

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 KANSAS

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	47,361	26,886	20,180	285	10	0	489,851	267,658	220,120	1,972	101	0
Age												
5 and younger	3	0	2	0	1	0	36	0	24	0	12	0
6-14	6	0	6	0	0	0	57	0	57	0	0	0
15-20	108	0	100	0	8	0	1,146	0	1,067	0	79	0
21-44	9,335	0	9,106	228	1	0	102,162	0	100,563	1,589	10	0
45-64	10,966	2	10,907	57	0	0	118,465	18	118,064	383	0	0
65-74	7,887	7,828	59	0	0	0	82,473	82,128	345	0	0	0
75-84	9,259	9,259	0	0	0	0	92,947	92,947	0	0	0	0
85 and older	9,797	9,797	0	0	0	0	92,565	92,565	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	30,869	20,113	10,576	176	4	0	319,707	202,514	115,871	1,274	48	0
Male	16,492	6,773	9,604	109	6	0	170,144	65,144	104,249	698	53	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	39,032	22,344	16,484	196	8	0	402,726	220,620	180,680	1,349	77	0
African American	5,048	2,321	2,669	56	2	0	53,501	24,282	28,802	393	24	0
Other/unknown	3,281	2,221	1,027	33	0	0	33,624	22,756	10,638	230	0	0
Use of Nursing Facilities^c												
Entire year	8,791	8,332	459	0	0	0	85,890	81,124	4,766	0	0	0
Part year	6,111	5,277	834	0	0	0	58,835	49,757	9,078	0	0	0
None	32,459	13,277	18,887	285	10	0	345,126	136,777	206,276	1,972	101	0
Maintenance Assistance Status												
Cash	17,066	6,531	10,320	215	0	0	189,545	73,136	114,926	1,483	0	0
Medically needy	4,499	1,686	2,812	1	0	0	42,111	15,036	27,070	5	0	0
Poverty-related	1,330	583	702	44	1	0	12,354	5,114	6,895	343	2	0
Other/unknown	24,466	18,086	6,346	25	9	0	245,841	174,372	71,229	141	99	0
Dual Medicare Status^d												
Full dual, all year	45,015	25,812	18,917	276	10	0	464,779	256,202	206,606	1,870	101	0
Full dual, part year	2,346	1,074	1,263	9	0	0	25,072	11,456	13,514	102	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	47,207	26,848	20,128	222	9	0	489,130	267,463	219,817	1,751	99	0
FFS part year, with Rx claims	107	22	41	44	0	0	548	135	242	171	0	0
FFS part year, no Rx claims	47	16	11	19	1	0	173	60	61	50	2	0

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	89.4 %	52.0	\$2,954	\$57	\$16,900	17.5 %	47,361
Age							
5 and younger	100.0	83.3	6,204	74	81,281	7.6	3
6-14	100.0	37.8	4,129	109	6,986	59.1	6
15-20	76.9	20.3	1,764	87	16,050	11.0	108
21-44	83.6	34.1	2,942	86	16,026	18.4	9,335
45-64	88.9	55.2	3,763	68	18,316	20.5	10,966
65-74	87.8	54.9	2,803	51	12,754	22.0	7,887
75-84	92.2	60.3	2,814	47	16,601	17.0	9,259
85 and older	94.4	55.5	2,324	42	19,766	11.8	9,797
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.8	57.0	2,636	46	16,643	15.8	26,886
Disabled	86.5	45.7	3,403	74	17,422	19.5	20,180
Adults	76.5	17.4	1,148	66	3,499	32.8	285
Children	50.0	38.7	2,841	73	38,689	7.3	10
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.1	57.3	3,010	53	16,562	18.2	30,869
Male	84.5	41.9	2,848	68	17,533	16.2	16,492
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.4	54.8	3,105	57	17,982	17.3	39,032
African American	85.7	40.3	2,352	58	13,063	18.0	5,048
Other/unknown	84.1	35.8	2,075	58	9,942	20.9	3,281
Use of Nursing Facilities^f							
Entire year	98.0	69.1	3,165	46	27,141	11.7	8,791
Part year	97.6	66.8	3,445	52	21,290	16.2	6,111
None	85.6	44.6	2,804	63	13,301	21.1	32,459
Maintenance Assistance Status							
Cash	88.5	43.6	2,695	62	10,880	24.8	17,066
Medically needy	76.6	32.1	2,449	76	6,711	36.5	4,499
Poverty related	64.5	11.2	612	55	2,028	30.2	1,330
Other/unknown	93.8	63.7	3,355	53	23,782	14.1	24,466

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	5.0	\$286	17.5 %	10.6 %	14.5 %	9.1 %	27.0 %	28.8 %	10.0 %	\$1,634	47,361	489,851
Age												
5 and younger	6.9	517	7.6	0.0	0.0	0.0	33.3	33.3	33.3	6,773	3	36
6-14	4.0	435	59.1	0.0	16.7	0.0	66.7	16.7	0.0	735	6	57
15-20	1.9	166	11.0	23.1	38.9	13.0	18.5	4.6	1.9	1,513	108	1,146
21-44	3.1	269	18.4	16.4	27.1	12.2	25.5	15.0	3.7	1,464	9,335	102,162
45-64	5.1	348	20.5	11.1	14.8	9.4	26.5	27.4	10.8	1,695	10,966	118,465
65-74	5.3	268	22.0	12.2	13.2	9.3	25.2	28.1	11.9	1,220	7,887	82,473
75-84	6.0	280	17.0	7.8	9.4	7.4	26.9	34.8	13.7	1,654	9,259	92,947
85 and older	5.9	246	11.8	5.6	7.8	7.2	30.6	38.8	10.1	2,092	9,797	92,565
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.7	265	15.8	8.2	9.9	7.9	27.8	34.3	11.9	1,672	26,886	267,658
Disabled	4.2	312	19.5	13.5	20.4	10.6	26.1	21.8	7.6	1,597	20,180	220,120
Adults	2.5	166	32.8	23.5	28.1	14.4	19.3	10.5	4.2	506	285	1,972
Children	3.8	281	7.3	50.0	0.0	20.0	10.0	0.0	20.0	3,831	10	101
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.5	291	18.2	7.9	12.1	8.4	27.7	32.1	11.7	1,599	30,869	319,707
Male	4.1	276	16.2	15.5	19.0	10.3	25.8	22.7	6.8	1,700	16,492	170,144
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.3	301	17.3	9.6	12.9	8.7	27.0	30.8	11.0	1,743	39,032	402,726
African American	3.8	222	18.0	14.3	21.5	10.8	27.1	20.9	5.4	1,233	5,048	53,501
Other/unknown	3.5	203	20.9	15.9	22.6	11.0	27.7	18.0	4.9	970	3,281	33,624
use of nursing Facilities^f												
Entire year	7.1	324	11.7	2.0	4.9	5.2	27.7	42.4	17.8	2,778	8,791	85,890
Part year	6.9	358	16.2	2.4	5.1	6.9	27.8	41.6	16.2	2,211	6,111	58,835
None	4.2	264	21.1	14.4	18.9	10.5	26.7	22.7	6.7	1,251	32,459	345,126
Maintenance Assistance Status												
Cash	3.9	243	24.8	11.5	21.4	11.4	28.7	21.3	5.6	980	17,066	189,545
Medically needy	3.4	262	36.5	23.4	20.0	11.3	24.2	17.6	3.5	717	4,499	42,111
Poverty related	1.2	66	30.2	35.5	34.9	11.2	12.0	5.0	1.4	218	1,330	12,354
Other/unknown	6.3	334	14.1	6.2	7.6	6.9	27.2	37.4	14.7	2,367	24,466	245,841

