

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>45,600</b>	<b>26,460</b>	<b>18,926</b>	<b>201</b>	<b>12</b>	<b>1</b>	<b>411,638</b>	<b>221,156</b>	<b>189,027</b>	<b>1,340</b>	<b>109</b>	<b>6</b>
<b>Age</b>												
5 and younger	3	0	2	0	1	0	36	0	24	0	12	0
6-14	8	0	6	0	2	0	65	0	60	0	5	0
15-20	103	0	96	2	5	0	1,063	0	1,006	13	44	0
21-44	8,909	0	8,741	164	4	0	89,817	0	88,704	1,065	48	0
45-64	10,087	2	10,052	32	0	1	99,338	15	99,077	240	0	6
65-74	7,798	7,768	28	2	0	0	72,180	72,017	150	13	0	0
75-84	9,173	9,171	1	1	0	0	76,427	76,412	6	9	0	0
85 and older	9,519	9,519	0	0	0	0	72,712	72,712	0	0	0	0
Unknown	0	0	0	0	0	0						
<b>Gender</b>												
Female	30,019	19,962	9,914	138	4	1	268,335	167,854	99,520	926	29	6
Male	15,581	6,498	9,012	63	8	0	143,303	53,302	89,507	414	80	0
Unknown	0	0	0	0	0	0						
<b>Race</b>												
White	37,831	22,149	15,519	154	8	1	336,739	181,120	154,553	990	70	6
African American	4,867	2,339	2,498	27	3	0	47,516	21,780	25,499	201	36	0
Other/unknown	2,902	1,972	909	20	1	0	27,383	18,256	8,975	149	3	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,971	9,095	876	0	0	0	79,655	71,500	8,155	0	0	0
Part year	4,634	4,192	441	1	0	0	35,282	31,207	4,068	7	0	0
None	30,995	13,173	17,609	200	12	1	296,701	118,449	176,804	1,333	109	6
<b>Maintenance Assistance Status</b>												
Cash	16,393	6,515	9,754	124	0	0	166,724	65,036	100,881	807	0	0
Medically needy	3,534	1,386	2,140	8	0	0	30,072	10,686	19,351	35	0	0
Poverty-related	1,933	810	1,070	50	2	1	16,627	6,382	9,893	341	5	6
Other/unknown	23,740	17,749	5,962	19	10	0	198,215	139,052	58,902	157	104	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care Status</b>												
FFS all year	34,169	18,304	15,706	148	10	1	351,497	178,983	171,243	1,164	101	6
FFS part year, with Rx claims	10,728	7,814	2,872	41	1	0	56,588	40,508	15,921	157	2	0
FFS part year, no Rx claims	703	342	348	12	1	0	3,553	1,665	1,863	19	6	0

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 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 2002. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	90.7 %	53.0	\$2,934	\$55	\$17,511	16.8 %	45,600
<b>Age</b>							
5 and younger	100.0	21.0	1,173	56	62,556	1.9	3
6-14	100.0	27.0	3,721	138	32,733	11.4	8
15-20	79.6	28.8	2,697	94	19,750	13.7	103
21-44	84.5	34.4	2,807	82	17,144	16.4	8,909
45-64	90.0	56.7	3,773	67	19,098	19.8	10,087
65-74	89.7	56.4	2,857	51	13,454	21.2	7,798
75-84	93.2	60.9	2,843	47	16,877	16.8	9,173
85 and older	95.5	56.4	2,319	41	20,054	11.6	9,519
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	93.0	58.0	2,660	46	17,023	15.6	26,460
Disabled	87.5	46.4	3,334	72	18,305	18.2	18,926
Adults	78.6	21.6	1,349	62	4,604	29.3	201
Children	66.7	39.1	3,794	97	58,606	6.5	12
Unknown	100.0	29.0	1,715	59	4,181	41.0	1
<b>Gender</b>							
Female	93.4	58.4	3,007	52	17,066	17.6	30,019
Male	85.4	42.5	2,795	66	18,367	15.2	15,581
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	91.4	55.8	3,078	55	18,469	16.7	37,831
African American	87.2	41.6	2,369	57	14,449	16.4	4,867
Other/unknown	86.2	36.3	2,010	55	10,150	19.8	2,902
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.3	71.6	3,450	48	27,431	12.6	9,971
Part year	97.1	61.3	2,890	47	18,976	15.2	4,634
None	87.2	45.8	2,775	61	14,100	19.7	30,995
<b>Maintenance Assistance Status</b>							
Cash	89.1	43.7	2,635	60	11,371	23.2	16,393
Medically needy	82.0	36.4	2,567	71	6,443	39.8	3,534
Poverty related	73.4	21.3	1,228	58	5,155	23.8	1,933
Other/unknown	94.4	64.4	3,335	52	24,404	13.7	23,740

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 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. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

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				More than 10
All	5.9	\$325	16.8 %	9.3 %	13.5 %	8.2 %	23.4 %	25.7 %	19.9 %	\$1,940	45,600	411,638
<b>Age</b>												
5 and younger	1.8	98	1.9	0.0	33.3	33.3	33.3	0.0	0.0	5,213	3	36
6-14	3.3	458	11.4	0.0	37.5	12.5	12.5	37.5	0.0	4,029	8	65
15-20	2.8	261	13.7	20.4	34.0	7.8	24.3	8.7	4.9	1,914	103	1,063
21-44	3.4	279	16.4	15.5	26.6	11.4	23.4	15.2	7.8	1,701	8,909	89,817
45-64	5.8	383	19.8	10.0	13.5	8.7	24.7	25.4	17.8	1,939	10,087	99,338
65-74	6.1	309	21.2	10.3	12.2	8.2	22.9	25.8	20.5	1,454	7,798	72,180
75-84	7.3	341	16.8	6.8	8.3	6.5	21.9	29.5	27.0	2,026	9,173	76,427
85 and older	7.4	304	11.6	4.5	6.9	6.3	23.9	32.1	26.2	2,625	9,519	72,712
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	6.9	318	15.6	7.0	8.9	6.9	22.9	29.4	24.8	2,037	26,460	221,156
Disabled	4.6	334	18.2	12.5	19.6	9.9	24.2	20.6	13.2	1,833	18,926	189,027
Adults	3.2	202	29.3	21.4	29.4	13.4	17.4	14.4	4.0	691	201	1,340
Children	4.3	418	6.5	33.3	16.7	8.3	16.7	16.7	8.3	6,452	12	109
Unknown	4.8	286	41.0	0.0	0.0	0.0	100.0	0.0	0.0	697	1	6
<b>Gender</b>												
Female	6.5	336	17.6	6.6	11.1	7.7	23.7	28.1	22.8	1,909	30,019	268,335
Male	4.6	304	15.2	14.6	18.0	9.3	22.8	21.0	14.3	1,997	15,581	143,303
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	6.3	346	16.7	8.6	11.9	7.7	23.0	27.1	21.8	2,075	37,831	336,739
African American	4.3	243	16.4	12.8	20.3	10.0	25.7	19.7	11.5	1,480	4,867	47,516
Other/unknown	3.8	213	19.8	13.8	22.2	11.8	25.7	17.0	9.5	1,076	2,902	27,383
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	9.0	432	12.6	1.7	4.3	4.7	20.3	33.8	35.2	3,434	9,971	79,655
Part year	8.0	380	15.2	2.9	6.2	6.0	22.6	34.2	28.1	2,492	4,634	35,282
None	4.8	290	19.7	12.8	17.5	9.7	24.6	21.8	13.7	1,473	30,995	296,701
<b>Maintenance Assistance Status</b>												
Cash	4.3	259	23.2	10.9	20.4	10.6	26.8	20.8	10.5	1,118	16,393	166,724
Medically needy	4.3	302	39.8	18.0	16.9	10.8	24.2	19.2	10.9	757	3,534	30,072
Poverty related	2.5	143	23.8	26.6	29.4	11.4	16.5	11.0	5.1	599	1,933	16,627
Other/unknown	7.7	399	13.7	5.6	6.8	5.9	21.5	31.2	28.9	2,923	23,740	198,215

