

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 KANSAS

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
KANSAS, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	311,084 (A)	55,795 (E)	255,289 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	299,683 (B)	46,623 (F)	253,060 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	263,300 (C)	45,600 (G)	217,700 (K)
4. Benes who were all-year nursing facility residents ^f	10,523 (D)	9,971 (H)	552 (L)

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were 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 Kansas in 2002 was \$223,883,357, of which \$5,551,196 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) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 were excluded from the analysis 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 were excluded from the analysis.
- 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2002. All benefit months of such dual eligible beneficiaries, of which 4.9 percent were restricted benefit months without a pharmacy benefit in Kansas, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of 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 = Center for Medicare and 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}
 KANSAS, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children
All	263,300	27,524	47,625	41,276	146,819	56	1,848,177	230,838	470,611	204,587	941,798	343					
Age																	
5 and younger	68,541	0	1,382	0	67,159	0	409,370	0	13,158	0	396,212	0					
6-14	63,350	0	4,694	0	58,656	0	449,105	0	47,726	0	401,379	0					
15-20	31,368	0	3,373	7,029	20,966	0	213,652	0	33,469	36,193	143,990	0					
21-44	50,720	1	18,176	32,494	38	11	341,905	6	182,475	159,127	217	80					
45-64	21,765	3	19,970	1,747	0	45	203,126	16	193,626	9,221	0	263					
65-74	8,479	8,446	29	4	0	0	78,967	78,782	151	34	0	0					
75-84	9,408	9,406	1	1	0	0	78,345	78,330	6	9	0	0					
85 and older	9,669	9,668	0	1	0	0	73,707	73,704	0	3	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Gender																	
Female	152,448	20,683	24,843	34,724	72,142	56	1,059,774	174,500	248,726	174,043	462,162	343					
Male	110,824	6,841	22,782	6,552	74,649	0	788,353	56,338	221,885	30,544	479,586	0					
Unknown	28	0	0	0	28	0	50	0	0	0	50	0					
Race																	
White	173,556	22,639	36,376	28,258	86,235	48	1,238,769	185,400	357,135	138,985	556,932	317					
African American	43,432	2,483	7,855	7,311	25,781	2	310,620	23,230	79,843	37,719	169,821	7					
Other/unknown	46,312	2,402	3,394	5,707	34,803	6	298,788	22,208	33,633	27,883	215,045	19					
Use of Nursing Facilities^c																	
Entire year	10,523	9,235	1,288	0	0	0	84,444	72,570	11,874	0	0	0					
Part year	5,067	4,271	793	3	0	0	39,242	31,801	7,417	24	0	0					
None	247,710	14,018	45,544	41,273	146,819	56	1,724,491	126,467	451,320	204,563	941,798	343					
Maintenance Assistance Status																	
Cash	101,732	7,202	34,223	24,341	35,966	0	772,273	72,272	350,230	124,323	225,448	0					
Medically needy	8,436	1,550	3,721	1,560	1,605	0	56,608	11,661	29,338	7,464	8,145	0					
Poverty-related	104,524	815	1,366	11,317	90,970	56	612,949	6,406	11,927	45,101	549,172	343					
Other/unknown	48,608	17,957	8,315	4,058	18,278	0	406,347	140,499	79,116	27,699	159,033	0					
Dual Medicare Status^d																	
Full dual, all year	40,980	24,683	16,096	188	12	1	369,297	206,284	161,691	1,207	109	6					
Full dual, part year	4,620	1,777	2,830	13	0	0	42,341	14,872	27,336	133	0	0					
Non-dual, all year	217,700	1,064	28,699	41,075	146,807	55	1,436,539	9,682	281,584	203,247	941,689	337					
Managed Care Status																	
FFS all year	180,460	19,195	42,525	24,466	94,230	44	1,559,407	187,764	442,662	154,029	774,676	276					
FFS part year, with Rx claims	36,109	7,962	4,361	7,681	16,095	10	164,002	41,305	24,253	27,601	70,784	59					
FFS part year, no Rx claims	46,731	367	739	9,129	36,494	2	124,768	1,769	3,696	22,957	96,338	8					