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.0	\$286	\$57	2.3	\$230	\$102	0.2	\$7	\$34	2.6	\$49	\$19
Age												
5 and younger	6.9	517	74	3.3	372	112	0.3	60	214	3.3	85	26
6-14	4.0	435	109	2.0	403	203	0.1	3	19	1.9	29	16
15-20	1.9	166	87	1.0	147	140	0.1	5	59	0.8	15	19
21-44	3.1	269	86	1.6	227	145	0.1	7	60	1.4	35	24
45-64	5.1	348	68	2.4	285	119	0.2	9	52	2.5	55	22
65-74	5.3	268	51	2.4	214	89	0.2	5	27	2.7	49	18
75-84	6.0	280	47	2.7	221	83	0.2	5	23	3.1	54	17
85 and older	5.9	246	42	2.4	189	79	0.3	6	21	3.2	52	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	265	46	2.5	208	84	0.2	5	23	3.0	52	17
Disabled	4.2	312	74	2.0	259	128	0.1	8	55	2.0	45	22
Adults	2.5	166	66	1.1	135	124	0.1	2	24	1.4	30	22
Children	3.8	281	73	1.8	202	114	0.3	30	102	1.7	49	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.5	291	53	2.5	233	94	0.2	6	28	2.8	51	18
Male	4.1	276	68	1.9	225	120	0.1	7	51	2.0	44	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	301	57	2.4	242	101	0.2	7	34	2.7	52	19
African American	3.8	222	58	1.7	181	107	0.1	4	33	2.0	37	19
Other/unknown	3.5	203	58	1.8	171	96	0.1	3	29	1.6	28	18
Use of Nursing Facilities^e												
Entire year	7.1	324	46	3.0	253	84	0.3	7	23	3.8	64	17
Part year	6.9	358	52	3.0	280	93	0.3	10	37	3.6	67	18
None	4.2	264	63	2.0	216	110	0.2	6	38	2.1	42	20
Maintenance Assistance Status												
Cash	3.9	243	62	1.9	200	108	0.1	5	37	1.9	37	19
Medically needy	3.4	262	76	1.6	219	136	0.1	6	55	1.7	36	21
Poverty related	1.2	66	55	0.5	54	103	0.1	1	28	0.6	11	17
Other/unknown	6.3	334	53	2.8	264	95	0.3	8	31	3.3	62	19

