	0.3	13,182
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	45.9	5.2	76	15	17,975	0.4	35,146
Disabled	50.5	6.3	224	35	7,565	3.0	60,912
Adults	64.9	22.9	1,593	70	5,458	29.2	693
Children	71.4	27.7	2,964	107	11,758	25.2	21
Unknown	57.1	5.3	91	17	18,071	0.5	7
Gender							
Female	52.4	6.6	190	29	12,053	1.6	60,377
Male	43.2	5.0	165	33	10,136	1.6	36,402
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	50.0	6.3	187	30	11,851	1.6	81,576
African American	37.8	4.0	129	32	14,636	0.9	6,722
Other/unknown	47.1	5.0	161	32	3,726	4.3	8,481
Use of Nursing Facilities^f							
Entire year	59.7	9.7	131	13	40,017	0.3	12,584
Part year	62.9	7.8	163	21	23,098	0.7	9,166
None	45.4	5.2	191	37	5,084	3.8	75,029
Maintenance Assistance Status							
Cash	48.3	5.6	199	36	4,383	4.5	64,555
Medically needy	40.0	5.9	173	29	14,244	1.2	4,129
Poverty related	33.5	5.1	293	57	9,509	3.1	3,535
Other/unknown	54.4	7.3	118	16	29,371	0.4	24,560

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, 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.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, 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	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	51.1	38.6	4.6	4.1	1.3	0.3	\$1,070	96,779	1,025,116
Age												
5 and younger	0.9	68	4.6	16.7	66.7	16.7	0.0	0.0	0.0	1,459	6	69
6-14	2.0	323	23.9	37.5	25.0	0.0	25.0	12.5	0.0	1,354	8	96
15-20	1.2	121	15.6	26.7	48.1	7.8	14.8	2.5	0.0	778	243	2,710
21-44	0.5	26	3.9	51.1	39.1	4.4	3.9	1.3	0.2	652	17,532	190,292
45-64	0.7	21	2.5	48.5	40.4	5.0	4.0	1.6	0.5	834	24,292	260,412
65-74	0.6	19	2.5	52.0	38.1	4.1	4.0	1.6	0.4	741	23,523	255,886
75-84	0.5	6	0.5	53.6	37.0	4.6	3.9	0.8	0.1	1,406	17,993	187,923
85 and older	0.5	7	0.3	51.1	37.7	5.2	5.0	0.8	0.1	2,342	13,182	127,728
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	0.5	8	0.4	54.1	35.1	5.0	4.8	0.9	0.1	1,812	35,146	348,671
Disabled	0.6	20	3.0	49.5	40.8	4.4	3.5	1.4	0.4	687	60,912	670,873
Adults	3.0	208	29.2	35.1	21.8	8.7	19.2	12.8	2.5	711	693	5,319
Children	2.7	292	25.2	28.6	9.5	19.0	33.3	4.8	4.8	1,159	21	213
Unknown	0.9	16	0.5	42.9	14.3	14.3	28.6	0.0	0.0	3,163	7	40
Gender												
Female	0.6	18	1.6	47.6	41.0	5.0	4.6	1.4	0.3	1,134	60,377	641,847
Male	0.5	16	1.6	56.8	34.6	4.0	3.3	1.1	0.2	963	36,402	383,269
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	50.0	39.1	4.8	4.4	1.3	0.3	1,122	81,576	861,621
African American	0.4	12	0.9	62.2	30.8	3.3	2.7	0.9	0.1	1,414	6,722	69,565
Other/unknown	0.4	15	4.3	52.9	40.1	3.6	2.2	1.1	0.2	336	8,481	93,930
Use of Nursing Facilities^f												
Entire year	1.0	13	0.3	40.3	39.0	8.1	10.0	2.2	0.4	3,921	12,584	128,421
Part year	0.8	17	0.7	37.1	45.5	8.3	7.3	1.4	0.4	2,440	9,166	86,768
None	0.5	18	3.8	54.6	37.7	3.6	2.7	1.1	0.2	471	75,029	809,927
Maintenance Assistance Status												
Cash	0.5	18	4.5	51.7	40.2	3.7	2.9	1.2	0.3	392	64,555	721,068
Medically needy	0.9	27	1.2	60.0	24.5	5.6	7.1	2.3	0.5	2,188	4,129	26,878
Poverty related	0.6	31	3.1	66.5	23.1	4.4	4.1	1.7	0.2	1,018	3,535	33,037
Other/unknown	0.7	12	0.4	45.6	39.1	6.8	6.9	1.4	0.2	2,955	24,560	244,133

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

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state. c. In eight states (DE, IA, IL, NE, NY, 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.

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, 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	0.6	\$17	\$30	0.1	\$10	\$131	0.0	\$1	\$88	0.5	\$6	\$13
Age												
5 and younger	0.9	68	78	0.3	54	156	0.0	1	98	0.5	12	23
6-14	2.0	323	160	0.7	288	390	0.0	2	54	1.2	33	26
15-20	1.2	121	102	0.4	97	240	0.0	4	117	0.8	21	27
21-44	0.5	26	47	0.1	17	182	0.0	1	111	0.4	8	17
45-64	0.7	21	32	0.1	12	123	0.0	1	94	0.5	8	14
65-74	0.6	19	32	0.1	11	121	0.0	1	89	0.5	6	13
75-84	0.5	6	14	0.0	2	72	0.0	0	43	0.4	4	9
85 and older	0.5	7	13	0.0	2	71	0.0	0	40	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	15	0.0	3	88	0.0	0	46	0.5	4	9
Disabled	0.6	20	35	0.1	13	136	0.0	1	96	0.5	7	14
Adults	3.0	208	70	0.8	150	185	0.1	8	150	2.1	49	23
Children	2.7	292	107	0.9	244	268	0.0	2	76	1.8	46	26
Unknown	0.9	16	17	0.1	6	75	0.0	0	0	0.9	10	12
Gender												
Female	0.6	18	29	0.1	10	126	0.0	1	89	0.5	7	13
Male	0.5	16	33	0.1	10	141	0.0	1	86	0.4	5	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	18	30	0.1	10	132	0.0	1	91	0.5	7	13
African American	0.4	12	32	0.1	8	131	0.0	1	65	0.3	4	13
Other/unknown	0.4	15	32	0.1	9	122	0.0	1	73	0.4	5	14
Use of Nursing Facilities^e												
Entire year	1.0	13	13	0.1	5	85	0.0	0	54	0.9	8	9
Part year	0.8	17	21	0.1	9	117	0.0	1	78	0.7	7	10
None	0.5	18	37	0.1	11	138	0.0	1	94	0.4	6	15
Maintenance Assistance Status												
Cash	0.5	18	36	0.1	11	135	0.0	1	96	0.4	6	14
Medically needy	0.9	27	29	0.1	16	123	0.0	1	56	0.8	9	12
Poverty related	0.6	31	57	0.1	22	188	0.0	1	99	0.4	8	19
Other/unknown	0.7	12	16	0.1	5	97	0.0	0	61	0.7	7	10

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 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, 2007