Table D4

Dual Eligible Beneficiaries

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 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. 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 D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	5.9	\$325	\$55	2.7	\$250	\$94	0.5	\$23	\$47	2.7	\$52	\$19
<b>Age</b>												
5 and younger	1.8	98	56	0.9	66	72	0.0	0	0	0.8	31	38
6-14	3.3	458	138	1.7	421	247	0.2	19	113	1.4	18	12
15-20	2.8	261	94	1.7	225	131	0.1	5	43	1.0	31	33
21-44	3.4	279	82	1.7	224	133	0.3	20	74	1.5	34	24
45-64	5.8	383	67	2.8	301	109	0.4	28	63	2.5	54	21
65-74	6.1	309	51	2.8	235	84	0.5	19	41	2.8	54	19
75-84	7.3	341	47	3.2	256	80	0.6	23	38	3.5	62	18
85 and older	7.4	304	41	2.9	219	75	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
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.9	318	46	3.0	237	79	0.6	22	37	3.3	59	18
Disabled	4.6	334	72	2.3	265	117	0.4	24	67	2.0	45	22
Adults	3.2	202	62	1.5	164	108	0.2	9	47	1.5	29	19
Children	4.3	418	97	2.0	231	115	0.1	14	129	2.2	173	79
Unknown	4.8	286	59	2.8	263	93	0.0	0	0	2.0	23	12
<b>Gender</b>												
Female	6.5	336	52	2.9	257	87	0.5	23	43	3.0	56	18
Male	4.6	304	66	2.1	235	112	0.4	22	60	2.1	46	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	6.3	346	55	2.8	265	94	0.5	25	47	2.9	56	19
African American	4.3	243	57	1.9	186	99	0.3	17	51	2.0	39	19
Other/unknown	3.8	213	55	1.9	170	88	0.3	12	46	1.6	30	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	9.0	432	48	3.8	320	85	0.8	32	42	4.4	79	18
Part year	8.0	380	47	3.5	284	82	0.7	26	39	3.9	69	18
None	4.8	290	61	2.3	226	101	0.4	20	52	2.1	43	20
<b>Maintenance Assistance Status</b>												
Cash	4.3	259	60	2.1	203	99	0.3	17	52	1.9	38	20
Medically needy	4.3	302	71	2.0	241	120	0.3	20	63	2.0	41	21
Poverty related	2.5	143	58	1.1	112	98	0.2	9	47	1.1	22	19
Other/unknown	7.7	399	52	3.4	301	89	0.7	29	44	3.7	69	19

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 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 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\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos				
	0.4	0.2	0.0	0.2	\$27	\$23	\$2	\$3	\$62	\$105	\$78	\$15	110,943	\$6,911,539	27,258	59.8 %	
Anti-infective Agents	2.8	0.0	2.8	0.0	####	0	6,790	0	2,425	0	2,425	0	42	101,847	2	0.0	
Biologics	0.7	0.3	0.0	0.4	113	84	6	24	166	302	119	67	10,373	1,726,047	1,737	3.8	
Antineoplastic Agents	1.3	0.6	0.2	0.5	47	35	4	8	36	58	20	16	259,603	9,381,306	21,595	47.4	
Endocrine/Metabolic Drugs	2.2	0.7	0.2	1.3	69	43	6	20	31	58	30	16	568,172	17,807,797	28,391	62.3	
Cardiovascular Agents	0.9	0.5	0.1	0.3	52	37	7	8	56	69	74	27	150,172	8,398,473	16,967	37.2	
Respiratory Agents	1.0	0.5	0.0	0.4	73	64	1	7	72	118	85	16	181,365	13,119,167	19,581	42.9	
Gastrointestinal Agents	0.7	0.6	0.0	0.1	42	40	0	2	60	71	36	17	52,198	3,116,338	8,053	17.7	
Genitourinary Agents	1.6	1.0	0.1	0.5	151	126	10	14	94	124	101	29	371,014	34,879,896	25,164	55.2	
CNS Drugs	0.6	0.2	0.1	0.3	41	23	5	12	65	117	61	36	4,185	271,269	708	1.6	
Stimulants/Anti-obesity/Anorexia																	
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	112	110	0	2	128	131	0	45	23,234	2,968,584	3,143	6.9	
Neurological Agents	1.1	0.4	0.1	0.6	61	46	4	10	56	107	70	17	250,589	13,955,862	24,726	54.2	
Analgesics and Anesthetics	1.3	0.5	0.1	0.6	79	57	6	16	62	110	52	25	184,070	11,421,724	15,161	33.2	
Neuromuscular Agents	0.9	0.0	0.1	0.8	17	0	1	15	19	22	26	19	82,706	1,579,495	10,808	23.7	
Nutritional Products	1.1	0.3	0.2	0.6	56	44	3	9	51	142	15	15	76,901	3,957,616	8,010	17.6	
Hematological Agents	0.5	0.2	0.0	0.2	17	12	1	5	36	54	43	19	79,852	2,883,649	17,765	39.0	
Topical Products	0.5	0.2	0.1	0.2	106	79	15	12	202	327	293	52	5,967	1,205,018	1,235	2.7	
Miscellaneous Products	0.4	0.0	0.0	0.0	9	0	0	0	23	0	0	0	5,325	121,354	1,483	3.3	
Unknown Therapeutic Category	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,416,711	133,806,981	n.a.	n.a.	
<b>TOTAL NO. OF RX AND RX \$</b>																	