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$24	\$0	\$4	\$66	\$115	\$57	\$21	111,574	\$7,365,900	27,875	58.9 %	304,386	
Biologics	1.2	0.0	0.4	0.8	####	1,076	####	1997	0	2,761	1,645	73	145,755	5	0.0	59	
Antineoplastic Agents	0.5	0.2	0.0	0.3	90	1	20	174	395	112	60	9,011	1,566,569	1,689	3.6	17,460	
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.4	42	33	2	38	65	15	14	263,052	9,972,587	22,162	46.8	238,689	
Cardiovascular Agents	1.9	0.6	0.1	1.2	55	37	1	29	62	21	14	577,461	17,028,864	29,345	62.0	310,756	
Respiratory Agents	0.8	0.5	0.0	0.3	42	35	1	55	72	64	23	143,480	7,927,834	17,250	36.4	188,938	
Gastrointestinal Agents	0.9	0.5	0.0	0.4	63	56	0	73	116	63	18	189,708	13,775,957	20,341	42.9	219,087	
Genitourinary Agents	0.6	0.5	0.0	0.1	37	35	0	62	75	30	19	54,575	3,401,070	8,410	17.8	91,329	
CNS Drugs	1.4	0.9	0.0	0.5	136	118	4	99	134	130	30	384,911	38,101,791	26,318	55.6	281,016	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	42	29	1	69	117	49	35	5,616	388,012	846	1.8	9,321	
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	101	100	0	134	136	0	46	27,599	3,686,938	3,590	7.6	36,578	
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	50	39	1	54	122	59	17	252,837	13,756,860	25,422	53.7	273,399	
Neuromuscular Agents	1.1	0.5	0.0	0.6	72	54	2	66	120	34	28	193,167	12,795,591	16,290	34.4	178,205	
Nutritional Products	0.7	0.0	0.1	0.6	13	0	1	18	22	27	17	82,753	1,479,645	11,139	23.5	117,032	
Hematological Agents	0.9	0.3	0.1	0.5	48	39	1	54	146	14	14	80,129	4,304,500	8,528	18.0	89,314	
Topical Products	0.4	0.2	0.0	0.2	15	10	0	37	58	40	19	76,818	2,825,691	17,567	37.1	194,317	
Miscellaneous Products	0.5	0.2	0.0	0.3	121	101	6	14	435	224	50	5,369	1,215,558	952	2.0	10,056	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	45	0	0	0	3,441	156,284	1,116	2.4	12,588	
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.	2,461,574	139,895,406	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 - 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$24,344,032	17,689	37.3 %	192,724	0.7	\$170
ANTIDEPRESSANTS	12,321,510	27,534	58.1	296,293	0.7	60
ULCER DRUGS	11,165,720	20,299	42.9	220,665	0.6	81
ANTICONVULSANT	10,044,403	14,594	30.8	160,704	0.8	77
ANALGESICS - Narcotic	7,063,280	28,821	60.9	312,626	0.5	46
ANTIDIABETIC	6,485,836	14,937	31.5	162,638	0.8	53
ANTIHYPERTENSIVE	5,409,546	9,319	19.7	103,790	0.7	79
ANALGESICS - ANTI-INFLAMMATORY	5,261,061	15,528	32.8	173,783	0.4	69
ANTIASTHMATIC	4,970,819	17,347	36.6	188,967	0.5	58
ANTIHYPERTENSIVE	3,885,192	18,420	38.9	200,127	0.7	28
Total	90,951,399	184,488		2,012,317	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month		
All	1,261,524	\$90,951,399	17,689	37.3 %	0.7	192,724	58.1 %	27,534	0.7	\$126	296,293	0.7	\$42		
Female	878,023	59,394,171	10,603	34.3	0.7	114,986	64.5	19,905	0.7	110	214,594	0.7	42		
Disabled	317,771	26,044,094	4,729	44.7	0.7	53,992	76.6	8,103	0.6	128	91,744	0.6	42		
5 and younger	16	299	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0		
6-14	14	350	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0		
15-20	544	61,180	16	36.4	0.5	190	43.2	19	0.5	175	223	0.5	36		
21-44	97,879	8,988,102	2,196	51.9	0.7	25,091	70.8	2,995	0.6	121	34,044	0.6	42		
45-64	218,808	16,966,548	2,506	40.0	0.7	28,649	81.1	5,079	0.6	133	57,409	0.6	42		
65-74	510	27,615	11	34.4	1.1	62	31.3	10	0.7	103	68	0.7	60		
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		
Other Eligibles	560,252	33,350,077	5,874	28.9	0.7	60,994	58.2	11,802	0.7	94	122,850	0.7	42		
5 and younger	27	1,400	1	100.0	0.3	12	28	0	0.0	28	0	0.0	0		
6-14	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0		
15-20	95	5,206	3	100.0	0.4	36	66.7	2	1.2	67	24	1.2	38		
21-44	1,597	126,351	42	28.6	0.5	392	57.8	85	0.5	58	706	0.5	39		
45-64	310	26,446	4	12.9	0.3	46	58.1	18	0.4	51	154	0.4	25		
65-74	159,346	10,261,332	1,281	24.8	0.8	13,756	53.2	2,742	0.7	121	30,143	0.7	38		
75-84	206,184	12,207,589	2,083	30.7	0.7	22,072	61.9	4,192	0.7	94	44,162	0.7	42		
85 and older	192,693	10,721,753	2,460	30.1	0.7	24,680	58.3	4,763	0.8	80	47,661	0.8	44		
Male	383,501	31,557,228	7,086	43.0	0.8	77,738	46.3	7,629	0.7	151	81,699	0.7	41		
Disabled	218,963	21,342,015	4,825	50.2	0.8	55,046	45.9	4,408	0.6	169	49,749	0.6	42		
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0		
6-14	29	1,682	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0		
15-20	469	39,581	17	30.4	0.4	190	33.9	19	0.4	72	208	0.4	29		
21-44	91,658	9,706,314	2,555	52.4	0.8	29,315	44.6	2,175	0.6	157	24,807	0.6	40		
45-64	126,286	11,560,469	2,244	48.3	0.9	25,468	47.4	2,202	0.7	184	24,644	0.7	44		
65-74	521	33,969	9	33.3	0.6	73	44.4	12	0.7	138	90	0.7	49		
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		
Other Eligibles	164,538	10,215,213	2,261	32.8	0.7	22,692	46.8	3,221	0.7	105	31,950	0.7	41		
5 and younger	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		
15-20	22	3,248	1	20.0	0.9	12	20.6	1	0.9	206	12	0.9	65		
21-44	650	51,722	6	7.3	0.2	50	34.1	28	0.4	50	209	0.4	17		
45-64	321	20,268	4	14.3	0.5	40	39.3	11	0.4	39	108	0.4	24		
65-74	68,135	4,515,810	754	28.2	0.8	8,041	41.0	1,096	0.7	131	11,516	0.7	40		
75-84	60,715	3,699,864	882	35.5	0.8	8,828	50.1	1,244	0.7	102	12,298	0.7	41		
85 and older	34,695	1,924,301	614	37.9	0.7	5,721	51.9	841	0.8	74	7,807	0.8	43		
Unknown	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 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	20,299	42.9 %	220,665	\$51	0.6	14,594	30.8 %	160,704	0.8	\$63	28,821	60.9 %	312,626	0.5	\$23
Female	14,636	47.4	159,339	51	0.6	9,284	30.1	102,236	0.8	59	21,213	68.7	230,794	0.5	22
Disabled	4,794	45.3	54,569	49	0.5	5,161	48.8	58,707	0.8	73	8,495	80.3	96,543	0.5	25
5 and younger	1	50.0	12	20	0.6	0	0.0	0	0.0	0	1	50.0	12	0.1	1
6-14	2	66.7	20	14	0.3	0	0.0	0	0.0	0	2	66.7	9	0.2	1
15-20	4	9.1	44	53	0.6	22	50.0	264	0.6	50	21	47.7	238	0.4	9
21-44	1,471	34.8	16,866	43	0.5	2,185	51.6	24,890	0.8	78	3,096	73.2	35,421	0.4	20
45-64	3,307	52.8	37,547	51	0.6	2,938	46.9	33,426	0.8	69	5,356	85.5	60,716	0.5	28