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	0.2	0.0	0.0	0.2	\$14	\$9	\$1	\$4	\$60	\$190	\$114	\$24	13,079	\$782,153	5,258	5.4	57,147
Biologicals	0.1	0.1	0.0	0.0	11	11	0	0	130	130	0	0	1	130	1	0.0	12
Antineoplastic Agents	0.3	0.1	0.0	0.2	113	95	0	18	343	1,086	111	74	981	336,816	296	0.3	2,972
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	27	23	0	4	60	130	55	14	22,048	1,313,567	4,533	4.7	48,773
Cardiovascular Agents	0.7	0.2	0.0	0.5	28	19	3	6	38	91	68	13	55,135	2,093,793	7,041	7.3	75,217
Respiratory Agents	0.3	0.1	0.0	0.2	11	7	1	3	41	87	86	19	49,022	2,010,314	16,193	16.7	184,773
Gastrointestinal Agents	0.3	0.1	0.0	0.3	18	12	2	4	55	183	346	17	10,662	586,914	3,070	3.2	32,957
Genitourinary Agents	0.3	0.1	0.0	0.1	16	12	0	4	62	87	74	32	3,398	211,511	1,247	1.3	13,463
CNS Drugs	0.8	0.0	0.0	0.7	14	7	0	8	18	148	48	10	222,436	3,987,081	25,663	26.5	281,170
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	51	42	3	6	115	161	145	37	552	63,540	111	0.1	1,246
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	75	75	0	0	206	207	0	39	2,054	423,480	607	0.6	5,644
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	12	3	1	7	31	179	278	19	35,329	1,087,039	8,261	8.5	90,282
Neuromuscular Agents	0.7	0.1	0.0	0.7	22	12	1	9	30	174	139	14	82,344	2,454,459	10,033	10.4	111,819
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	14	26	17	13	22,333	310,553	5,585	5.8	60,252
Hematological Agents	0.5	0.1	0.0	0.5	12	8	0	4	22	169	24	8	52,184	1,171,012	8,898	9.2	95,879
Topical Products	0.2	0.1	0.0	0.1	14	10	0	3	65	131	57	25	6,853	444,728	2,973	3.1	32,465
Miscellaneous Products	0.3	0.0	0.0	0.3	9	7	0	2	32	190	0	10	4,887	155,585	1,588	1.6	16,514
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	46	0	0	0	1,053	48,554	425	0.4	4,527
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.	584,351	17,481,229	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 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, 0.6 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.
 - e. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- f. 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.

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

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		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	\$2,371,521	14,236	14.7	159,379	0.5	\$29	\$15	
ANTICONVULSANT	2,108,456	9,464	9.8	106,050	0.7	28	20	
ANTIANKXIETY AGENTS	1,548,815	20,676	21.4	227,201	0.7	10	7	
ANTIPSYCHOTICS	1,516,653	1,813	1.9	19,234	0.4	218	79	
COUGH/COLD/ALLERGY	1,273,097	28,859	29.8	330,076	0.2	20	4	
ANALGESICS - NonNarcotic	1,153,837	36,899	38.1	400,311	0.5	5	3	
ANTIDIABETIC	1,077,250	4,430	4.6	47,677	0.3	65	23	
ANTIHYPERTENSIVE	1,065,648	3,826	4.0	41,975	0.3	79	25	
ANTIASTHMATIC	983,683	3,818	3.9	42,075	0.3	81	23	
DERMATOLOGICAL	942,600	20,075	20.7	219,515	0.3	16	4	
Total	14,041,560	144,096	n.a.	1,593,493	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 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 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; n.a. = not applicable.