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 KANSAS, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	58.8 %	14.7	\$829	\$57	\$5,707	14.5 %	263,300
Age							
5 and younger	46.6	2.3	89	39	1,688	5.3	68,541
6-14	47.2	4.1	252	62	1,822	13.8	63,350
15-20	54.4	5.7	339	59	3,513	9.6	31,368
21-44	63.1	13.5	968	72	7,372	13.1	50,720
45-64	84.8	46.5	2,952	64	14,898	19.8	21,765
65-74	89.0	54.8	2,775	51	13,264	20.9	8,479
75-84	92.8	60.1	2,808	47	16,716	16.8	9,408
85 and older	95.4	56.1	2,309	41	20,007	11.5	9,669
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	92.5	57.1	2,625	46	16,820	15.6	27,524
Disabled	83.2	35.5	2,470	70	15,131	16.3	47,625
Adults	52.7	4.0	166	41	2,213	7.5	41,276
Children	46.3	2.9	147	50	1,546	9.5	146,819
Unknown	69.6	15.2	1,006	66	11,880	8.5	56
Gender							
Female	61.6	17.4	913	53	5,867	15.6	152,448
Male	55.0	11.0	714	65	5,488	13.0	110,824
Unknown	0.0	0.0	0	0	509	0.0	28
Race							
White	64.2	18.5	1,053	57	6,953	15.1	173,556
African American	49.9	9.1	513	56	4,153	12.3	43,432
Other/unknown	47.1	5.5	287	53	2,495	11.5	46,312
Use of Nursing Facilities^d							
Entire year	98.3	72.0	3,535	49	27,976	12.6	10,523
Part year	97.2	62.2	3,022	49	20,911	14.5	5,067
None	56.3	11.3	669	59	4,450	15.0	247,710

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	61.7	16.1	987	61	5,842	16.9	101,732
Medically needy	65.0	19.9	1,377	69	5,738	24.0	8,436
Poverty related	45.9	2.6	114	44	1,429	8.0	104,524
Other/unknown	79.5	36.7	1,942	53	14,619	13.3	48,608

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KANSAS, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				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
All	2.1	\$118	14.5 %	41.2 %	33.9 %	6.1 %	8.5 %	6.2 %	4.0 %	\$813	263,300	1,848,177
Age												
5 and younger	0.4	15	5.3	53.4	42.0	3.2	1.3	0.1	0.0	283	68,541	409,370
6-14	0.6	36	13.8	52.8	37.7	4.8	4.0	0.7	0.1	257	63,350	449,105
15-20	0.8	50	9.6	45.6	40.6	6.6	5.6	1.4	0.3	516	31,368	213,652
21-44	2.0	144	13.1	36.9	34.9	9.2	11.4	5.4	2.2	1,094	50,720	341,905
45-64	5.0	316	19.8	15.2	17.0	9.8	24.1	21.6	12.3	1,596	21,765	203,126
65-74	5.9	298	20.9	11.0	13.1	8.4	23.0	25.1	19.4	1,424	8,479	78,967
75-84	7.2	337	16.8	7.2	8.5	6.6	21.9	29.2	26.6	2,007	9,408	78,345
85 and older	7.4	303	11.5	4.6	6.9	6.3	24.0	32.0	26.2	2,625	9,669	73,707
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	6.8	313	15.6	7.5	9.4	7.0	22.9	28.9	24.3	2,006	27,524	230,838
Disabled	3.6	250	16.3	16.8	26.0	11.3	22.4	15.5	8.0	1,531	47,625	470,611
Adults	0.8	34	7.5	47.3	39.0	7.3	5.1	1.2	0.2	447	41,276	204,587
Children	0.5	23	9.5	53.7	39.7	3.9	2.3	0.4	0.1	241	146,819	941,798
Unknown	2.5	164	8.5	30.4	26.8	12.5	21.4	5.4	3.6	1,940	56	343
Gender												
Female	2.5	131	15.6	38.4	33.5	6.2	9.2	7.5	5.2	844	152,448	1,059,774
Male	1.5	100	13.0	45.0	34.6	5.9	7.7	4.4	2.4	772	110,824	788,353
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	285	28	50
Race												
White	2.6	148	15.1	35.8	33.5	6.8	10.3	8.1	5.5	974	173,556	1,238,769
African American	1.3	72	12.3	50.1	33.3	5.1	6.3	3.5	1.6	581	43,432	310,620
Other/unknown	0.8	45	11.5	52.9	36.3	4.2	4.2	1.7	0.7	387	46,312	298,788
Use of Nursing Facilities^d												
Entire year	9.0	441	12.6	1.7	4.4	4.6	20.3	33.8	35.1	3,486	10,523	84,444
Part year	8.0	390	14.5	2.8	6.2	6.3	22.6	34.2	27.9	2,700	5,067	39,242
None	1.6	96	15.0	43.7	35.8	6.1	7.8	4.5	2.2	639	247,710	1,724,491