65-74	9	28.1	80	47	0.7	16	50.0	127	0.8	31	19	59.4	147	0.5	9
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
Other Eligibles	9,842	48.5	104,770	52	0.7	4,123	20.3	43,529	0.8	40	12,718	62.7	134,251	0.5	19
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	66.7	24	49	1.0	1	33.3	12	0.1	2	1	33.3	12	0.4	3
21-44	31	21.1	270	60	0.5	54	36.7	424	0.6	55	128	87.1	1,070	0.4	23
45-64	10	32.3	70	20	0.2	9	29.0	82	0.5	28	22	71.0	202	0.5	55
65-74	2,569	49.8	28,750	52	0.6	1,325	25.7	14,534	0.8	45	3,555	68.9	39,621	0.5	19
75-84	3,436	50.7	37,149	51	0.7	1,542	22.8	16,394	0.8	40	4,355	64.3	46,939	0.5	18
85 and older	3,794	46.4	38,507	52	0.7	1,192	14.6	12,083	0.8	33	4,657	57.0	46,407	0.5	20
Male	5,663	34.3	61,326	51	0.6	5,310	32.2	58,468	0.9	69	7,608	46.1	81,832	0.5	26
Disabled	2,811	29.3	32,003	51	0.6	3,739	38.9	42,549	0.9	79	4,342	45.2	48,595	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	100.0	36	44	0.3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	10	17.9	110	18	0.2	15	26.8	174	0.6	70	10	17.9	117	0.2	1
21-44	1,166	23.9	13,412	49	0.5	1,862	38.2	21,348	0.8	82	1,995	40.9	22,673	0.4	29
45-64	1,624	35.0	18,398	53	0.6	1,852	39.9	20,944	0.9	75	2,333	50.2	25,768	0.5	33
65-74	8	29.6	47	58	0.7	10	37.0	83	1.0	60	4	14.8	37	0.6	16
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
Other Eligibles	2,852	41.4	29,323	50	0.7	1,571	22.8	15,919	0.8	45	3,266	47.4	33,237	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	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	11.0	52	47	0.5	19	23.2	173	0.5	43	58	70.7	469	0.7	60
45-64	10	35.7	85	67	0.6	6	21.4	49	0.4	24	21	75.0	150	0.7	23
65-74	1,084	40.6	11,865	50	0.6	688	25.8	7,342	0.9	51	1,275	47.8	13,832	0.5	19
75-84	1,000	40.3	10,151	50	0.7	577	23.2	5,729	0.8	40	1,120	45.1	11,296	0.5	17
85 and older	749	46.2	7,170	49	0.7	281	17.3	2,626	0.8	37	792	48.9	7,490	0.5	15
Unknown	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 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	14,937	31.5 %	162,638	\$40	0.8	9,319	19.7 %	103,790	\$52	0.7	15,528	32.8 %	173,783	0.4	\$30
Female	10,626	34.4	116,239	40	0.8	6,426	20.8	71,904	52	0.7	11,468	37.2	128,324	0.5	32
Disabled	3,285	31.1	37,227	45	0.7	2,305	21.8	26,228	48	0.6	4,420	41.8	51,035	0.3	22
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	8	18.2	91	13	0.3	1	2.3	12	11	0.2	9	20.5	104	0.1	2
21-44	624	14.7	7,120	41	0.7	409	9.7	4,702	41	0.5	1,476	34.9	17,090	0.3	15
45-64	2,642	42.2	29,912	46	0.7	1,884	30.1	21,451	50	0.6	2,926	46.7	33,765	0.4	26
65-74	11	34.4	104	29	0.6	11	34.4	63	40	0.4	9	28.1	76	0.3	18
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
Other Eligibles	7,341	36.2	79,012	37	0.8	4,121	20.3	45,676	55	0.7	7,048	34.7	77,289	0.5	39
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	2	66.7	24	25	0.8	0	0.0	0	0	0.0	1	33.3	12	0.3	5
21-44	7	4.8	62	37	0.5	4	2.7	45	47	0.5	35	23.8	298	0.3	13
45-64	5	16.1	50	35	0.3	3	9.7	26	49	0.5	4	12.9	25	0.2	2
65-74	2,662	51.6	29,568	47	0.7	1,699	32.9	19,324	54	0.7	2,145	41.6	24,574	0.5	38
75-84	2,822	41.6	30,338	31	0.8	1,673	24.7	18,444	57	0.7	2,479	36.6	27,429	0.5	40
85 and older	1,843	22.5	18,970	31	0.8	742	9.1	7,837	52	0.7	2,384	29.2	24,951	0.6	41
Male	4,311	26.1	46,399	41	0.8	2,893	17.5	31,886	52	0.7	4,060	24.6	45,459	0.4	24
Disabled	1,881	19.6	21,249	47	0.8	1,561	16.3	17,720	51	0.7	2,273	23.7	26,283	0.3	18
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	1	1.8	12	110	2.7	4	7.1	43	36	0.7	7	12.5	84	0.1	1
21-44	490	10.1	5,620	49	0.8	500	10.3	5,750	45	0.6	937	19.2	10,885	0.3	13
45-64	1,377	29.7	15,514	46	0.7	1,057	22.8	11,927	54	0.7	1,323	28.5	15,253	0.4	21
65-74	13	48.1	103	30	0.7	0	0.0	0	0	0.0	6	22.2	61	0.6	19
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
Other Eligibles	2,430	35.3	25,150	36	0.8	1,332	19.3	14,166	54	0.7	1,787	25.9	19,176	0.5	33
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	7	8.5	33	37	0.8	2	2.4	8	27	0.3	19	23.2	172	0.2	28
45-64	8	28.6	41	57	0.6	5	17.9	36	15	0.2	6	21.4	49	0.2	20
65-74	1,065	39.9	11,489	40	0.7	690	25.8	7,595	54	0.7	728	27.3	8,173	0.4	29
75-84	919	37.0	9,429	34	0.8	494	19.9	5,167	55	0.7	650	26.2	6,940	0.5	34
85 and older	431	26.6	4,158	30	0.8	141	8.7	1,360	48	0.7	384	23.7	3,842	0.6	41
Unknown	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 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	17,347	36.6 %	188,967	0.5	\$26	18,420	38.9 %	200,127	0.7	\$19	47,361	489,851
Female	12,296	39.8	134,697	0.4	26	13,081	42.4	142,435	0.7	20	30,869	319,707
Disabled	4,677	44.2	53,301	0.4	25	3,112	29.4	35,423	0.6	18	10,576	115,871
5 and younger	0	0.0	0	0.0	0	3	150.0	36	0.2	1	2	24
6-14	0	0.0	0	0.0	0	3	100.0	28	0.3	2	3	21
15-20	3	6.8	36	0.2	4	4	9.1	48	0.5	10	44	457
21-44	1,474	34.8	16,864	0.3	19	544	12.9	6,248	0.5	15	4,231	46,760
45-64	3,194	51.0	36,353	0.4	27	2,551	40.7	28,998	0.6	18	6,264	68,434
65-74	6	18.8	48	0.5	20	7	21.9	65	0.4	7	32	175
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
Other Eligibles	7,619	37.5	81,396	0.5	27	9,969	49.1	107,012	0.7	20	20,293	203,836
5 and younger	0	0.0	0	0.0	0	3	300.0	36	0.7	30	1	12
6-14	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	3	36
21-44	26	17.7	253	0.2	12	17	11.6	148	0.3	10	147	1,074
45-64	13	41.9	124	0.2	13	11	35.5	112	0.3	7	31	218
65-74	2,327	45.1	25,728	0.5	30	2,811	54.5	31,525	0.7	20	5,158	54,652
75-84	2,679	39.5	28,949	0.5	28	3,534	52.1	38,306	0.7	21	6,777	69,349
85 and older	2,574	31.5	26,342	0.5	23	3,593	43.9	36,885	0.8	20	8,176	78,495
Male	5,051	30.6	54,270	0.5	27	5,339	32.4	57,692	0.7	19	16,492	170,144
Disabled	2,187	22.8	24,620	0.4	26	2,305	24.0	25,943	0.6	18	9,604	104,249
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	2	66.7	24	0.7	4	3	36
15-20	5	8.9	60	0.2	3	10	17.9	120	0.6	21	56	610
21-44	839	17.2	9,554	0.4	22	733	15.0	8,312	0.6	18	4,875	53,803
45-64	1,326	28.6	14,883	0.5	29	1,550	33.4	17,407	0.6	19	4,643	49,630
65-74	17	63.0	123	0.7	39	10	37.0	80	0.9	29	27	170
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