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, 2007

Beneficiary Characteristics	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	702,267	\$14,041,560	14,236	14.7	159,379	0.5	\$15	9,464	9.8	106,050	0.7	\$20
Female												
All Females	484,195	9,283,034	9,549	15.8	106,887	0.5	15	6,108	10.1	68,502	0.7	19
Female, Disabled												
All Ages	226,627	6,119,008	5,737	16.8	66,203	0.5	14	4,731	13.8	53,977	0.6	19
5 and younger	10	323	1	100.0	9	0.8	33	0	0.0	0	0.0	0
6-14	16	652	4	100.0	48	0.3	13	0	0.0	0	0.0	0
15-20	524	57,739	17	17.9	203	0.3	31	28	29.5	336	0.5	75
21-44	37,254	1,368,640	976	12.7	11,133	0.4	12	1,585	20.6	18,036	0.6	26
45-64	94,270	2,506,414	2,353	17.1	26,868	0.5	14	2,068	15.1	23,443	0.7	16
65-74	71,238	1,886,729	1,847	20.2	21,644	0.5	15	873	9.5	10,107	0.7	15
75-84	19,270	250,479	451	15.0	5,292	0.5	15	161	5.4	1,878	0.7	10
85 and older	4,045	48,032	88	15.8	1,006	0.6	14	16	2.9	177	0.6	12
Female, Other Eligibles												
All Ages	257,568	3,164,026	3,812	14.6	40,684	0.6	16	1,377	5.3	14,525	1.0	16
5 and younger	16	112	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	25	842	1	33.3	12	0.5	4	0	0.0	0	0.0	0
21-44	2,888	224,666	108	30.3	1,137	0.3	11	143	40.2	1,495	0.5	48
45-64	1,588	103,099	39	35.1	424	0.5	20	46	41.4	490	0.6	56
65-74	40,994	575,908	667	12.4	7,255	0.5	14	335	6.2	3,644	1.0	13
75-84	96,204	1,071,125	1,436	14.5	15,653	0.6	16	495	5.0	5,263	1.0	10
85 and older	115,853	1,188,274	1,561	15.0	16,203	0.6	16	358	3.4	3,633	1.1	10
Male												
All Males	218,072	4,758,526	4,687	12.9	52,492	0.5	15	3,356	9.2	37,548	0.7	22
Male, Disabled												
All Ages	141,945	3,691,828	3,422	12.8	39,321	0.5	15	2,851	10.7	32,362	0.7	23
5 and younger	12	1,113	2	50.0	24	0.2	17	0	0.0	0	0.0	0
6-14	27	591	2	66.7	24	0.3	3	0	0.0	0	0.0	0
15-20	947	128,388	28	19.6	335	0.3	17	43	30.1	507	0.7	117
21-44	33,890	1,301,106	963	10.3	11,015	0.4	13	1,236	13.3	14,031	0.6	27
45-64	60,493	1,275,627	1,276	12.4	14,571	0.5	16	1,127	10.9	12,628	0.8	18
65-74	37,873	886,304	954	17.5	11,097	0.5	16	387	7.1	4,559	0.7	16
75-84	7,724	87,889	171	13.2	1,972	0.5	14	51	3.9	567	0.6	7
85 and older	979	10,810	26	18.7	283	0.5	15	7	5.0	70	0.6	5
Male, Other Eligibles												
All Ages	76,127	1,066,698	1,265	13.0	13,171	0.6	16	505	5.2	5,186	0.8	17
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	14	4,587	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,498	116,303	48	30.8	493	0.4	16	69	44.2	720	0.5	50
45-64	1,327	73,363	45	32.8	413	0.5	23	27	19.7	238	0.6	43
65-74	21,774	291,013	355	10.1	3,765	0.5	15	203	5.8	2,135	0.8	10
75-84	32,309	368,370	508	13.3	5,333	0.6	15	145	3.8	1,485	1.0	11
85 and older	19,205	213,062	309	14.8	3,167	0.6	16	61	2.9	608	0.9	10
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.
 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 2007. 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 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); 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, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-PSYCHOTICS					COUGH/COLD/ALLERGY				
	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	20,676	21.4	227,201	0.7	\$7	1,813	1.9	19,234	0.4	\$79	28,859	29.8	330,076	0.2	\$4
Female															
All Females	14,569	24.1	160,159	0.7	7	1,056	1.7	11,282	0.4	76	20,235	33.5	231,511	0.2	4
Female, Disabled															
All Ages	8,147	23.8	93,259	0.5	6	778	2.3	8,662	0.4	80	12,243	35.8	143,329	0.2	4
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	17	17.9	203	0.3	4	14	14.7	163	0.5	121	29	30.5	343	0.1	2
21-44	1,736	22.5	19,776	0.4	5	365	4.7	4,038	0.3	71	2,559	33.2	29,910	0.1	3
45-64	3,565	26.0	40,601	0.6	6	267	1.9	2,919	0.4	79	5,078	37.0	59,283	0.2	4
65-74	2,114	23.1	24,474	0.5	6	121	1.3	1,416	0.6	107	3,477	38.0	40,901	0.2	4
75-84	606	20.2	7,001	0.6	6	8	0.3	90	0.2	14	943	31.4	11,059	0.2	4
85 and older	109	19.5	1,204	0.6	6	3	0.5	36	0.1	32	157	28.1	1,833	0.2	4
Female, Other Eligibles															
All Ages	6,422	24.6	66,900	0.9	8	278	1.1	2,620	0.3	62	7,992	30.6	88,182	0.2	4
5 and younger	1	100.0	12	0.8	6	0	0.0	0	0.0	0	1	100.0	12	0.1	1
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	2	66.7	24	0.3	3	1	33.3	12	0.1	2	1	33.3	12	0.1	1
21-44	102	28.7	1,075	0.4	4	64	18.0	723	0.4	99	99	27.8	1,064	0.1	3
45-64	43	38.7	437	0.6	7	10	9.0	95	0.5	147	43	38.7	494	0.1	3
65-74	1,142	21.2	12,254	0.9	9	42	0.8	408	0.3	95	1,486	27.5	16,884	0.2	5
75-84	2,479	25.1	26,243	0.9	8	80	0.8	703	0.2	32	3,045	30.8	33,924	0.2	4
85 and older	2,653	25.5	26,855	1.0	9	81	0.8	679	0.2	23	3,317	31.9	35,792	0.2	3
Male															
All Males	6,107	16.8	67,042	0.7	7	757	2.1	7,952	0.4	83	8,624	23.7	98,565	0.2	4
Male, Disabled															
All Ages	4,360	16.3	49,464	0.6	6	619	2.3	6,754	0.3	87	6,110	22.9	71,221	0.2	4
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	1	33.3	12	0.1	2
15-20	17	11.9	198	0.4	7	30	21.0	353	0.5	143	29	20.3	348	0.1	3
21-44	1,348	14.5	15,392	0.5	7	360	3.9	3,964	0.3	85	1,784	19.2	20,841	0.1	3
45-64	1,850	17.9	20,762	0.7	7	180	1.7	1,870	0.3	70	2,422	23.5	28,140	0.2	4
65-74	943	17.3	10,825	0.6	6	47	0.9	543	0.5	131	1,466	26.9	17,196	0.2	4
75-84	184	14.2	2,104	0.6	5	2	0.2	24	0.1	16	372	28.7	4,292	0.2	5
85 and older	18	12.9	183	0.7	7	0	0.0	0	0.0	0	36	25.9	392	0.1	2
Male, Other Eligibles															
All Ages	1,747	18.0	17,578	0.8	8	138	1.4	1,198	0.4	62	2,514	25.8	27,344	0.2	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	50.0	12	0.9	374	0	0.0	0	0.0	0
21-44	41	26.3	436	0.4	8	22	14.1	245	0.5	86	27	17.3	265	0.1	4
45-64	36	26.3	347	0.6	6	7	5.1	65	0.5	67	30	21.9	306	0.2	3
65-74	523	14.8	5,443	0.8	9	34	1.0	294	0.4	80	793	22.5	8,860	0.2	4
75-84	711	18.6	7,116	0.9	8	48	1.3	369	0.3	29	1,018	26.7	11,143	0.3	5
85 and older	436	20.8	4,236	0.7	8	26	1.2	213	0.4	45	646	30.9	6,770	0.2	4
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.
 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 2007. 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 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); 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.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, 2007

Beneficiary Characteristics	ANALGESICS - NonNarcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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	36,899	38.1	400,311	0.5	\$3	4,430	4.6	47,677	0.3	\$23	3,826	4.0	41,975	0.3	\$25
Female															
All Females	25,270	41.9	273,437	0.5	3	2,943	4.9	32,085	0.4	23	2,401	4.0	26,571	0.3	25
Female, Disabled															
All Ages	8,426	24.6	97,285	0.5	3	1,950	5.7	21,867	0.4	28	1,893	5.5	21,418	0.3	28
5 and younger	1	100.0	9	0.3	3	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	1	1.1	12	0.1	1	6	6.3	72	0.3	9	1	1.1	12	0.2	2
21-44	961	12.5	11,149	0.4	3	257	3.3	2,821	0.4	26	189	2.5	2,060	0.3	21
45-64	3,074	22.4	35,323	0.5	3	856	6.2	9,392	0.4	29	872	6.4	9,669	0.4	29
65-74	2,995	32.7	34,743	0.6	3	749	8.2	8,633	0.4	28	763	8.3	8,887	0.4	31
75-84	1,113	37.1	12,848	0.6	3	76	2.5	880	0.3	14	61	2.0	718	0.1	6
85 and older	281	50.4	3,201	0.6	3	6	1.1	69	0.3	17	7	1.3	72	0.1	7
Female, Other Eligibles															
All Ages	16,844	64.4	176,152	0.5	3	993	3.8	10,218	0.3	14	508	1.9	5,153	0.2	14
5 and younger	1	100.0	12	0.4	3	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	1	33.3	12	0.4	2	1	33.3	12	0.3	33	0	0.0	0	0.0	0
21-44	32	9.0	339	0.4	6	40	11.2	447	0.4	26	45	12.6	486	0.4	32
45-64	30	27.0	321	0.5	3	32	28.8	352	0.5	53	32	28.8	309	0.5	34
65-74	2,303	42.7	25,009	0.5	3	259	4.8	2,711	0.3	16	157	2.9	1,666	0.2	15
75-84	6,158	62.3	65,361	0.6	3	389	3.9	3,972	0.3	10	186	1.9	1,859	0.2	9
85 and older	8,319	80.1	85,098	0.6	3	272	2.6	2,724	0.3	9	88	0.8	833	0.2	7
Male															
All Males	11,629	31.9	126,874	0.5	3	1,487	4.1	15,592	0.3	21	1,425	3.9	15,404	0.3	25
Male, Disabled															
All Ages	6,135	23.0	70,209	0.5	3	1,057	4.0	11,713	0.3	24	1,152	4.3	12,921	0.3	27
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	33.3	12	0.9	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	6.3	108	0.2	1	7	4.9	84	0.4	26	2	1.4	24	0.4	31
21-44	952	10.2	10,903	0.4	3	237	2.5	2,513	0.4	30	295	3.2	3,233	0.3	26
45-64	2,637	25.6	30,066	0.5	3	466	4.5	5,063	0.3	21	452	4.4	4,898	0.3	25
65-74	1,931	35.4	22,315	0.6	3	318	5.8	3,718	0.4	24	382	7.0	4,517	0.3	30
75-84	532	41.0	6,070	0.6	3	26	2.0	303	0.2	6	20	1.5	237	0.1	3
85 and older	73	52.5	735	0.6	3	3	2.2	32	0.1	2	1	0.7	12	0.1	8
Male, Other Eligibles															
All Ages	5,494	56.5	56,665	0.5	3	430	4.4	3,879	0.3	15	273	2.8	2,483	0.3	19
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	13	8.3	126	0.5	4	34	21.8	367	0.5	34	31	19.9	326	0.5	43
45-64	29	21.2	267	0.5	3	28	20.4	293	0.5	42	35	25.5	315	0.6	41
65-74	1,507	42.8	16,081	0.5	3	137	3.9	1,172	0.3	12	96	2.7	913	0.2	11
75-84	2,319	60.8	24,122	0.5	3	156	4.1	1,397	0.3	10	75	2.0	658	0.3	13
85 and older	1,626	77.7	16,069	0.6	3	75	3.6	650	0.3	8	36	1.7	271	0.2	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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.
 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 2007. 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 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); 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, 2007