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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				
Maintenance Assistance Status												
Cash	2.1	130	16.9	38.3	33.2	7.5	11.4	6.8	2.8	770	101,732	772,273
Medically needy	3.0	205	24.0	35.0	24.5	8.9	15.5	10.6	5.4	855	8,436	56,608
Poverty related	0.4	20	8.0	54.1	39.4	3.9	2.0	0.4	0.1	244	104,524	612,949
Other/unknown	4.4	232	13.3	20.5	25.3	7.2	15.3	16.8	14.8	1,749	48,608	406,347

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 KANSAS, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	2.1	\$118	\$57	1.0	\$92	\$94	0.2	\$8	\$51	1.0	\$18	\$19
Age												
5 and younger	0.4	15	39	0.2	11	65	0.0	1	43	0.2	3	14
6-14	0.6	36	62	0.3	28	88	0.0	3	69	0.2	4	20
15-20	0.8	50	59	0.4	40	91	0.1	4	56	0.3	6	18
21-44	2.0	144	72	0.9	115	122	0.2	10	66	0.9	19	21
45-64	5.0	316	64	2.4	248	104	0.4	22	59	2.2	46	21
65-74	5.9	298	51	2.7	227	84	0.5	19	42	2.7	52	19
75-84	7.2	337	47	3.2	253	79	0.6	23	38	3.4	61	18
85 and older	7.4	303	41	2.9	219	74	0.7	23	34	3.7	61	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.8	313	46	2.9	233	79	0.6	21	37	3.3	58	18
Disabled	3.6	250	70	1.8	199	113	0.3	17	64	1.6	33	22
Adults	0.8	34	41	0.3	25	79	0.1	3	41	0.4	6	13
Children	0.5	23	50	0.2	18	75	0.0	2	58	0.2	3	17
Unknown	2.5	164	66	1.2	143	122	0.1	4	53	1.2	17	14
Gender												
Female	2.5	131	53	1.1	101	89	0.2	9	46	1.2	21	18
Male	1.5	100	65	0.7	79	106	0.1	7	61	0.7	14	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	148	57	1.2	114	95	0.2	10	50	1.2	23	19
African American	1.3	72	56	0.6	56	97	0.1	5	54	0.6	11	18
Other/unknown	0.8	45	53	0.4	35	84	0.1	3	50	0.4	6	17
Use of Nursing Facilities^e												
Entire year	9.0	441	49	3.8	327	86	0.8	34	44	4.4	80	18
Part year	8.0	390	49	3.5	292	84	0.7	28	41	3.9	70	18
None	1.6	96	59	0.8	76	97	0.1	7	54	0.7	14	19

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.1	130	61	103	102	9	56	19
Medically needy	3.0	205	69	163	117	13	62	29
Poverty related	0.4	20	44	14	71	2	52	3
Other/unknown	4.4	232	53	178	89	17	46	38