Other Eligibles	2,864	41.6	29,650	0.5	29	3,034	44.0	31,749	0.7	19	6,888	65,895
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	43
21-44	4	4.9	40	0.2	8	17	20.7	112	0.5	11	82	525
45-64	8	28.6	61	0.3	14	7	25.0	60	0.5	19	28	183
65-74	1,142	42.8	12,341	0.5	32	1,292	48.4	14,156	0.7	19	2,670	27,476
75-84	1,057	42.6	10,952	0.5	28	1,129	45.5	11,805	0.7	20	2,482	23,598
85 and older	653	40.3	6,256	0.5	25	589	36.3	5,616	0.8	18	1,621	14,070
Unknown	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 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit		Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
		Month	Month		Year	Month
All	\$324	7.1	7.1	8,791		85,890
Age						
0-64	504	8.1		453		4,719
65-74	414	8.0		909		9,061
75-84	347	7.5		2,715		26,615
85 and older	274	6.5		4,714		45,495
Unknown	0	0.0		0		0
Gender						
Female	316	7.1		6,563		64,963
Male	349	6.9		2,228		20,927
Unknown	0	0.0		0		0
Race						
White	323	7.1		8,170		79,916
African American	341	6.5		363		3,651
Other/unknown	332	7		258		2,323
Basis of Eligibility^c						
Aged	313	7.0		8,332		81,124
Disabled	504	8.1		459		4,766
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 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$16	\$12	\$0	\$4	\$43	\$69	\$53	\$18	24,655	\$1,054,547	6,358	72.3 %	65,562
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.6	0.1	0.0	0.5	69	38	1	30	116	358	62	64	2,611	301,668	450	5.1	4,372
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	40	30	2	8	31	58	13	13	58,791	1,843,512	4,579	52.1	46,086
Cardiovascular Agents	2.2	0.5	0.1	1.6	48	27	1	20	22	53	17	13	146,715	3,239,786	6,814	77.5	67,676
Respiratory Agents	0.8	0.4	0.0	0.3	36	28	0	8	47	66	58	23	28,060	1,307,039	3,509	39.9	36,327
Gastrointestinal Agents	1.1	0.5	0.0	0.5	60	52	0	8	55	95	47	15	48,399	2,677,805	4,410	50.2	44,718
Genitourinary Agents	0.7	0.5	0.0	0.2	41	38	0	3	59	71	33	20	16,711	992,384	2,347	26.7	24,222
CNS Drugs	1.6	1.1	0.0	0.4	125	111	2	12	80	102	69	28	97,096	7,794,305	6,224	70.8	62,559
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	24	14	0	10	33	91	39	17	1,031	33,773	136	1.5	1,416
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	112	112	0	0	123	123	0	21	13,980	1,715,945	1,540	17.5	15,311
Analgesics and Anesthetics	1.0	0.5	0.0	0.6	52	44	0	8	49	97	28	13	51,455	2,540,580	4,918	55.9	49,089
Neuromuscular Agents	1.3	0.5	0.1	0.7	66	39	2	25	51	81	33	33	37,543	1,930,074	2,878	32.7	29,424
Nutritional Products	0.9	0.0	0.1	0.8	15	0	3	12	17	17	28	16	29,231	503,093	3,307	37.6	33,349
Hematological Agents	1.2	0.3	0.2	0.7	50	39	2	9	41	121	12	12	26,595	1,098,206	2,197	25.0	21,860
Topical Products	0.5	0.2	0.0	0.3	15	11	1	4	33	54	36	17	22,661	740,120	4,535	51.6	48,076
Miscellaneous Products	0.3	0.0	0.0	0.3	10	2	1	7	30	52	120	24	782	23,601	240	2.7	2,418
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	35	0	0	0	772	27,330	205	2.3	2,197
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.	607,088	27,823,768	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 = Centers for Medicare & Medicaid Services; CNS = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			46.3 %	74.5				
ANTIPSYCHOTICS	\$4,308,506	4,069	46.3 %	41,635	0.8	\$131	\$103	
ANTIDEPRESSANTS	3,297,455	6,545	74.5	66,953	0.9	57	49	
ULCER DRUGS	2,284,520	4,180	47.5	42,689	0.8	67	54	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,718,888	1,566	17.8	15,615	0.9	122	110	
ANALGESICS - Narcotic	1,289,395	4,820	54.8	48,167	0.6	42	27	
ANTICONVULSANT	1,172,254	2,409	27.4	24,738	1.0	50	47	
ANALGESICS - ANTI-INFLAMMATORY	1,161,722	2,535	28.8	26,584	0.6	67	44	
ANTIDIABETIC	1,046,911	2,785	31.7	28,424	0.9	41	37	
ASTHMA	873,106	3,386	38.5	34,663	0.5	48	25	
ANTIHYPERTENSIVE	772,650	3,684	41.9	37,449	0.9	24	21	
Total	17,925,407	35,979		366,917	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx
All	286,170	\$17,925,407	4,069	46.3 %	41,635	0.8	\$104	6,545	74.5 %	66,953	0.9	\$49	
Female	212,805	13,106,174	2,831	43.1	29,130	0.8	101	4,978	75.8	51,250	0.9	49	
Disabled	10,658	796,578	143	61.4	1,513	1.0	156	239	102.6	2,590	0.9	54	
64 or younger	10,504	787,256	139	60.7	1,492	1.0	156	234	102.2	2,564	0.9	53	
65-74	154	9,322	4	100.0	21	1.9	167	5	125.0	26	0.9	79	
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	
Other Eligibles	202,147	12,309,596	2,688	42.5	27,617	0.8	98	4,739	74.9	48,660	0.9	49	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	21,984	1,482,399	334	66.1	3,415	0.9	129	456	90.3	4,731	0.9	53	
75-84	71,070	4,350,609	931	48.8	9,780	0.8	101	1,608	84.3	16,794	0.9	50	
85 and older	109,093	6,476,588	1,423	36.3	14,422	0.7	88	2,675	68.3	27,135	0.8	48	
Male	73,365	4,819,233	1,238	55.6	12,505	0.8	110	1,567	70.3	15,703	0.9	49	
Disabled	10,214	840,318	169	74.8	1,838	0.9	163	188	83.2	2,075	0.9	55	
64 or younger	10,080	831,711	169	75.4	1,838	0.9	163	186	83.0	2,051	0.9	54	
65-74	134	8,607	0	0.0	0	0.0	0	2	100.0	24	1.0	115	
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	
Other Eligibles	63,151	3,978,915	1,069	53.4	10,667	0.8	101	1,379	68.9	13,628	0.8	48	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	16,477	1,085,946	261	65.6	2,719	0.8	121	338	84.9	3,509	0.9	51	
75-84	25,577	1,634,742	448	55.5	4,505	0.8	102	577	71.5	5,675	0.8	47	
85 and older	21,097	1,258,227	360	45.2	3,443	0.7	84	464	58.2	4,444	0.9	46	
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users
All	4,180	47.5 %	\$54	0.8	42,689	1,566	17.8 %	\$110	0.9	15,615	4,820	54.8 %	\$27	0.6	48,167
Female															
Disabled	3,131	47.7	53	0.8	32,166	1,168	17.8	112	0.9	11,718	3,763	57.3	27	0.7	37,964
64 or younger	130	55.8	46	0.8	1,355	29	12.4	216	0.8	324	145	62.2	39	0.8	1,531
65-74	128	55.9	47	0.8	1,346	29	12.7	216	0.8	324	138	60.3	40	0.8	1,476
75-84	2	50.0	7	0.7	9	0	0.0	0	0.0	0	7	175.0	7	0.6	55
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	3,001	47.4	53	0.8	30,811	1,139	18.0	109	0.9	11,394	3,618	57.2	27	0.6	36,433
65-74	238	47.1	59	0.8	2,474	112	22.2	97	0.8	1,098	265	52.5	38	0.8	2,779