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 D.6 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 therapeutic category during 2002. 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/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$18,754,872	14,224	31.2 %	143,053	0.8	\$159
ANTIDEPRESSANTS	10,161,706	22,590	49.5	225,724	0.7	61
ULCER DRUGS	9,394,573	16,987	37.3	170,310	0.7	83
ANTICONVULSANT	7,825,547	11,924	26.1	122,863	0.9	72
ANALGESICS - Narcotic	5,545,331	23,917	52.4	242,676	0.5	45
ANALGESICS - ANTI-INFLAMMATORY	5,398,516	13,810	30.3	143,691	0.5	73
ANTI-DIABETIC	5,228,960	12,331	27.0	124,240	0.8	52
ANTI-ASTHMATIC	4,206,306	14,646	32.1	149,424	0.5	55
ANTI-HYPERLIPIDEMIC	4,073,919	6,937	15.2	72,072	0.7	79
ANTI-HYPERTENSIVE	3,982,605	15,407	33.8	152,906	0.8	35
Total	74,572,335	152,773		1,546,959	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 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 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](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; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	1,045,178	\$74,572,335	14,224	31.2 %	143,053	0.8	\$131	22,590	49.5 %	225,724	0.7	\$45
<b>Female</b>	729,096	48,943,510	8,563	28.5	85,216	0.8	112	16,333	54.4	162,926	0.7	45
<b>Disabled</b>	274,494	21,872,166	3,839	38.7	41,828	0.8	128	6,837	69.0	73,950	0.7	44
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	119	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	389	33,967	14	37.8	158	0.5	71	15	40.5	173	0.5	34
21-44	87,316	7,616,695	1,795	44.5	19,689	0.7	120	2,725	67.5	29,808	0.6	43
45-64	186,587	14,207,861	2,027	34.8	21,956	0.8	136	4,091	70.3	43,921	0.7	45
65-74	171	11,395	2	12.5	19	0.6	111	5	31.3	42	0.8	47
75-84	18	2,129	1	100.0	6	0.8	157	1	100.0	6	1.0	87
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	454,602	27,071,344	4,724	23.5	43,388	0.8	97	9,496	47.2	88,976	0.8	46
5 and younger	4	922	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	180	1	33.3	12	0.1	2	0	0.0	0	0.0	0
21-44	1,654	127,904	29	23.8	254	0.6	78	79	64.8	627	0.6	45
45-64	313	16,653	0	0.0	0	0.0	0	8	47.1	87	0.6	35
65-74	141,955	9,075,963	1,142	22.2	11,388	0.8	113	2,473	48.1	25,405	0.7	40
75-84	165,502	9,807,838	1,714	25.1	16,029	0.8	97	3,283	48.1	30,905	0.8	47
85 and older	145,159	8,041,872	1,838	23.0	15,705	0.8	84	3,653	45.7	31,952	0.9	50
<b>Male</b>	316,082	25,628,825	5,661	36.3	57,837	0.9	159	6,257	40.2	62,798	0.7	44
<b>Disabled</b>	185,233	17,577,037	3,921	43.5	42,213	0.9	177	3,717	41.2	39,872	0.7	44
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	21	1,299	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	916	81,566	20	33.9	211	0.9	124	24	40.7	276	0.7	42
21-44	79,572	8,044,316	2,145	45.6	23,328	0.8	162	1,884	40.1	20,438	0.6	41
45-64	104,565	9,439,326	1,751	41.3	18,631	1.0	197	1,807	42.7	19,145	0.7	46
65-74	159	10,530	5	41.7	43	0.7	116	2	16.7	13	0.5	9
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	130,849	8,051,788	1,740	26.5	15,624	0.8	111	2,540	38.7	22,926	0.8	45
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	84	20,559	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	382	24,607	6	13.0	69	0.3	64	23	50.0	201	0.2	10
45-64	199	15,458	6	33.3	47	0.4	98	6	33.3	61	0.5	30
65-74	56,863	3,695,085	625	23.8	6,185	0.9	130	899	34.2	8,863	0.8	44
75-84	46,744	2,848,836	678	28.9	5,884	0.8	109	954	40.7	8,413	0.8	45
85 and older	26,577	1,447,243	425	27.7	3,439	0.8	82	658	43.0	5,388	0.8	48
<b>Unknown</b>	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 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>16,987</b>	<b>37.3 %</b>	<b>170,310</b>	<b>0.7</b>	<b>\$55</b>	<b>11,924</b>	<b>26.1 %</b>	<b>122,863</b>	<b>0.9</b>	<b>\$64</b>	<b>23,917</b>	<b>52.4 %</b>	<b>242,676</b>	<b>0.5</b>	<b>\$23</b>
<b>Female</b>	12,342	41.1	123,622	0.7	55	7,469	24.9	76,589	0.9	60	17,640	58.8	179,211	0.5	22
<b>Disabled</b>	4,085	41.2	44,642	0.6	53	4,185	42.2	45,129	0.8	73	7,356	74.2	80,425	0.5	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.4	5	0	0.0	0	0.0	0
15-20	6	16.2	65	0.3	53	14	37.8	157	0.7	54	17	45.9	193	0.2	4
21-44	1,350	33.4	14,924	0.5	43	1,848	45.8	20,064	0.8	79	2,774	68.7	30,661	0.4	20
45-64	2,725	46.8	29,625	0.6	58	2,320	39.9	24,878	0.9	68	4,555	78.3	49,492	0.5	26
65-74	3	18.8	22	0.6	73	2	12.5	18	0.5	22	9	56.3	73	0.4	14
75-84	1	100.0	6	0.8	100	0	0.0	0	0.0	0	1	100.0	6	0.3	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	8,257	41.1	78,980	0.7	57	3,284	16.3	31,460	0.9	42	10,284	51.2	98,786	0.6	20
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	50.0	2	1.0	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	12	1.0	13	0	0.0	0	0.0	0
21-44	35	28.7	306	0.4	43	32	26.2	263	0.8	111	90	73.8	775	0.6	24
45-64	5	29.4	41	0.6	62	6	35.3	66	0.7	37	12	70.6	120	0.5	10
65-74	2,324	45.2	24,447	0.6	57	1,099	21.4	11,367	0.8	48	3,040	59.1	32,196	0.5	19
75-84	2,855	41.8	27,439	0.7	55	1,261	18.5	11,939	0.9	41	3,496	51.2	33,874	0.6	20
85 and older	3,037	38.0	26,745	0.8	58	885	11.1	7,813	0.8	34	3,646	45.6	31,821	0.6	21
<b>Male</b>	4,645	29.8	46,688	0.7	55	4,455	28.6	46,274	0.9	70	6,277	40.3	63,465	0.5	26
<b>Disabled</b>	2,358	26.2	25,466	0.6	55	3,230	35.8	34,734	0.9	77	3,719	41.3	39,756	0.5	31
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	3	150.0	24	0.5	51	0	0.0	0	0.0	0	1	50.0	12	0.1	1
15-20	8	13.6	96	0.5	38	21	35.6	250	1.0	121	23	39.0	272	0.2	2
21-44	986	21.0	10,905	0.6	52	1,669	35.5	18,185	0.9	79	1,762	37.5	19,042	0.4	27
45-64	1,359	32.1	14,433	0.7	58	1,537	36.3	16,272	1.0	75	1,929	45.5	20,414	0.5	35