Beneficiary Characteristics	ANTIASTHMATIC					DERMATOLOGICAL						
	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	3,818	3.9	42,075	0.3	\$23	20,075	20.7	219,515	0.3	\$4	96,779	1,025,116
Female												
All Females	2,596	4.3	29,041	0.3	23	14,088	23.3	154,152	0.3	5	60,377	641,847
Female, Disabled												
All Ages	2,157	6.3	24,565	0.3	24	3,897	11.4	44,947	0.2	6	34,241	380,149
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	3	4	48
15-20	18	18.9	216	0.2	15	22	23.2	264	0.1	4	95	1,061
21-44	408	5.3	4,621	0.2	17	772	10.0	8,937	0.2	7	7,710	84,560
45-64	950	6.9	10,570	0.3	25	1,675	12.2	19,188	0.2	6	13,727	149,060
65-74	742	8.1	8,701	0.3	29	982	10.7	11,437	0.2	7	9,146	104,978
75-84	37	1.2	433	0.1	4	303	10.1	3,508	0.3	3	3,000	34,289
85 and older	2	0.4	24	0.1	0	142	25.4	1,601	0.3	3	558	6,144
Female, Other Eligibles												
All Ages	439	1.7	4,476	0.2	17	10,191	39.0	109,205	0.3	4	26,136	261,698
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	3	100.0	36	0.1	8	0	0.0	0	0.0	0	3	32
21-44	74	20.8	825	0.3	26	75	21.1	767	0.2	15	356	2,894
45-64	37	33.3	416	0.4	35	22	19.8	262	0.2	17	111	967
65-74	106	2.0	1,107	0.2	19	1,235	22.9	13,654	0.3	3	5,395	54,964
75-84	123	1.2	1,214	0.2	8	3,515	35.6	38,336	0.3	4	9,879	101,770
85 and older	96	0.9	878	0.2	10	5,344	51.4	56,186	0.3	4	10,391	101,059
Male												
All Males	1,222	3.4	13,034	0.3	24	5,987	16.4	65,363	0.3	4	36,402	383,269
Male, Disabled												
All Ages	968	3.6	10,640	0.3	25	2,791	10.5	31,960	0.2	4	26,671	290,724
5 and younger	2	50.0	24	0.2	25	3	75.0	36	0.1	3	4	48
6-14	2	66.7	24	0.2	18	1	33.3	12	0.2	2	3	36
15-20	23	16.1	264	0.3	24	23	16.1	276	0.2	4	143	1,597
21-44	245	2.6	2,655	0.2	22	751	8.1	8,722	0.2	5	9,310	101,501
45-64	308	3.0	3,144	0.3	22	1,312	12.7	14,930	0.2	4	10,317	109,525
65-74	371	6.8	4,331	0.4	30	530	9.7	6,053	0.2	4	5,457	61,977
75-84	15	1.2	176	0.1	5	138	10.6	1,564	0.2	3	1,298	14,592
85 and older	2	1.4	22	0.1	6	33	23.7	367	0.4	5	139	1,448
Male, Other Eligibles												
All Ages	254	2.6	2,394	0.3	20	3,196	32.8	33,403	0.3	4	9,731	92,545
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	1	50.0	8	0.4	13	2	20
21-44	36	23.1	379	0.4	31	29	18.6	329	0.2	25	156	1,337
45-64	33	24.1	346	0.5	51	28	20.4	296	0.2	10	137	860
65-74	70	2.0	704	0.2	14	785	22.3	8,494	0.3	3	3,525	33,967
75-84	71	1.9	605	0.2	7	1,387	36.3	14,545	0.3	4	3,816	37,272
85 and older	44	2.1	360	0.2	9	966	46.1	9,731	0.3	3	2,094	19,077
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.
 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KENTUCKY, 2007

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	\$13	1.0	12,584	128,421
Age				
0-64	21	1.5	1,012	11,206
65-74	24	1.3	1,888	20,170
75-84	11	0.9	4,161	42,446
85 and older	8	0.7	5,523	54,599
Unknown	0	0.0	0	0
Gender				
Female	12	0.9	9,412	96,167
Male	15	1.0	3,172	32,254
Unknown	0	0.0	0	0
Race				
White	13	1	11,417	116,061
African American	11	0.7	1,068	11,294
Other/unknown	25	1.4	99	1,066
Basis of Eligibility^c				
Aged	10	0.9	10,750	108,158
Disabled	27	1.4	1,834	20,263
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 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.

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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$12	\$8	\$0	\$4	\$47	\$103	\$65	\$25	647	\$30,645	272	2.2	2,513
Biologicals	0.1	0.1	0.0	0.0	11	11	0	0	130	130	0	0	1	130	1	0.0	12
Antineoplastic Agents	0.3	0.0	0.0	0.3	54	30	0	24	159	798	0	80	118	18,798	39	0.3	351
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	20	15	1	3	46	97	96	12	1,116	51,131	291	2.3	2,566
Cardiovascular Agents	0.7	0.1	0.1	0.6	21	9	4	7	28	80	77	13	3,243	89,668	495	3.9	4,341
Respiratory Agents	0.3	0.0	0.0	0.2	7	3	0	4	23	77	58	14	4,415	100,467	1,402	11.1	15,225
Gastrointestinal Agents	0.4	0.1	0.0	0.3	14	7	1	6	35	108	185	17	1,104	38,498	300	2.4	2,812
Genitourinary Agents	0.5	0.2	0.0	0.3	29	13	0	16	62	76	26	55	492	30,622	118	0.9	1,052
CNS Drugs	1.4	0.1	0.0	1.4	14	4	0	11	10	69	20	8	68,919	698,207	4,685	37.2	48,613
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.0	0.9	23	2	0	21	26	39	0	25	36	931	5	0.0	40
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	55	55	0	0	118	118	0	0	815	96,461	211	1.7	1,756
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	11	3	3	5	21	134	115	10	1,462	31,005	306	2.4	2,799
Neuromuscular Agents	1.6	0.1	0.0	1.5	20	8	0	12	13	118	66	8	13,883	175,566	808	6.4	8,632
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	14	24	15	13	4,684	65,189	1,191	9.5	12,081
Hematological Agents	0.7	0.0	0.0	0.7	7	2	0	5	9	106	24	7	18,108	170,219	2,488	19.8	26,083
Topical Products	0.3	0.1	0.0	0.2	11	6	0	4	40	80	54	24	700	28,044	275	2.2	2,601
Miscellaneous Products	0.3	0.0	0.0	0.3	2	0	0	2	7	18	0	6	2,410	16,356	796	6.3	8,407
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	2	0	0	0	7	0	0	0	325	2,231	103	0.8	963
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.	122,478	1,644,168	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 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 2007. 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, 0.6 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.