75-84	981	51.4	51	0.8	10,214	411	21.5	109	0.9	4,163	1,145	60.0	27	0.7	11,754
85 and older	1,782	45.5	54	0.8	18,123	616	15.7	111	0.9	6,133	2,208	56.4	25	0.6	21,900
Male															
Disabled	1,049	47.1	56	0.8	10,523	398	17.9	104	0.9	3,897	1,057	47.4	25	0.6	10,203
64 or younger	107	47.3	72	0.8	1,148	18	8.0	90	0.7	207	119	52.7	56	0.7	1,189
65-74	106	47.3	71	0.8	1,136	18	8.0	90	0.7	207	118	52.7	56	0.7	1,177
75-84	1	50.0	100	1.1	12	0	0.0	0	0.0	0	1	50.0	1	0.2	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
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	942	47.1	54	0.8	9,375	380	19.0	105	0.9	3,690	938	46.9	21	0.6	9,014
65-74	213	53.5	50	0.8	2,277	63	15.8	97	0.9	638	188	47.2	33	0.7	1,941
75-84	348	43.1	57	0.8	3,436	163	20.2	103	0.9	1,591	361	44.7	18	0.6	3,475
85 and older	381	47.8	54	0.8	3,662	154	19.3	111	1.0	1,461	389	48.8	18	0.5	3,598
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,409	27.4 %	24,738	1.0	\$47	2,535	28.8 %	26,584	0.6	\$44	2,785	31.7 %	28,424	0.9	\$37
Female	1,630	24.8	16,885	0.9	45	2,013	30.7	21,205	0.7	44	1,998	30.4	20,492	0.9	36
Disabled	172	73.8	1,826	1.1	68	82	35.2	891	0.5	21	90	38.6	928	0.9	52
64 or younger	169	73.8	1,796	1.1	69	80	34.9	873	0.5	21	89	38.9	916	0.9	51
65-74	3	75.0	30	0.7	40	2	50.0	18	0.3	8	1	25.0	12	1.0	144
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
Other Eligibles	1,458	23.0	15,059	0.9	42	1,931	30.5	20,314	0.7	45	1,908	30.1	19,564	0.9	36
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	245	48.5	2,561	1.0	54	147	29.1	1,527	0.7	53	267	52.9	2,770	0.9	37
75-84	586	30.7	6,124	1.0	43	634	33.2	6,780	0.6	43	756	39.6	7,848	0.9	38
85 and older	627	16.0	6,374	0.8	36	1,150	29.4	12,007	0.7	45	885	22.6	8,946	0.9	34
Male	779	35.0	7,853	1.0	53	522	23.4	5,379	0.6	43	787	35.3	7,932	0.9	38
Disabled	181	80.1	1,978	1.2	72	55	24.3	632	0.6	56	76	33.6	832	1.0	50
64 or younger	178	79.5	1,942	1.1	71	54	24.1	620	0.6	57	76	33.9	832	1.0	50
65-74	3	150.0	36	1.5	94	1	50.0	12	0.1	1	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	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
Other Eligibles	598	29.9	5,875	0.9	47	467	23.3	4,747	0.6	41	711	35.5	7,100	0.9	37
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	187	47.0	1,894	1.0	55	98	24.6	1,015	0.6	37	176	44.2	1,792	0.9	44
75-84	246	30.5	2,415	0.9	47	191	23.7	1,917	0.6	42	328	40.6	3,248	0.9	35
85 and older	165	20.7	1,566	0.8	37	178	22.3	1,815	0.7	43	207	26.0	2,060	0.9	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE				Benefit Months Among All-Year Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users		Mean Number of Rx	Mean Rx \$	
All	3,386	38.5 %	34,663	0.5	\$25	3,684	41.9 %	37,449	0.9	\$21	8,791	85,890
Female	2,409	36.7	24,905	0.5	24	2,751	41.9	28,202	0.9	21	6,563	64,963
Disabled	76	32.6	819	0.4	26	76	32.6	794	0.8	21	233	2,423
64 or younger	76	33.2	819	0.4	26	74	32.3	780	0.8	21	229	2,400
65-74	0	0.0	0	0.0	0	2	50.0	14	0.9	15	4	23
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
Other Eligibles	2,333	36.9	24,086	0.5	24	2,675	42.3	27,408	0.9	21	6,330	62,540
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	237	46.9	2,277	0.6	29	213	42.2	2,179	0.9	20	505	5,037
75-84	757	39.7	7,971	0.5	24	872	45.7	9,060	0.9	22	1,908	19,089
85 and older	1,339	34.2	13,838	0.5	23	1,590	40.6	16,169	0.9	20	3,917	38,414
Male	977	43.9	9,758	0.6	29	933	41.9	9,247	0.8	21	2,228	20,927
Disabled	81	35.8	892	0.6	29	68	30.1	750	0.9	20	226	2,343
64 or younger	79	35.3	868	0.6	30	66	29.5	726	0.8	19	224	2,319
65-74	2	100.0	24	0.7	14	2	100.0	24	1.0	38	2	24
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
Other Eligibles	896	44.8	8,866	0.6	29	865	43.2	8,497	0.8	21	2,002	18,584
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	203	51.0	2,016	0.7	33	203	51.0	2,100	0.9	25	398	3,977
75-84	350	43.4	3,535	0.6	29	366	45.4	3,613	0.8	20	807	7,526
85 and older	343	43.0	3,315	0.6	27	296	37.1	2,784	0.8	18	797	7,081
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,111 beneficiaries who were in nursing facilities for part of their enrollment and their 58,835 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$		Total Number of Beneficiaries
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	2.0 %	
All	20,993	44.3 %	4.2	199,585	\$58	\$2,729,961	\$14	\$14	2.0 %	47,361	
Age											
5 and younger	3	100.0	17.3	52	655	1,966	38	38	10.6	3	
6-14	4	66.7	4.5	27	41	246	9	9	1.0	6	
15-20	26	24.1	1.5	165	25	2,676	16	16	1.4	108	
21-44	2,365	25.3	1.8	16,978	39	363,314	21	21	1.3	9,335	
45-64	4,167	38.0	3.4	37,371	59	647,923	17	17	1.6	10,966	
65-74	3,311	42.0	3.8	30,280	52	406,574	13	13	1.8	7,887	
75-84	4,925	53.2	5.3	49,217	63	586,047	12	12	2.2	9,259	
85 and older	6,192	63.2	6.7	65,495	74	721,215	11	11	3.2	9,797	
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	
Basis of Eligibility^c											
Aged	14,408	53.6	5.4	144,866	64	1,712,000	12	12	2.4	26,886	
Disabled	6,537	32.4	2.7	54,450	50	1,012,882	19	19	1.5	20,180	
Adults	46	16.1	0.8	228	13	3,847	17	17	1.2	285	
Children	2	20.0	4.1	41	123	1,232	30	30	4.3	10	
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	
Gender											
Female	15,153	49.1	4.8	147,292	65	2,007,219	14	14	2.2	30,869	
Male	5,840	35.4	3.2	52,293	44	722,742	14	14	1.5	16,492	
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	
Race											
White	18,249	46.8	4.6	179,904	63	2,470,395	14	14	2.0	39,032	
African American	1,713	33.9	2.6	12,957	35	176,281	14	14	1.5	5,048	
Other/unknown	1,031	31.4	2.0	6,724	25	83,285	12	12	1.2	3,281	
Use of Nursing Facilities^d											
Entire year	6,080	69.2	8.0	69,991	89	781,814	11	11	2.8	8,791	
Part year	4,231	69.2	6.6	40,634	80	488,982	12	12	2.3	6,111	
None	10,682	32.9	2.7	88,960	45	1,459,165	16	16	1.6	32,459	
Maintenance Assistance Status											
Cash	5,268	30.9	2.4	40,844	40	675,289	17	17	1.5	17,066	
Medically needy	1,129	25.1	1.6	7,382	33	146,264	20	20	1.3	4,499	
Poverty related	222	16.7	0.6	818	9	12,413	15	15	1.5	1,330	
Other/unknown	14,374	58.8	6.2	150,541	77	1,895,995	13	13	2.3	24,466	