65-74	2	16.7	8	0.8	35	3	25.0	27	1.1	30	4	33.3	16	0.4	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,287	34.8	21,222	0.7	55	1,225	18.6	11,540	0.9	47	2,558	38.9	23,709	0.5	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	100.0	39	0.5	122	1	25.0	12	2.0	139	0	0.0	0	0.0	0
21-44	9	19.6	74	0.4	46	13	28.3	128	0.4	40	31	67.4	268	0.4	9
45-64	3	16.7	19	0.5	52	5	27.8	32	0.6	90	9	50.0	58	0.6	16
65-74	898	34.2	9,054	0.7	55	569	21.7	5,714	1.0	52	1,027	39.1	10,250	0.5	18
75-84	799	34.1	7,156	0.7	55	436	18.6	3,990	0.9	42	911	38.9	8,288	0.5	19
85 and older	574	37.5	4,880	0.8	56	201	13.1	1,664	1.0	40	580	37.9	4,845	0.5	16
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					ANTI-ASTHMATIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>13,810</b>	<b>30.3 %</b>	<b>143,691</b>	<b>0.5</b>	<b>\$38</b>	<b>12,331</b>	<b>27.0 %</b>	<b>124,240</b>	<b>0.8</b>	<b>\$42</b>	<b>14,646</b>	<b>32.1 %</b>	<b>149,424</b>	<b>0.5</b>	<b>\$28</b>
<b>Female</b>	10,201	34.0	105,720	0.5	40	8,823	29.4	89,667	0.8	42	10,281	34.2	105,807	0.5	28
<b>Disabled</b>	4,049	40.8	44,719	0.4	33	2,720	27.4	29,403	0.8	46	4,167	42.0	45,927	0.4	26
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	13	35.1	147	0.2	17	2	5.4	24	0.1	4	4	10.8	47	0.3	26
21-44	1,438	35.6	15,980	0.3	22	524	13.0	5,627	0.7	41	1,382	34.2	15,344	0.4	21
45-64	2,598	44.7	28,592	0.5	40	2,189	37.6	23,727	0.8	47	2,777	47.7	30,494	0.5	29
65-74	0	0.0	0	0.0	0	5	31.3	25	0.6	62	4	25.0	42	0.4	27
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	6,152	30.6	61,001	0.6	45	6,103	30.4	60,264	0.8	40	6,114	30.4	59,880	0.5	29
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	48	39.3	386	0.3	22	8	6.6	91	0.5	25	35	28.7	325	0.4	21
45-64	9	52.9	104	0.4	20	5	29.4	27	0.4	32	10	58.8	75	0.3	21
65-74	1,973	38.4	21,190	0.5	43	2,298	44.7	24,239	0.8	43	2,135	41.5	22,753	0.5	31
75-84	2,133	31.2	21,305	0.6	47	2,322	34.0	22,937	0.9	41	2,110	30.9	20,313	0.6	30
85 and older	1,989	24.9	18,016	0.7	47	1,470	18.4	12,970	0.9	34	1,824	22.8	16,414	0.5	24
<b>Male</b>	3,609	23.2	37,971	0.5	30	3,508	22.5	34,573	0.8	43	4,365	28.0	43,617	0.5	29
<b>Disabled</b>	2,040	22.6	22,345	0.4	26	1,595	17.7	16,747	0.8	46	1,966	21.8	21,328	0.5	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	10	16.9	119	0.2	9	4	6.8	48	0.8	30	8	13.6	96	0.2	8
21-44	913	19.4	10,111	0.3	16	429	9.1	4,614	0.7	45	745	15.8	8,188	0.4	24
45-64	1,115	26.3	12,101	0.5	33	1,161	27.4	12,075	0.8	46	1,207	28.5	13,005	0.5	29
65-74	2	16.7	14	0.4	49	1	8.3	10	0.3	15	6	50.0	39	0.7	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,569	23.9	15,626	0.5	37	1,913	29.1	17,826	0.8	39	2,399	36.5	22,289	0.6	32
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	1	25.0	12	0.3	18	0	0.0	0	0.0	0	1	25.0	12	0.9	230
21-44	19	41.3	159	0.3	16	6	13.0	49	0.5	32	11	23.9	98	0.3	15
45-64	4	22.2	30	0.4	18	5	27.8	37	1.0	45	4	22.2	38	0.5	33
65-74	670	25.5	7,123	0.5	35	865	32.9	8,611	0.8	42	1,006	38.3	10,119	0.6	33
75-84	540	23.0	5,271	0.6	38	695	29.7	6,262	0.9	39	885	37.8	7,976	0.6	32
85 and older	335	21.9	3,031	0.7	44	342	22.3	2,867	0.9	32	492	32.1	4,046	0.6	27
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIHYPERTENSIVE				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Users as % of Dual Benes	Mean No. of Rx	Mean Rx \$	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx									
<b>All</b>	<b>6,937</b>	<b>15.2 %</b>	<b>72,072</b>	<b>0.7</b>	<b>\$57</b>	<b>15,407</b>	<b>33.8 %</b>	<b>152,906</b>	<b>0.8</b>	<b>\$26</b>	<b>45,600</b>	<b>411,638</b>					
<b>Female</b>	4,865	16.2	50,646	0.7	57	10,997	36.6	109,059	0.8	26	30,019	268,335					
<b>Disabled</b>	1,726	17.4	18,777	0.6	52	2,639	26.6	28,389	0.7	24	9,914	99,520					
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	3	75.0	30	0.3	2	4	42					
15-20	0	0.0	0	0.0	0	4	10.8	24	0.3	13	37	392					
21-44	295	7.3	3,254	0.6	45	486	12.0	5,282	0.6	19	4,038	41,274					
45-64	1,428	24.5	15,504	0.7	54	2,140	36.8	23,001	0.7	25	5,817	57,704					
65-74	3	18.8	19	0.5	40	6	37.5	52	0.6	17	16	90					
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6					
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
<b>Other Eligibles</b>	3,139	15.6	31,869	0.8	60	8,358	41.6	80,670	0.8	27	20,105	168,815					
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.2	38	1	12					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25					
21-44	5	4.1	28	0.5	38	14	11.5	133	0.2	7	122	790					
45-64	4	23.5	38	0.7	52	10	58.8	78	0.4	12	17	144					
65-74	1,403	27.3	14,972	0.7	58	2,500	48.6	26,212	0.7	26	5,144	48,399					
75-84	1,250	18.3	12,430	0.8	62	2,996	43.9	28,809	0.8	28	6,829	57,878					
85 and older	477	6.0	4,401	0.8	59	2,836	35.5	25,414	0.9	27	7,987	61,562					
<b>Male</b>	2,072	13.3	21,426	0.7	56	4,410	28.3	43,847	0.7	25	15,581	143,303					
<b>Disabled</b>	1,146	12.7	12,288	0.7	54	1,902	21.1	20,262	0.7	24	9,012	89,507					
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	3	150.0	24	0.4	3	2	18					
15-20	6	10.2	63	0.8	69	12	20.3	144	0.4	11	59	614					
21-44	346	7.4	3,748	0.7	50	609	12.9	6,515	0.7	24	4,703	47,430					
45-64	791	18.7	8,457	0.7	56	1,272	30.0	13,539	0.7	24	4,235	41,373					
65-74	3	25.0	20	0.6	57	6	50.0	40	0.9	17	12	60					
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
<b>Other Eligibles</b>	926	14.1	9,138	0.8	58	2,508	38.2	23,585	0.8	27	6,569	53,796					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	1	25.0	9	0.1	5	3	75.0	27	0.9	412	4	32					
21-44	5	10.9	41	0.2	25	8	17.4	74	0.4	11	46	323					
45-64	1	5.6	5	0.4	48	2	11.1	17	1.0	31	18	117					
65-74	512	19.5	5,232	0.7	57	1,063	40.5	10,659	0.7	26	2,626	23,631					
75-84	321	13.7	3,101	0.8	60	919	39.2	8,517	0.8	26	2,343	18,543					
85 and older	86	5.6	750	0.8	57	513	33.5	4,291	0.9	27	1,532	11,150					
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					