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, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
LAXATIVES	\$531,736	11,904	94.6	128,572	0.6	\$7	\$4	
MULTIVITAMINS	497,696	8,773	69.7	93,039	0.8	7	5	
ANALGESICS - NonNarcotic	488,281	13,692	108.8	146,109	0.6	6	3	
ULCER DRUGS	478,809	2,375	18.9	25,507	0.7	27	19	
ANTIANKXIETY AGENTS	457,701	4,066	32.3	42,472	1.3	9	11	
DERMATOLOGICAL	421,139	9,909	78.7	108,716	0.3	12	4	
HEMATOPOIETIC AGENTS	318,832	5,311	42.2	56,124	0.7	8	6	
MINERALS & ELECTROLYTES	317,858	5,313	42.2	56,446	0.7	8	6	
COUGH/COLD/ALLERGY	238,608	5,435	43.2	60,214	0.3	15	4	
ANTICONVULSANT	149,677	801	6.4	8,639	1.5	11	17	
Total	3,900,337	67,579	n.a.	725,838	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 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 2007. 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 2007 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		LAXATIVES					MULTIVITAMINS				
	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	450,253	\$3,900,337	11,904	94.6	128,572	0.6	\$4	8,773	69.7	93,039	0.8	\$5
Female												
All Females	343,964	2,951,359	8,993	95.5	96,793	0.6	4	6,594	70.1	69,960	0.8	5
Female, Disabled												
All Ages	42,513	388,430	1,070	106.2	12,199	0.6	4	682	67.7	7,711	0.8	5
64 or younger	20,203	175,955	520	107.2	5,915	0.6	4	305	62.9	3,434	0.8	6
65-74	13,526	134,655	348	113.7	3,945	0.5	4	204	66.7	2,357	0.8	5
75-84	5,597	50,598	129	92.1	1,510	0.5	4	106	75.7	1,180	0.8	6
85 and older	3,187	27,222	73	94.8	829	0.6	4	67	87.0	740	0.8	5
Female, Other Eligibles												
All Ages	301,451	2,562,929	7,923	94.3	84,594	0.6	4	5,912	70.3	62,249	0.8	5
64 or younger	159	1,208	4	100.0	48	0.4	3	3	75.0	34	0.4	3
65-74	34,606	304,179	901	104.6	9,898	0.5	4	571	66.3	6,273	0.8	5
75-84	104,737	899,334	2,675	92.1	28,976	0.6	4	1,961	67.5	20,855	0.8	5
85 and older	161,949	1,358,208	4,343	93.7	45,672	0.6	4	3,377	72.9	35,087	0.8	6
Male												
All Males	106,289	948,978	2,911	91.8	31,779	0.6	4	2,179	68.7	23,079	0.8	5
Male, Disabled												
All Ages	32,276	308,964	882	106.8	10,070	0.6	5	612	74.1	6,893	0.8	5
64 or younger	20,851	194,014	591	113.7	6,779	0.6	5	376	72.3	4,224	0.8	5
65-74	8,132	87,584	197	94.7	2,246	0.6	5	168	80.8	1,911	0.8	5
75-84	2,605	21,097	78	104.0	877	0.6	5	48	64.0	549	0.9	6
85 and older	688	6,269	16	69.6	168	0.6	4	20	87.0	209	0.5	3
Male, Other Eligibles												
All Ages	74,013	640,014	2,029	86.5	21,709	0.5	4	1,567	66.8	16,186	0.8	5
64 or younger	230	2,115	3	100.0	36	0.5	3	5	166.7	60	0.4	3
65-74	17,130	150,560	484	94.3	5,425	0.5	4	349	68.0	3,735	0.8	6
75-84	33,504	287,564	913	87.7	9,794	0.5	4	693	66.6	7,268	0.8	5
85 and older	23,149	199,775	629	79.7	6,454	0.6	4	520	65.9	5,123	0.8	5
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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 2007. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANALGESICS - NonNarcotic					ULCER DRUGS					ANTIANSXIETY 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	13,692	108.8	146,109	0.6	\$3	2,375	18.9	25,507	0.7	\$19	4,066	32.3	42,472	1.3	\$11
Female															
All Females	10,241	108.8	109,382	0.6	3	1,747	18.6	18,796	0.7	19	3,130	33.3	32,708	1.3	11
Female, Disabled															
All Ages	1,082	107.3	12,321	0.6	3	214	21.2	2,473	0.7	19	376	37.3	4,131	1.4	11
64 or younger	494	101.9	5,586	0.5	3	89	18.4	1,005	0.7	18	184	37.9	2,064	1.5	13
65-74	348	113.7	3,948	0.6	3	75	24.5	879	0.7	19	127	41.5	1,391	1.1	11
75-84	149	106.4	1,748	0.6	4	28	20.0	333	0.8	22	37	26.4	383	1.7	11
85 and older	91	118.2	1,039	0.7	4	22	28.6	256	0.8	19	28	36.4	293	1.0	9
Female, Other Eligibles															
All Ages	9,159	109.0	97,061	0.6	3	1,533	18.2	16,323	0.7	19	2,754	32.8	28,577	1.3	11
64 or younger	4	100.0	46	0.6	3	1	25.0	12	0.3	6	3	75.0	34	1.2	8
65-74	982	114.1	10,805	0.6	3	157	18.2	1,692	0.7	20	351	40.8	3,753	1.5	13
75-84	3,154	108.6	33,774	0.6	3	577	19.9	6,216	0.7	19	1,015	34.9	10,641	1.3	11
85 and older	5,019	108.3	52,436	0.6	3	798	17.2	8,403	0.7	18	1,385	29.9	14,149	1.2	10
Male															
All Males	3,451	108.8	36,727	0.6	3	628	19.8	6,711	0.7	19	936	29.5	9,764	1.2	11
Male, Disabled															
All Ages	843	102.1	9,544	0.6	3	170	20.6	1,940	0.7	24	270	32.7	3,049	1.3	11
64 or younger	494	95.0	5,631	0.5	3	104	20.0	1,186	0.7	24	195	37.5	2,194	1.2	11
65-74	236	113.5	2,677	0.6	3	49	23.6	561	0.7	27	56	26.9	631	1.2	11
75-84	87	116.0	986	0.6	3	10	13.3	120	0.8	18	14	18.7	164	1.6	15
85 and older	26	113.0	250	0.6	4	7	30.4	73	0.5	14	5	21.7	60	0.8	11
Male, Other Eligibles															
All Ages	2,608	111.2	27,183	0.6	3	458	19.5	4,771	0.7	18	666	28.4	6,715	1.2	10
64 or younger	5	166.7	60	0.8	4	1	33.3	12	1.2	46	1	33.3	12	4.8	22
65-74	573	111.7	6,322	0.6	3	95	18.5	1,019	0.6	17	153	29.8	1,659	1.1	11
75-84	1,142	109.7	12,017	0.6	3	211	20.3	2,193	0.7	18	298	28.6	2,955	1.4	11
85 and older	888	112.5	8,784	0.6	4	151	19.1	1,547	0.7	17	214	27.1	2,089	0.9	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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

- Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 benefit months were excluded from the analysis.
- 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 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.
- Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- The top 10 drug groups were determined based on total 2007 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, 2007

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	9,909	78.7	108,716	0.3	\$4	5,311	42.2	56,124	0.7	\$6	5,313	42.2	56,446	0.7	\$6
Female															
All Females	7,384	78.5	81,021	0.3	4	3,999	42.5	42,349	0.7	6	4,355	46.3	46,250	0.7	6
Female, Disabled															
All Ages	844	83.7	9,717	0.3	4	430	42.7	4,854	0.7	6	507	50.3	5,783	0.7	6
64 or younger	404	83.3	4,572	0.3	3	205	42.3	2,316	0.7	6	229	47.2	2,596	0.7	6
65-74	239	78.1	2,816	0.3	4	131	42.8	1,495	0.8	6	169	55.2	1,935	0.7	8
75-84	115	82.1	1,363	0.4	4	57	40.7	639	0.7	4	74	52.9	873	0.6	5
85 and older	86	111.7	966	0.3	4	37	48.1	404	0.8	5	35	45.5	379	0.7	5
Female, Other Eligibles															
All Ages	6,540	77.8	71,304	0.3	4	3,569	42.5	37,495	0.7	6	3,848	45.8	40,467	0.7	6
64 or younger	4	100.0	44	0.2	3	2	50.0	22	0.7	5	3	75.0	32	0.7	6
65-74	665	77.2	7,475	0.3	4	377	43.8	4,107	0.7	6	357	41.5	3,921	0.7	6
75-84	2,217	76.3	24,550	0.3	4	1,244	42.8	13,151	0.8	6	1,327	45.7	14,105	0.7	6
85 and older	3,654	78.9	39,235	0.4	4	1,946	42.0	20,215	0.7	6	2,161	46.6	22,409	0.7	6
Male															
All Males	2,525	79.6	27,695	0.3	4	1,312	41.4	13,775	0.7	6	958	30.2	10,196	0.6	5
Male, Disabled															
All Ages	722	87.4	8,291	0.3	4	308	37.3	3,442	0.8	6	289	35.0	3,348	0.6	5
64 or younger	463	89.0	5,302	0.3	4	199	38.3	2,241	0.7	6	176	33.8	2,037	0.6	5
65-74	180	86.5	2,073	0.3	4	72	34.6	793	0.8	6	83	39.9	979	0.6	6
75-84	62	82.7	727	0.3	3	25	33.3	287	0.8	5	19	25.3	216	0.7	6
85 and older	17	73.9	189	0.5	7	12	52.2	121	0.5	3	11	47.8	116	0.5	4
Male, Other Eligibles															
All Ages	1,803	76.9	19,404	0.3	3	1,004	42.8	10,333	0.7	6	669	28.5	6,848	0.6	5
64 or younger	4	133.3	48	0.5	10	1	33.3	12	1.1	8	3	100.0	36	0.6	5
65-74	406	79.1	4,675	0.3	3	205	40.0	2,229	0.7	5	146	28.5	1,594	0.6	5
75-84	807	77.5	8,655	0.3	4	413	39.7	4,355	0.7	6	292	28.0	3,020	0.6	5
85 and older	586	74.3	6,026	0.3	3	385	48.8	3,737	0.8	6	228	28.9	2,198	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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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 2007. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTICONVULSANT						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	5,435	43.2	60,214	0.3	\$4	801	6.4	8,639	1.5	\$17	12,584	128,421
Female												
All Females	4,166	44.3	46,159	0.3	4	580	6.2	6,234	1.6	17	9,412	96,167
Female, Disabled												
All Ages	470	46.6	5,435	0.3	4	133	13.2	1,524	1.8	27	1,008	11,104
64 or younger	241	49.7	2,765	0.3	5	69	14.2	770	1.8	18	485	5,305
65-74	162	52.9	1,900	0.3	5	49	16.0	574	1.8	35	306	3,410
75-84	39	27.9	454	0.2	3	14	10.0	168	1.6	40	140	1,541
85 and older	28	36.4	316	0.2	3	1	1.3	12	1.6	12	77	848
Female, Other Eligibles												
All Ages	3,696	44.0	40,724	0.3	4	447	5.3	4,710	1.5	13	8,404	85,063
64 or younger	3	75.0	36	0.1	2	0	0.0	0	0.0	0	4	46
65-74	442	51.3	5,073	0.3	5	108	12.5	1,199	1.5	18	861	9,106
75-84	1,314	45.2	14,469	0.3	4	185	6.4	1,964	1.4	12	2,905	29,706
85 and older	1,937	41.8	21,146	0.2	3	154	3.3	1,547	1.6	11	4,634	46,205
Male												
All Males	1,269	40.0	14,055	0.3	5	221	7.0	2,405	1.5	19	3,172	32,254
Male, Disabled												
All Ages	295	35.7	3,375	0.3	5	94	11.4	1,086	1.7	28	826	9,159
64 or younger	186	35.8	2,127	0.4	6	70	13.5	802	1.7	22	520	5,819
65-74	72	34.6	818	0.3	4	22	10.6	262	1.8	51	208	2,283
75-84	28	37.3	326	0.2	2	1	1.3	12	0.1	1	75	839
85 and older	9	39.1	104	0.2	2	1	4.3	10	1.7	6	23	218
Male, Other Eligibles												
All Ages	974	41.5	10,680	0.3	5	127	5.4	1,319	1.3	12	2,346	23,095
64 or younger	2	66.7	24	0.4	3	0	0.0	0	0.0	0	3	36
65-74	213	41.5	2,406	0.3	4	46	9.0	488	1.4	15	513	5,371
75-84	432	41.5	4,772	0.3	5	53	5.1	536	1.4	12	1,041	10,360
85 and older	327	41.4	3,478	0.3	4	28	3.5	295	1.1	8	789	7,328
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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 2007. A total of 9,166 beneficiaries who were in nursing facilities for part of their enrollment and their 86,768 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 2007. 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 2007 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, 2007