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 KANSAS, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$6	\$14	\$0	\$1	489,851
Age						
5 and younger	1.4	55	38	0	0	36
6-14	0.5	4	9	0	0	57
15-20	0.1	2	16	0	0	1,146
21-44	0.2	4	21	0	1	102,162
45-64	0.3	5	17	0	1	118,465
65-74	0.4	5	13	0	1	82,473
75-84	0.5	6	12	0	0	92,947
85 and older	0.7	8	11	0	0	92,565
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	6	12	0	0	267,658
Disabled	0.2	5	19	0	1	220,120
Adults	0.1	2	17	0	1	1,972
Children	0.4	12	30	0	0	101
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	6	14	0	1	319,707
Male	0.3	4	14	0	1	170,144
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	6	14	0	1	402,726
African American	0.2	3	14	0	0	53,501
Other/unknown	0.2	2	12	0	0	33,624
Use of Nursing Facilities^d						
Entire year	0.8	9	11	0	0	85,890
Part year	0.7	8	12	0	1	58,835
None	0.3	4	16	0	1	345,126
Maintenance Assistance Status						
Cash	0.2	4	17	0	1	189,545
Medically needy	0.2	3	20	0	1	42,111
Poverty related	0.1	1	15	0	0	12,354
Other/unknown	0.6	8	13	0	1	245,841