Table D7D

Dual Eligible Beneficiaries

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

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$432</b>	<b>9.0</b>	<b>9,971</b>	<b>79,655</b>
<b>Age</b>				
0-64	716	9.2	873	8,138
65-74	498	9.7	1,131	9,736
75-84	450	9.5	2,957	23,393
85 and older	344	8.4	5,010	38,388
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	412	9.1	7,400	58,916
Male	488	8.7	2,571	20,739
Unknown	0	0.0	0	0
<b>Race</b>				
White	432	9	9,254	73,575
African American	435	7.7	489	4,282
Other/unknown	441	9.4	228	1,798
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	400	8.9	9,095	71,500
Disabled	716	9.2	876	8,155
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 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 = Center for Medicare and 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos					
	Total	Patented	Off-Patent	Brand-Name	Generic	Total						Patented	Off-Patent	Brand-Name	Generic	
Anti-infective Agents	0.5	0.2	0.0	0.2	\$17	\$1	\$3	\$44	\$70	\$59	\$13	28,461	\$1,246,971	7,177	72.0 %	59,697
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.8	0.2	0.1	0.5	106	58	9	40	244	129	79	3,423	449,649	540	5.4	4,242
Endocrine/Metabolic Drugs	1.6	0.7	0.3	0.7	50	36	4	10	54	17	14	67,800	2,089,149	5,080	50.9	41,420
Cardiovascular Agents	2.8	0.7	0.3	1.8	67	33	7	27	50	27	15	166,963	4,058,921	7,503	75.2	60,661
Respiratory Agents	1.0	0.5	0.1	0.4	47	30	6	11	63	64	26	33,493	1,570,113	3,944	39.6	33,161
Gastrointestinal Agents	1.4	0.7	0.0	0.7	77	66	1	10	99	73	15	54,714	3,097,157	4,901	49.2	40,161
Genitourinary Agents	0.9	0.7	0.0	0.2	52	48	0	3	67	34	18	19,235	1,093,819	2,553	25.6	21,061
CNS Drugs	2.1	1.4	0.2	0.5	191	160	17	14	111	96	27	123,837	11,019,505	7,016	70.4	57,646
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.1	0.7	33	13	5	14	106	49	20	818	28,416	120	1.2	874
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	138	138	0	0	119	0	24	12,105	1,435,841	1,319	13.2	10,424
Analgesics and Anesthetics	1.4	0.6	0.1	0.6	68	55	4	9	87	47	14	59,218	2,960,219	5,409	54.2	43,757
Neuromuscular Agents	1.7	0.6	0.2	1.0	86	50	7	28	81	47	29	50,194	2,467,299	3,368	33.8	28,824
Nutritional Products	1.1	0.0	0.1	1.0	21	0	2	18	19	26	18	33,793	615,303	3,660	36.7	29,735
Hematological Agents	1.6	0.4	0.3	0.9	70	54	4	12	127	13	14	29,653	1,303,777	2,287	22.9	18,509
Topical Products	0.6	0.3	0.0	0.3	19	12	1	6	50	36	18	27,772	879,430	5,357	53.7	45,306
Miscellaneous Products	0.3	0.2	0.0	0.2	17	12	0	5	76	0	26	1,040	49,560	351	3.5	2,982
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	0	0	0	1,723	36,430	458	4.6	3,965
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.	714,242	34,401,559	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 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.
- 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). 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.

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; 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$5,617,748	4,081	40.9 %	38,219	1.0	\$143	\$147
ANTIDEPRESSANTS	3,069,326	5,695	57.1	52,575	1.0	60	58
ULCER DRUGS	2,122,784	3,747	37.6	33,823	0.9	68	63
ANTICONVULSANT	1,324,328	2,504	25.1	24,193	1.1	49	55
ANALGESICS - ANTI-INFLAMMATORY	1,186,683	2,373	23.8	22,193	0.8	68	53
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,104,722	1,118	11.2	9,618	1.0	119	115
ANALGESICS - Narcotic	1,012,706	4,126	41.4	36,934	0.7	40	27
ANTIDIABETIC	965,742	2,512	25.2	22,969	1.0	41	42
ANTIHYPERTENSIVE	876,210	3,204	32.1	28,756	1.0	31	30
ANTIASTHMATIC	778,471	2,866	28.7	26,698	0.6	46	29
<b>Total</b>	<b>18,058,720</b>	<b>32,226</b>		<b>295,978</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 2002. 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 2002 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/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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