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	60,490	62.5	12.0	1,157,021	\$111	\$10,716,284	\$9	61.3	96,779	
Age										
5 and younger	5	83.3	11.7	70	148	890	13	19.1	6	
6-14	3	37.5	8.1	65	206	1,646	25	5.3	8	
15-20	103	42.4	3.0	724	43	10,537	15	3.2	243	
21-44	8,594	49.0	4.9	86,017	56	989,257	12	20.2	17,532	
45-64	14,333	59.0	9.0	219,104	93	2,251,571	10	41.6	24,292	
65-74	14,639	62.2	10.7	252,615	101	2,386,740	9	50.2	23,523	
75-84	12,397	68.9	16.5	296,253	142	2,561,359	9	214.9	17,993	
85 and older	10,416	79.0	22.9	302,173	191	2,514,284	8	292.0	13,182	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	24,356	69.3	18.8	660,105	159	5,588,822	8	208.0	35,146	
Disabled	35,764	58.7	8.1	494,304	84	5,089,506	10	37.3	60,912	
Adults	353	50.9	3.6	2,523	52	36,313	14	3.3	693	
Children	13	61.9	3.9	81	75	1,568	19	2.5	21	
Unknown	4	57.1	1.1	8	11	75	9	11.8	7	
Gender										
Female	40,530	67.1	13.5	816,765	124	7,514,754	9	65.5	60,377	
Male	19,960	54.8	9.3	340,256	88	3,201,530	9	53.3	36,402	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	52,108	63.9	12.7	1,032,518	117	9,523,102	9	62.4	81,576	
African American	3,627	54.0	10.6	71,396	91	608,571	9	70.5	6,722	
Other/unknown	4,755	56.1	6.3	53,107	69	584,611	11	42.9	8,481	
Use of Nursing Facilities^d										
Entire year	12,182	96.8	38.5	483,874	318	4,003,631	8	243.5	12,584	
Part year	8,381	91.4	22.8	208,684	190	1,740,468	8	116.6	9,166	
None	39,927	53.2	6.2	464,463	66	4,972,185	11	34.7	75,029	
Maintenance Assistance Status										
Cash	36,971	57.3	7.0	449,367	73	4,695,807	10	36.6	64,555	
Medically needy	2,245	54.4	14.4	59,366	123	508,269	9	71.1	4,129	
Poverty related	1,210	34.2	4.7	16,445	48	171,147	10	16.6	3,535	
Other/unknown	20,064	81.7	25.7	631,843	217	5,341,061	8	184.2	24,560	

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	\$10	\$9	\$0	\$2	1,025,116
Age						
5 and younger	1.0	13	13	0	0	69
6-14	0.7	17	25	0	0	96
15-20	0.3	4	15	0	1	2,710
21-44	0.5	5	12	0	2	190,292
45-64	0.8	9	10	0	2	260,412
65-74	1.0	9	9	0	2	255,886
75-84	1.6	14	9	0	2	187,923
85 and older	2.4	20	8	0	3	127,728
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.9	16	8	0	2	348,671
Disabled	0.7	8	10	0	2	670,873
Adults	0.5	7	14	0	2	5,319
Children	0.4	7	19	0	1	213
Unknown	0.2	2	9	0	2	40
Gender						
Female	1.3	12	9	0	2	641,847
Male	0.9	8	9	0	2	383,269
Unknown	0.0	0	0	0	0	0
Race						
White	1.2	11	9	0	2	861,621
African American	1.0	9	9	0	1	69,565
Other/unknown	0.6	6	11	0	2	93,930
Use of Nursing Facilities^d						
Entire year	3.8	31	8	0	4	128,421
Part year	2.4	20	8	0	3	86,768
None	0.6	6	11	0	2	809,927
Maintenance Assistance Status						
Cash	0.6	7	10	0	2	721,068
Medically needy	2.2	19	9	0	3	26,878
Poverty related	0.5	5	10	0	1	33,037
Other/unknown	2.6	22	8	0	3	244,133

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	94,401	\$114	\$10,716,284	100.0	1,157,021	\$9	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	2	10	20	0.0	2	10	0.0
Cough and cold medications	11,329	51	575,527	5.4	25,473	23	2.2
Vitamins and minerals	5,026	51	257,424	2.4	20,171	13	1.7
Non-prescription drugs	49,061	152	7,467,953	69.7	851,243	9	73.6
Barbiturates	1,244	77	95,512	0.9	15,965	6	1.4
Benzodiazepines	25,729	86	2,207,850	20.6	236,698	9	20.5
Other Part D Excl Rx Drugs	2,010	56	111,998	1.0	7,469	15	0.6

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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, 2007

Total Number of Dual Eligible Beneficiaries: 96,779
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$17,481,229
 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	49,417	51.1	\$0	0.0
1-500	42,063	43.5	4,081,193	23.3
501-1,000	2,033	2.1	1,414,797	8.1
1,001-1,500	855	0.9	1,050,859	6.0
1,501-2,000	505	0.5	885,417	5.1
2,001-2,500	359	0.4	802,515	4.6
2,501-3,000	286	0.3	785,651	4.5
3,001-3,500	224	0.2	723,217	4.1
3,501-4,000	166	0.2	620,898	3.6
4,001-4,500	142	0.1	605,406	3.5
4,501-5,000	104	0.1	491,903	2.8
5,001-5,500	87	0.1	456,993	2.6
5,501-6,000	65	0.1	372,062	2.1
6,001-6,500	62	0.1	387,210	2.2
6,501-7,000	51	0.1	341,975	2.0
7,001-7,500	34	0.0	246,457	1.4
7,501-8,000	51	0.1	393,558	2.3
8,001-8,500	31	0.0	255,746	1.5
8,501-9,000	33	0.0	290,313	1.7
9,001-9,500	26	0.0	239,871	1.4
9,501-10,000	15	0.0	146,366	0.8
10,001+	170	0.2	2,888,822	16.5

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. 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 2007.

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, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 41,314
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$9,495,879
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$229

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	20,529	49.7		\$0	0.0
1-500	17,872	43.3		1,849,618	19.5
501-1,000	1,086	2.6		763,052	8.0
1,001-1,500	457	1.1		566,420	6.0
1,501-2,000	281	0.7		490,002	5.2
2,001-2,500	198	0.5		440,720	4.6
2,501-3,000	160	0.4		440,312	4.6
3,001-3,500	133	0.3		430,030	4.5
3,501-4,000	101	0.2		378,437	4.0
4,001-4,500	69	0.2		294,572	3.1
4,501-5,000	56	0.1		265,729	2.8
5,001-5,500	50	0.1		263,279	2.8
5,501-6,000	37	0.1		211,327	2.2
6,001-6,500	34	0.1		212,538	2.2
6,501-7,000	30	0.1		201,447	2.1
7,001-7,500	22	0.1		160,133	1.7
7,501-8,000	30	0.1		231,548	2.4
8,001-8,500	19	0.0		156,257	1.6
8,501-9,000	17	0.0		149,504	1.6
9,001-9,500	15	0.0		138,826	1.5
9,501-10,000	7	0.0		68,477	0.7
10,001+	111	0.3		1,783,651	18.8

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. 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 2007.
- 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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 54,698
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$6,809,867
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$124