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 Kansas, 0.4 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddeb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 KANSAS, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				\$ per Rx				Users				
	Patented		Generic		Patented		Generic		Patented		Generic		Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.3	0.2	0.0	0.1	\$16	\$13	\$1	\$2	\$50	\$83	\$74	\$14	302,000	\$15,186,779	103,561	39.3%	947,534
Biologics	0.5	0.4	0.0	0.0	594	460	68	66	1252	1,125	1,892	2,212	1,081	1,352,997	279	0.1	2,278
Antineoplastic Agents	0.6	0.3	0.0	0.3	121	96	4	20	189	344	108	64	13,574	2,568,392	2,352	0.9	21,269
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.3	35	27	3	5	40	62	22	17	384,080	15,210,389	46,416	17.6	432,105
Cardiovascular Agents	1.8	0.6	0.2	1.0	59	37	5	17	32	59	31	16	721,489	23,026,094	42,126	16.0	391,292
Respiratory Agents	0.6	0.3	0.1	0.2	31	22	4	5	54	68	69	24	337,184	18,090,801	61,720	23.4	579,156
Gastrointestinal Agents	0.8	0.4	0.0	0.3	60	53	2	5	75	120	112	16	248,676	18,613,852	33,166	12.6	312,218
Genitourinary Agents	0.5	0.4	0.0	0.1	30	28	0	2	57	68	34	16	69,391	3,924,696	14,415	5.5	131,635
CNS Drugs	1.3	0.8	0.1	0.4	121	103	7	11	95	126	100	28	608,467	57,644,390	51,172	19.4	477,003
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	42	29	5	8	60	71	59	38	60,989	3,655,581	9,063	3.4	87,091
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	94	91	0	3	127	133	0	55	25,439	3,236,276	3,937	1.5	34,490
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	40	29	3	7	52	110	70	16	414,100	21,554,616	58,595	22.3	545,578
Neuromuscular Agents	1.1	0.5	0.1	0.5	69	53	4	11	65	110	52	23	309,229	20,035,287	30,130	11.4	292,147
Nutritional Products	0.6	0.0	0.1	0.6	12	0	1	10	18	21	22	18	110,810	2,029,258	20,396	7.7	172,034
Hematological Agents	1.0	0.3	0.2	0.5	56	45	3	8	58	165	16	15	91,167	5,263,543	10,507	4.0	94,677
Topical Products	0.3	0.1	0.0	0.2	10	7	1	3	34	53	49	17	149,019	5,066,198	52,394	19.9	496,050
Miscellaneous Products	0.4	0.2	0.0	0.2	74	56	10	8	174	294	278	40	9,771	1,702,294	2,421	0.9	22,887
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	23	0	0	0	7,433	170,718	2,496	0.9	24,543
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.	3,863,899	218,332,161	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 6 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 therapeutic category during 2002. 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/products/product_mddb.asp (May 13 2003).

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 Kansas, 0.4 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/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 KANSAS, 2002

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$32,689,102	27,410	10.4 %	279,834	0.7	\$161		\$117
ANTIDEPRESSANTS	17,718,706	47,746	18.1	471,061	0.6	61		38
ANTICONVULSANT	15,202,190	24,061	9.1	247,754	0.8	77		61
ULCER DRUGS	13,603,166	29,266	11.1	293,891	0.6	84		46
ANTIASTHMATIC	9,186,345	47,391	18.0	461,862	0.4	55		20
ANALGESICS - Narcotic	9,170,211	57,434	21.8	565,713	0.4	41		16
ANALGESICS - ANTI-INFLAMMATORY	7,987,429	33,700	12.8	339,021	0.4	65		24
ANTIDIABETIC	7,763,720	18,519	7.0	187,465	0.8	54		41
ANTIHYPERTENSIVE	5,695,128	10,243	3.9	106,918	0.7	79		53
ANTIHYPERTENSIVE	5,521,030	23,656	9.0	237,484	0.7	33		23
Total	124,537,027	319,426		3,191,003	n.a.	n.a.		n.a.

Source: Data for this table are from the MAX 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.