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, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as %		Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	NF Residents	No. of Users	Users as %		Mean No. of Rx	Mean Rx \$	
				of All-Year	of All-Year						Residents	Residents			
<b>All</b>	<b>269,894</b>	<b>\$18,058,720</b>	<b>4,081</b>	<b>40.9 %</b>	<b>38,219</b>	<b>1.0</b>	<b>\$147</b>	<b>5,695</b>	<b>57.1 %</b>	<b>52,575</b>	<b>1.0</b>	<b>\$68</b>			
<b>Female</b>	193,843	12,217,501	2,703	36.5	25,175	1.0	122	4,273	57.7	39,379	1.0	58			
<b>Disabled</b>	17,394	1,525,091	308	77.2	3,217	1.4	227	291	72.9	2,978	1.0	73			
64 or younger	17,365	1,522,246	307	77.3	3,211	1.4	227	289	72.8	2,970	1.0	73			
65-74	6	122	0	0.0	0	0.0	0	1	100.0	2	1.5	30			
75-84	23	2,723	1	100.0	6	0.8	157	1	100.0	6	1.0	87			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	176,449	10,692,410	2,395	34.2	21,958	0.9	107	3,982	56.9	36,401	1.0	57			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	24,978	1,689,092	368	55.3	3,509	1.0	132	503	75.5	4,811	1.0	59			
75-84	63,892	3,908,692	901	42.2	8,530	0.9	109	1,363	63.9	12,581	1.0	58			
85 and older	87,579	5,094,626	1,126	26.8	9,919	0.9	96	2,116	50.4	19,009	1.0	56			
<b>Male</b>	76,051	5,841,219	1,378	53.6	13,044	1.2	195	1,422	55.3	13,196	1.0	58			
<b>Disabled</b>	21,612	2,467,673	496	104.0	5,082	1.6	323	294	61.6	3,023	1.0	66			
64 or younger	21,544	2,463,839	494	103.8	5,064	1.6	324	294	61.8	3,023	1.0	66			
65-74	68	3,834	2	200.0	18	1.2	163	0	0.0	0	0.0	0			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	54,439	3,373,546	882	42.1	7,962	0.9	113	1,128	53.9	10,173	0.9	56			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	15,709	1,028,296	248	53.6	2,443	1.0	130	283	61.1	2,763	1.0	61			
75-84	21,333	1,358,942	369	44.8	3,264	0.9	118	451	54.8	4,045	0.9	56			
85 and older	17,397	986,308	265	32.8	2,255	0.8	85	394	48.8	3,365	0.9	53			
<b>Unknown</b>	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 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 2002. 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 2002 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANALGESICS - ANTI-INFLAMMATORY					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
<b>All</b>	<b>3,747</b>	<b>33,823</b>	<b>0.9</b>	<b>2,504</b>	<b>24,193</b>	<b>1.1</b>	<b>2,373</b>	<b>22,193</b>	<b>1.1</b>	<b>2,373</b>	<b>22,193</b>	<b>1.1</b>	<b>2,373</b>	<b>22,193</b>	<b>1.1</b>	<b>2,373</b>	<b>22,193</b>	<b>1.1</b>
<b>Female</b>	2,804	25,281	0.9	1,651	15,829	1.1	1,829	17,037	1.1	1,829	17,037	1.1	1,829	17,037	1.1	1,829	17,037	1.1
<b>Disabled</b>	158	1,610	0.9	276	2,872	1.3	276	2,872	1.3	276	2,872	1.3	276	2,872	1.3	276	2,872	1.3
64 or younger	157	1,604	0.9	276	2,872	1.3	276	2,872	1.3	276	2,872	1.3	276	2,872	1.3	276	2,872	1.3
65-74	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
75-84	1	6	0.8	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
<b>Other Eligibles</b>	2,646	23,671	0.9	1,375	12,957	1.1	1,720	15,907	1.1	1,720	15,907	1.1	1,720	15,907	1.1	1,720	15,907	1.1
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
65-74	282	2,690	0.9	295	3,032	1.2	207	2,058	1.2	207	2,058	1.2	207	2,058	1.2	207	2,058	1.2
75-84	848	7,662	0.9	573	5,337	1.1	550	5,180	1.1	550	5,180	1.1	550	5,180	1.1	550	5,180	1.1
85 and older	1,516	13,319	0.9	507	4,588	1.0	963	8,669	1.0	963	8,669	1.0	963	8,669	1.0	963	8,669	1.0
<b>Male</b>	943	8,542	0.9	853	8,364	1.2	544	5,156	1.2	544	5,156	1.2	544	5,156	1.2	544	5,156	1.2
<b>Disabled</b>	172	1,717	0.9	332	3,448	1.3	93	940	1.3	93	940	1.3	93	940	1.3	93	940	1.3
64 or younger	172	1,717	0.9	330	3,430	1.3	93	940	1.3	93	940	1.3	93	940	1.3	93	940	1.3
65-74	0	0	0.0	2	18	1.4	0	0	1.4	0	0	1.4	0	0	1.4	0	0	1.4
75-84	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
<b>Other Eligibles</b>	771	6,825	0.9	521	4,916	1.1	451	4,216	1.1	451	4,216	1.1	451	4,216	1.1	451	4,216	1.1
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
65-74	175	1,693	1.0	194	1,960	1.2	95	961	1.2	95	961	1.2	95	961	1.2	95	961	1.2
75-84	284	2,430	0.9	206	1,951	1.0	185	1,748	1.0	185	1,748	1.0	185	1,748	1.0	185	1,748	1.0
85 and older	312	2,702	0.9	121	1,005	1.1	171	1,507	1.1	171	1,507	1.1	171	1,507	1.1	171	1,507	1.1
<b>Unknown</b>	0	0	0.0	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 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 2002. 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 2002 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANALGESICS - Narcotic						ANTIDIABETIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx
<b>All</b>	<b>1,118</b>	<b>11.2 %</b>	<b>1.0</b>	<b>4,126</b>	<b>41.4 %</b>	<b>0.7</b>	<b>2,512</b>	<b>25.2 %</b>	<b>\$27</b>	<b>22,969</b>	<b>1.0</b>	<b>\$42</b>						
<b>Female</b>	837	11.3	1.0	3,249	43.9	0.7	1,818	24.6	29	16,844	1.0	42						
<b>Disabled</b>	27	6.8	0.9	190	47.6	0.7	100	25.1	29	995	1.0	48						
64 or younger	26	6.5	0.9	188	47.4	0.7	99	24.9	29	993	1.0	48						
65-74	0	0.0	0.0	1	100.0	1.0	1	100.0	17	2	0.5	14						
75-84	1	100.0	0.8	6	100.0	0.3	0	0.0	12	0	0.0	0						
85 and older	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0						
<b>Other Eligibles</b>	810	11.6	1.0	3,059	43.7	0.7	1,718	24.5	29	15,849	1.0	41						
64 or younger	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0						
65-74	78	11.7	0.9	348	52.3	0.8	284	42.6	37	2,732	1.0	43						
75-84	302	14.2	1.0	969	45.4	0.8	691	32.4	30	6,579	1.1	46						
85 and older	430	10.2	0.9	1,742	41.5	0.7	743	17.7	27	6,538	1.0	36						
<b>Male</b>	281	10.9	1.0	877	34.1	0.6	694	27.0	22	6,125	1.0	43						
<b>Disabled</b>	19	4.0	0.9	132	27.7	0.6	109	22.9	27	1,036	1.0	42						
64 or younger	19	4.0	0.9	132	27.7	0.6	109	22.9	27	1,036	1.0	42						
65-74	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0						
75-84	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0						
85 and older	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0						
<b>Other Eligibles</b>	262	12.5	1.0	745	35.6	0.6	585	27.9	21	5,089	1.0	43						
64 or younger	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0						
65-74	40	8.6	1.1	162	35.0	0.6	157	33.9	27	1,503	1.0	50						
75-84	127	15.4	0.9	297	36.1	0.6	232	28.2	16	1,937	1.1	45						
85 and older	95	11.8	1.1	286	35.4	0.6	196	24.3	22	1,649	1.0	34						
<b>Unknown</b>	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 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 2002. 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 2002 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					Mean Rx \$	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		No. of Bene		Mean No. of Rx	Users as %		No. of Bene		Mean No. of Rx			
	No. of Users	Residents	NF Residents	Users		NF Residents	Users	Residents	Users				
<b>All</b>	<b>3,204</b>	<b>32.1 %</b>	<b>28,756</b>	<b>1.0</b>	<b>\$31</b>	<b>2,866</b>	<b>28.7 %</b>	<b>26,698</b>	<b>0.6</b>	<b>\$29</b>	<b>9,971</b>	<b>79,655</b>	
<b>Female</b>	2,383	32.2	21,348	1.0	30	1,980	26.8	18,488	0.6	27	7,400	58,916	
<b>Disabled</b>	87	21.8	912	0.9	32	100	25.1	1,036	0.7	32	399	3,650	
64 or younger	87	21.9	912	0.9	32	100	25.2	1,036	0.7	32	397	3,642	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
<b>Other Eligibles</b>	2,296	32.8	20,436	1.0	30	1,880	26.9	17,452	0.6	27	7,001	55,266	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	220	33.0	2,073	0.9	32	245	36.8	2,419	0.6	34	666	5,713	
75-84	751	35.2	6,653	1.0	32	652	30.6	6,035	0.6	31	2,133	17,124	
85 and older	1,325	31.5	11,710	1.0	29	983	23.4	8,998	0.5	22	4,202	32,429	
<b>Male</b>	821	31.9	7,408	1.0	32	886	34.5	8,210	0.7	33	2,571	20,739	
<b>Disabled</b>	106	22.2	1,095	1.0	33	134	28.1	1,435	0.6	33	477	4,505	
64 or younger	104	21.8	1,077	1.0	33	134	28.2	1,435	0.6	33	476	4,496	
65-74	2	200.0	18	1.2	16	0	0.0	0	0.0	0	1	9	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
<b>Other Eligibles</b>	715	34.1	6,313	1.0	31	752	35.9	6,775	0.8	33	2,094	16,234	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	184	39.7	1,714	1.0	34	163	35.2	1,628	0.8	32	463	4,012	
75-84	269	32.7	2,415	0.9	30	319	38.8	2,880	0.7	35	823	6,263	
85 and older	262	32.4	2,184	1.0	31	270	33.4	2,267	0.8	32	808	5,959	
<b>Unknown</b>	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 2002 file for Kansas, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 4,634 beneficiaries who were in nursing facilities for part of their enrollment and their 35,282 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 2002. 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 2002 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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<sup>a,b</sup>  
 KANSAS, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx \$	Total No. of Benes
			4.7	48.4 %					
<b>All</b>	<b>22,061</b>	<b>48.4 %</b>	<b>4.7</b>	<b>48.4 %</b>	<b>214,830</b>	<b>\$2,978,458</b>	<b>\$14</b>	<b>2.2 %</b>	<b>45,600</b>
<b>Age</b>									
5 and younger	2	66.7	1.3	66.7	4	21	5	0.6	3
6-14	6	75.0	5.9	75.0	47	564	12	1.9	8
15-20	28	27.2	2.5	27.2	259	9,801	38	3.5	103
21-44	2,384	26.8	1.9	26.8	16,985	358,450	21	1.4	8,909
45-64	4,220	41.8	3.6	41.8	36,587	627,995	17	1.7	10,087
65-74	3,516	45.1	4.2	45.1	32,911	462,705	14	2.1	7,798
75-84	5,286	57.6	5.9	57.6	54,489	674,095	12	2.6	9,173
85 and older	6,619	69.5	7.7	69.5	73,548	844,827	11	3.8	9,519
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	15,414	58.3	6.1	58.3	160,870	1,980,573	12	2.8	26,460
Disabled	6,610	34.9	2.8	34.9	53,670	989,641	18	1.6	18,926
Adults	33	16.4	0.8	16.4	161	3,292	20	1.2	201
Children	3	25.0	10.3	25.0	124	4,868	39	10.7	12
Unknown	1	100.0	5.0	100.0	5	84	17	4.9	1
<b>Gender</b>									
Female	16,045	53.4	5.4	53.4	160,870	2,248,040	14	2.5	30,019
Male	6,016	38.6	3.5	38.6	53,960	730,418	14	1.7	15,581
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	0
<b>Race</b>									
White	19,262	50.9	5.1	50.9	193,523	2,684,049	14	2.3	37,831
African American	1,837	37.7	3.0	37.7	14,470	205,301	14	1.8	4,867
Other/unknown	962	33.1	2.4	33.1	6,837	89,108	13	1.5	2,902
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	7,452	74.7	9.2	74.7	92,163	1,074,258	12	3.1	9,971
Part year	3,424	73.9	6.6	73.9	30,701	369,585	12	2.8	4,634
None	11,185	36.1	3.0	36.1	91,966	1,534,615	17	1.8	30,995
<b>Maintenance Assistance Status</b>									
Cash	5,467	33.3	2.6	33.3	42,180	726,351	17	1.7	16,393
Medically needy	1,057	29.9	1.9	29.9	6,729	106,993	16	1.2	3,534
Poverty related	419	21.7	1.1	21.7	2,182	37,000	17	1.6	1,933
Other/unknown	15,118	63.7	6.9	63.7	163,739	2,108,114	13	2.7	23,740