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,612	52.3	\$0	0.0
1-500	23,984	43.8	2,199,141	32.3
501-1,000	902	1.6	619,453	9.1
1,001-1,500	345	0.6	418,716	6.1
1,501-2,000	199	0.4	351,818	5.2
2,001-2,500	137	0.3	308,595	4.5
2,501-3,000	107	0.2	291,978	4.3
3,001-3,500	73	0.1	235,214	3.5
3,501-4,000	56	0.1	209,147	3.1
4,001-4,500	61	0.1	259,287	3.8
4,501-5,000	35	0.1	164,918	2.4
5,001-5,500	28	0.1	146,309	2.1
5,501-6,000	22	0.0	126,866	1.9
6,001-6,500	20	0.0	123,621	1.8
6,501-7,000	15	0.0	100,272	1.5
7,001-7,500	8	0.0	57,586	0.8
7,501-8,000	18	0.0	138,788	2.0
8,001-8,500	9	0.0	74,569	1.1
8,501-9,000	14	0.0	123,045	1.8
9,001-9,500	9	0.0	82,730	1.2
9,501-10,000	6	0.0	58,254	0.9
10,001+	38	0.1	719,560	10.6

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 23,523
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$4,756,858
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$202

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,227	52.0	\$0	0.0
1-500	9,880	42.0	927,920	19.5
501-1,000	467	2.0	325,966	6.9
1,001-1,500	217	0.9	263,090	5.5
1,501-2,000	149	0.6	265,307	5.6
2,001-2,500	112	0.5	252,539	5.3
2,501-3,000	92	0.4	250,000	5.3
3,001-3,500	61	0.3	196,801	4.1
3,501-4,000	52	0.2	193,899	4.1
4,001-4,500	55	0.2	233,462	4.9
4,501-5,000	32	0.1	150,130	3.2
5,001-5,500	26	0.1	135,874	2.9
5,501-6,000	18	0.1	103,825	2.2
6,001-6,500	20	0.1	123,621	2.6
6,501-7,000	15	0.1	100,272	2.1
7,001-7,500	8	0.0	57,586	1.2
7,501-8,000	18	0.1	138,788	2.9
8,001-8,500	9	0.0	74,569	1.6
8,501-9,000	13	0.1	114,359	2.4
9,001-9,500	9	0.0	82,730	1.7
9,501-10,000	6	0.0	58,254	1.2
10,001+	37	0.2	707,866	14.9

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 17,993
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,192,040
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$66

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,647	53.6	\$0	0.0
1-500	7,945	44.2	725,835	60.9
501-1,000	249	1.4	166,241	13.9
1,001-1,500	83	0.5	101,434	8.5
1,501-2,000	26	0.1	45,974	3.9
2,001-2,500	13	0.1	29,516	2.5
2,501-3,000	11	0.1	31,411	2.6
3,001-3,500	7	0.0	22,291	1.9
3,501-4,000	2	0.0	7,368	0.6
4,001-4,500	2	0.0	8,644	0.7
4,501-5,000	1	0.0	4,876	0.4
5,001-5,500	1	0.0	5,029	0.4
5,501-6,000	4	0.0	23,041	1.9
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	1	0.0	8,686	0.7
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	11,694	1.0

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,182
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$860,969
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$65

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,738	51.1	\$0	0.0
1-500	6,159	46.7	545,386	63.3
501-1,000	186	1.4	127,246	14.8
1,001-1,500	45	0.3	54,192	6.3
1,501-2,000	24	0.2	40,537	4.7
2,001-2,500	12	0.1	26,540	3.1
2,501-3,000	4	0.0	10,567	1.2
3,001-3,500	5	0.0	16,122	1.9
3,501-4,000	2	0.0	7,880	0.9
4,001-4,500	4	0.0	17,181	2.0
4,501-5,000	2	0.0	9,912	1.2
5,001-5,500	1	0.0	5,406	0.6
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 2007 file for Kentucky, released by CMS in 5/2010. This table was produced on 03/10/2011.

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 2007.

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, 2007

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	110,041	37,941	71,271	799	23	7	1,181,988	382,243	793,191	6,277	237	40
Age												
5 and younger	8	1	7	0	0	0	93	12	81	0	0	0
6-14	10	0	8	0	2	0	118	0	94	0	24	0
15-20	290	0	284	3	3	0	3,289	0	3,225	32	32	0
21-44	21,091	5	20,496	574	15	1	231,757	54	226,789	4,753	157	4
45-64	28,478	55	28,206	210	2	5	309,688	567	307,627	1,452	12	30
65-74	26,601	9,949	16,640	11	0	1	292,428	100,991	191,393	38	0	6
75-84	19,745	14,876	4,867	1	1	0	208,913	153,341	55,558	2	12	0
85 and older	13,818	13,055	763	0	0	0	135,702	127,278	8,424	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	68,752	27,741	40,482	507	15	7	741,556	282,954	454,180	4,223	159	40
Male	41,289	10,200	30,789	292	8	0	440,432	99,289	339,011	2,054	78	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	89,715	31,959	57,021	710	21	4	958,755	318,679	634,301	5,535	213	27
African American	9,842	3,168	6,611	61	1	1	106,223	32,833	72,831	542	12	5
Other/unknown	10,484	2,814	7,639	28	1	2	117,010	30,731	86,059	200	12	8
Use of Nursing Facilities^c												
Entire year	12,602	10,765	1,837	0	0	0	128,644	108,340	20,304	0	0	0
Part year	9,301	7,260	2,036	5	0	0	89,961	68,056	21,855	50	0	0
None	88,138	19,916	67,398	794	23	7	963,383	205,847	751,032	6,227	237	40
Maintenance Assistance Status												
Cash	77,245	14,972	61,895	372	6	0	869,306	166,613	699,203	3,422	68	0
Medically needy	4,169	2,829	1,129	204	7	0	27,231	20,533	5,452	1,180	66	0
Poverty related	3,571	1,246	2,144	165	9	7	34,926	12,672	20,937	1,186	91	40
Other/unknown	25,056	18,894	6,103	58	1	0	250,525	182,425	67,599	489	12	0
Dual Status^d												
Full dual, all year	104,895	35,533	68,569	765	21	7	1,129,039	356,847	766,031	5,908	213	40
Full dual, part year	5,146	2,408	2,702	34	2	0	52,949	25,396	27,160	369	24	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	95,217	34,616	59,899	674	21	7	1,017,584	345,952	666,141	5,238	213	40
FFS part year, with Rx claims	517	258	259	0	0	0	5,735	2,780	2,955	0	0	0
FFS part year, no Rx claims	1,045	272	754	19	0	0	10,574	2,794	7,603	177	0	0
MC all year, with Rx claims	23	14	9	0	0	0	243	146	97	0	0	0
MC all year, no Rx claims	13,239	2,781	10,350	106	2	0	147,852	30,571	116,395	862	24	0
	0	0	0	0	0	0	0	0	0	0	0	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 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 2007. 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, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Benefit Months		Benefit Months	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	110,041	1,181,988	96,779	1,025,116	0	156,872
Fee-for-service (FFS) all year	95,217	1,017,584	95,217	1,017,584	0	0
FFS part year, with Rx claims	517	5,735	517	3,068	0	2,667
FFS part year, with no Rx claims	1,045	10,574	1,045	4,464	0	6,110
Managed care (MC) all year, with Rx claims	23	243	0	0	0	243
MC all year, with no Rx claims	13,239	147,852	0	0	0	147,852

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. 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