Table D11

Dual Eligible Beneficiaries

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and 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<sup>a,b</sup>  
 KANSAS, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.5	\$7	\$14	\$0	\$1	411,638
<b>Age</b>						
5 and younger	0.1	1	5	0	0	36
6-14	0.7	9	12	0	1	65
15-20	0.2	9	38	0	3	1,063
21-44	0.2	4	21	0	1	89,817
45-64	0.4	6	17	0	1	99,338
65-74	0.5	6	14	0	1	72,180
75-84	0.7	9	12	0	0	76,427
85 and older	1.0	12	11	0	0	72,712
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.7	9	12	0	0	221,156
Disabled	0.3	5	18	0	1	189,027
Adults	0.1	2	20	0	1	1,340
Children	1.1	45	39	2	6	109
Unknown	0.8	14	17	0	0	6
<b>Gender</b>						
Female	0.6	8	14	0	1	268,335
Male	0.4	5	14	0	1	143,303
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	8	14	0	1	336,739
African American	0.3	4	14	0	0	47,516
Other/unknown	0.2	3	13	0	1	27,383
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.2	13	12	0	1	79,655
Part year	0.9	10	12	0	1	35,282
None	0.3	5	17	0	1	296,701
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	17	0	1	166,724
Medically needy	0.2	4	16	0	1	30,072
Poverty related	0.1	2	17	0	0	16,627
Other/unknown	0.8	11	13	0	1	198,215

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and 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<sup>a,b,c</sup>  
 KANSAS, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>29,695</b>	<b>\$100</b>	<b>\$2,978,458</b>	<b>100.0 %</b>	<b>214,830</b>	<b>\$14</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	21	221	4,648	0.2	48	97	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	65	139	9,058	0.3	260	35	0.1
Vitamins and minerals	10,652	147	1,570,711	52.7	81,790	19	38.1
Non-prescription drugs	14,634	55	798,124	26.8	101,482	8	47.2
Barbiturates	562	75	42,242	1.4	6,296	7	2.9
Benzodiazepines	2,866	125	356,860	12.0	21,145	17	9.8
Other Part D Excl Rx Drugs	895	220	196,815	6.6	3,809	52	1.8

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
KANSAS, 2002

Total Number of Dual Eligible Beneficiaries 45,600  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$133,806,981  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,934

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,262	9.3 %	\$0	0.0 %
1-500	7,490	16.4	1,597,775	1.2
501-1,000	4,800	10.5	3,550,271	2.7
1,001-1,500	3,783	8.3	4,704,806	3.5
1,501-2,000	3,352	7.4	5,845,329	4.4
2,001-2,500	2,941	6.4	6,614,735	4.9
2,501-3,000	2,599	5.7	7,134,199	5.3
3,001-3,500	2,262	5.0	7,345,423	5.5
3,501-4,000	2,020	4.4	7,561,979	5.7
4,001-4,500	1,761	3.9	7,474,741	5.6
4,501-5,000	1,526	3.3	7,235,070	5.4
5,001-5,500	1,297	2.8	6,807,082	5.1
5,501-6,000	1,049	2.3	6,020,518	4.5
6,001-6,500	957	2.1	5,978,712	4.5
6,501-7,000	806	1.8	5,436,556	4.1
7,001-7,500	665	1.5	4,807,215	3.6
7,501-8,000	591	1.3	4,578,095	3.4
8,001-8,500	499	1.1	4,114,350	3.1
8,501-9,000	400	0.9	3,496,481	2.6
9,001-9,500	347	0.8	3,203,949	2.4
9,501-10,000	282	0.6	2,747,865	2.1
10,001+	1,911	4.2	27,551,830	20.6

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. 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 2002.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 KANSAS, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 18,897  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$63,058,027  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,337

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			12.5 %		
\$0	2,358		0		0.0
1-500	3,481	18.4	679,035	1.1	1.1
501-1,000	1,721	9.1	1,270,371	2.0	2.0
1,001-1,500	1,373	7.3	1,701,063	2.7	2.7
1,501-2,000	1,091	5.8	1,903,913	3.0	3.0
2,001-2,500	1,028	5.4	2,311,329	3.7	3.7
2,501-3,000	809	4.3	2,219,808	3.5	3.5
3,001-3,500	767	4.1	2,489,039	3.9	3.9
3,501-4,000	672	3.6	2,516,621	4.0	4.0
4,001-4,500	563	3.0	2,388,879	3.8	3.8
4,501-5,000	557	2.9	2,641,138	4.2	4.2
5,001-5,500	451	2.4	2,371,924	3.8	3.8
5,501-6,000	404	2.1	2,322,623	3.7	3.7
6,001-6,500	382	2.0	2,390,605	3.8	3.8
6,501-7,000	375	2.0	2,529,717	4.0	4.0
7,001-7,500	307	1.6	2,220,215	3.5	3.5
7,501-8,000	290	1.5	2,249,192	3.6	3.6
8,001-8,500	271	1.4	2,235,098	3.5	3.5
8,501-9,000	199	1.1	1,738,572	2.8	2.8
9,001-9,500	196	1.0	1,805,946	2.9	2.9
9,501-10,000	169	0.9	1,647,891	2.6	2.6
10,001+	1,433	7.6	21,425,048	34.0	34.0

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. 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 2002.
- 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.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 KANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 26,490  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$70,430,087  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,659

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,859	7.0 %	0	0.0 %
1-500	3,933	14.8	907,095	1.3
501-1,000	3,053	11.5	2,262,205	3.2
1,001-1,500	2,393	9.0	2,982,430	4.2
1,501-2,000	2,251	8.5	3,924,092	5.6
2,001-2,500	1,909	7.2	4,294,239	6.1
2,501-3,000	1,784	6.7	4,897,903	7.0
3,001-3,500	1,489	5.6	4,836,772	6.9
3,501-4,000	1,347	5.1	5,041,584	7.2
4,001-4,500	1,198	4.5	5,085,862	7.2
4,501-5,000	964	3.6	4,570,487	6.5
5,001-5,500	845	3.2	4,430,098	6.3
5,501-6,000	643	2.4	3,686,316	5.2
6,001-6,500	575	2.2	3,588,107	5.1
6,501-7,000	431	1.6	2,906,839	4.1
7,001-7,500	357	1.3	2,579,690	3.7
7,501-8,000	300	1.1	2,321,275	3.3
8,001-8,500	228	0.9	1,879,252	2.7
8,501-9,000	200	0.8	1,749,305	2.5
9,001-9,500	150	0.6	1,388,624	2.0
9,501-10,000	112	0.4	1,090,244	1.5
10,001+	469	1.8	6,007,668	8.5

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. 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 2002.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 KANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74                                 7,798  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74             \$22,279,869  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74             \$2,857

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	804	10.3%	0	0.0%
1-500	1,144	14.7	248,685	1.1
501-1,000	800	10.3	590,513	2.7
1,001-1,500	622	8.0	771,290	3.5
1,501-2,000	584	7.5	1,018,283	4.6
2,001-2,500	486	6.2	1,096,875	4.9
2,501-3,000	473	6.1	1,299,796	5.8
3,001-3,500	379	4.9	1,236,757	5.6
3,501-4,000	367	4.7	1,376,713	6.2
4,001-4,500	335	4.3	1,420,551	6.4
4,501-5,000	271	3.5	1,284,923	5.8
5,001-5,500	256	3.3	1,342,859	6.0
5,501-6,000	206	2.6	1,181,681	5.3
6,001-6,500	163	2.1	1,016,973	4.6
6,501-7,000	158	2.0	1,067,721	4.8
7,001-7,500	120	1.5	867,019	3.9
7,501-8,000	128	1.6	990,442	4.4
8,001-8,500	74	0.9	610,390	2.7
8,501-9,000	83	1.1	726,424	3.3
9,001-9,500	61	0.8	566,943	2.5
9,501-10,000	46	0.6	448,121	2.0
10,001+	238	3.1	3,116,910	14.0

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. 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 2002.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 KANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 9,173  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$26,074,321  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,843

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500	625	6.8 %	0	0.0 %
501-1,000	1,222	13.3	285,280	1.1
1,001-1,500	976	10.6	721,915	2.8
1,501-2,000	761	8.3	948,180	3.6
2,001-2,500	775	8.4	1,350,312	5.2
2,501-3,000	686	7.5	1,542,587	5.9
3,001-3,500	612	6.7	1,678,109	6.4
3,501-4,000	544	5.9	1,762,262	6.8
4,001-4,500	471	5.1	1,759,544	6.7
4,501-5,000	458	5.0	1,945,868	7.5
5,001-5,500	371	4.0	1,759,580	6.7
5,501-6,000	304	3.3	1,591,700	6.1
6,001-6,500	246	2.7	1,410,019	5.4
6,501-7,000	244	2.7	1,523,741	5.8
7,001-7,500	159	1.7	1,070,084	4.1
7,501-8,000	140	1.5	1,013,696	3.9
8,001-8,500	111	1.2	858,297	3.3
8,501-9,000	90	1.0	741,238	2.8
9,001-9,500	86	0.9	751,927	2.9
9,501-10,000	64	0.7	591,597	2.3
10,001+	46	0.5	448,801	1.7
	182	2.0	2,319,584	8.9

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. 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 2002.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 KANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 9,519  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$22,075,897  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,319

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 4.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	430		0	0.0 %
1-500	1,567	16.5	373,130	1.7
501-1,000	1,277	13.4	949,777	4.3
1,001-1,500	1,010	10.6	1,262,960	5.7
1,501-2,000	892	9.4	1,555,497	7.0
2,001-2,500	737	7.7	1,654,777	7.5
2,501-3,000	699	7.3	1,919,998	8.7
3,001-3,500	566	5.9	1,837,753	8.3
3,501-4,000	509	5.3	1,905,327	8.6
4,001-4,500	405	4.3	1,719,443	7.8
4,501-5,000	322	3.4	1,525,984	6.9
5,001-5,500	285	3.0	1,495,539	6.8
5,501-6,000	191	2.0	1,094,616	5.0
6,001-6,500	168	1.8	1,047,393	4.7
6,501-7,000	114	1.2	769,034	3.5
7,001-7,500	97	1.0	698,975	3.2
7,501-8,000	61	0.6	472,536	2.1
8,001-8,500	64	0.7	527,624	2.4
8,501-9,000	31	0.3	270,954	1.2
9,001-9,500	25	0.3	230,084	1.0
9,501-10,000	20	0.2	193,322	0.9
10,001+	49	0.5	571,174	2.6

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. 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 2002.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>46,623</b>	<b>27,312</b>	<b>19,077</b>	<b>220</b>	<b>13</b>	<b>484,789</b>	<b>273,932</b>	<b>208,890</b>	<b>1,834</b>	<b>127</b>	<b>6</b>
<b>Age</b>											
5 and younger	3	0	2	0	1	36	0	24	0	12	0
6-14	9	0	6	0	3	83	0	66	0	17	0
15-20	103	0	96	2	5	1,119	0	1,045	24	50	0
21-44	8,976	0	8,794	178	4	98,118	0	96,623	1,447	48	0
45-64	10,184	2	10,144	37	0	111,288	24	110,917	341	0	6
65-74	7,923	7,887	34	2	0	84,162	83,940	209	13	0	0
75-84	9,427	9,425	1	1	0	95,267	95,252	6	9	0	0
85 and older	9,998	9,998	0	0	0	94,716	94,716	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	30,695	20,551	9,988	151	4	319,171	208,191	109,635	1,306	33	6
Male	15,928	6,761	9,089	69	9	165,618	65,741	99,255	528	94	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	38,733	22,916	15,637	170	9	400,655	227,394	171,743	1,424	88	6
African American	4,949	2,397	2,519	30	3	52,968	25,443	27,257	232	36	0
Other/unknown	2,941	1,999	921	20	1	31,166	21,095	9,890	178	3	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	10,307	9,419	888	0	0	103,573	93,917	9,656	0	0	0
Part year	4,876	4,427	448	1	0	43,911	39,266	4,638	7	0	0
None	31,440	13,466	17,741	219	13	337,305	140,749	194,596	1,827	127	6
<b>Maintenance Assistance Status</b>											
Cash	16,523	6,577	9,810	135	1	182,967	73,338	108,444	1,177	8	0
Medically needy	3,593	1,416	2,168	9	0	34,696	12,991	21,659	46	0	0
Poverty related	1,995	844	1,095	53	2	19,588	7,920	11,259	394	9	6
Other/unknown	24,512	18,475	6,004	23	10	247,538	179,683	67,528	217	110	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	41,938	25,503	16,214	207	13	435,402	255,670	177,901	1,698	127	6
Full dual, part year	4,685	1,809	2,863	13	0	49,387	18,262	30,989	136	0	0
<b>Managed Care Status</b>											
FFS all year	34,169	18,304	15,706	148	10	351,497	178,983	171,243	1,164	101	6
FFS part year, with Rx claims	10,728	7,814	2,872	41	1	121,582	88,032	33,127	417	6	0
FFS part year, no Rx claims	703	342	348	12	1	7,411	3,479	3,813	107	12	0
MC all year, with Rx claims	820	718	100	2	0	3,659	3,126	518	15	0	0
MC all year, no Rx claims	203	134	51	17	1	640	312	189	131	8	0



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 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 2002. 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 Mo(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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2002

Beneficiary Characteristics	Beneficiary Characteristics					
	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>46,623</b>	<b>484,789</b>	<b>45,600</b>	<b>411,638</b>	<b>0</b>	<b>73,151</b>
FFS all year	34,169	351,497	34,169	351,497	0	0
FFS part year, with Rx claims	10,728	121,582	10,728	56,588	0	64,994
FFS part year, with no Rx claims	703	7,411	703	3,553	0	3,858
MC all year, with Rx claims	820	3,659	0	0	0	3,659
MC all year, with no Rx claims	203	640	0	0	0	640

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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; MC = managed care; Rx = pharmacy benefit.