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 KANSAS, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	100.0 %			Total Number Rx.	100.0 %
All	27,710	\$99	\$2,729,961	100.0 %	199,585	\$14	100.0 %	100.0 %
Anorexia or weight loss/gain	10	371	3,708	0.1	37	100	0.0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	0.0
Cough and cold medications	64	111	7,099	0.3	218	33	0.1	0.1
Vitamins and minerals	11,005	134	1,474,376	54.0	82,118	18	41.1	41.1
Non-prescription drugs	11,881	49	580,533	21.3	82,552	7	41.4	41.4
Barbiturates	553	69	38,353	1.4	6,160	6	3.1	3.1
Benzodiazepines	3,381	114	385,722	14.1	24,920	15	12.5	12.5
Other Part D Excl Rx Drugs	816	294	240,170	8.8	3,580	67	1.8	1.8

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 KANSAS, 2003

Total Number of Dual Eligible Beneficiaries 47,361
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$139,895,406
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,954

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,006	10.6 %	\$0	0.0 %
1-500	7,940	16.8	1,678,548	1.2
501-1,000	4,782	10.1	3,533,445	2.5
1,001-1,500	3,832	8.1	4,773,240	3.4
1,501-2,000	3,293	7.0	5,754,030	4.1
2,001-2,500	2,926	6.2	6,570,829	4.7
2,501-3,000	2,535	5.4	6,954,422	5.0
3,001-3,500	2,325	4.9	7,552,564	5.4
3,501-4,000	2,093	4.4	7,835,417	5.6
4,001-4,500	1,739	3.7	7,382,803	5.3
4,501-5,000	1,582	3.3	7,501,338	5.4
5,001-5,500	1,340	2.8	7,024,002	5.0
5,501-6,000	1,177	2.5	6,762,679	4.8
6,001-6,500	972	2.1	6,078,033	4.3
6,501-7,000	799	1.7	5,390,752	3.9
7,001-7,500	702	1.5	5,086,682	3.6
7,501-8,000	582	1.2	4,510,648	3.2
8,001-8,500	500	1.1	4,124,162	2.9
8,501-9,000	447	0.9	3,910,027	2.8
9,001-9,500	359	0.8	3,318,046	2.4
9,501-10,000	286	0.6	2,786,573	2.0
10,001+	2,144	4.5	31,367,166	22.4

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 KANSAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 26,943
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$70,938,903
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,633

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,230	8.3%	0	0.0%
1-500	4,220	15.7	954,503	1.3
501-1,000	2,879	10.7	2,133,196	3.0
1,001-1,500	2,495	9.3	3,116,292	4.4
1,501-2,000	2,133	7.9	3,726,866	5.3
2,001-2,500	1,893	7.0	4,251,205	6.0
2,501-3,000	1,656	6.1	4,540,485	6.4
3,001-3,500	1,515	5.6	4,924,260	6.9
3,501-4,000	1,373	5.1	5,141,339	7.2
4,001-4,500	1,116	4.1	4,740,836	6.7
4,501-5,000	1,007	3.7	4,776,254	6.7
5,001-5,500	836	3.1	4,380,629	6.2
5,501-6,000	710	2.6	4,075,666	5.7
6,001-6,500	572	2.1	3,574,545	5.0
6,501-7,000	430	1.6	2,901,041	4.1
7,001-7,500	375	1.4	2,722,846	3.8
7,501-8,000	288	1.1	2,230,664	3.1
8,001-8,500	244	0.9	2,011,216	2.8
8,501-9,000	194	0.7	1,695,682	2.4
9,001-9,500	141	0.5	1,301,801	1.8
9,501-10,000	118	0.4	1,151,019	1.6
10,001+	518	1.9	6,588,558	9.3

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
 KANSAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 7,887
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$22,110,806
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,803

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	964	12.2 %	0	0.0 %
1-500	1,226	15.5	264,102	1.2
501-1,000	719	9.1	526,830	2.4
1,001-1,500	695	8.8	865,112	3.9
1,501-2,000	514	6.5	897,211	4.1
2,001-2,500	474	6.0	1,067,719	4.8
2,501-3,000	427	5.4	1,172,866	5.3
3,001-3,500	368	4.7	1,194,302	5.4
3,501-4,000	381	4.8	1,429,087	6.5
4,001-4,500	296	3.8	1,260,684	5.7
4,501-5,000	279	3.5	1,322,681	6.0
5,001-5,500	256	3.2	1,343,177	6.1
5,501-6,000	219	2.8	1,257,313	5.7
6,001-6,500	159	2.0	990,769	4.5
6,501-7,000	149	1.9	1,006,190	4.6
7,001-7,500	137	1.7	993,813	4.5
7,501-8,000	89	1.1	688,052	3.1
8,001-8,500	80	1.0	658,610	3.0
8,501-9,000	74	0.9	646,817	2.9
9,001-9,500	66	0.8	609,938	2.8
9,501-10,000	42	0.5	409,168	1.9
10,001+	273	3.5	3,506,365	15.9

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.
 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^{a, b}
 KANSAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 9,259
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$26,057,713
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,814

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	720	7.8%	0	0.0%
1-500	1,315	14.2	300,310	1.2
501-1,000	922	10.0	687,086	2.6
1,001-1,500	797	8.6	997,894	3.8
1,501-2,000	717	7.7	1,250,422	4.8
2,001-2,500	667	7.2	1,501,298	5.8
2,501-3,000	571	6.2	1,565,933	6.0
3,001-3,500	536	5.8	1,745,133	6.7
3,501-4,000	502	5.4	1,878,706	7.2
4,001-4,500	423	4.6	1,797,665	6.9
4,501-5,000	390	4.2	1,850,409	7.1
5,001-5,500	299	3.2	1,565,855	6.0
5,501-6,000	276	3.0	1,587,769	6.1
6,001-6,500	235	2.5	1,468,750	5.6
6,501-7,000	168	1.8	1,131,879	4.3
7,001-7,500	131	1.4	949,882	3.6
7,501-8,000	121	1.3	937,339	3.6
8,001-8,500	109	1.2	899,624	3.5
8,501-9,000	73	0.8	637,977	2.4
9,001-9,500	51	0.6	469,535	1.8
9,501-10,000	54	0.6	526,859	2.0
10,001+	182	2.0	2,307,388	8.9

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
 KANSAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 9,797
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$22,770,384
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,324

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	546	5.6 %	0	0.0 %
1-500	1,679	17.1	390,091	1.7
501-1,000	1,238	12.6	919,280	4.0
1,001-1,500	1,003	10.2	1,253,286	5.5
1,501-2,000	902	9.2	1,579,233	6.9
2,001-2,500	752	7.7	1,682,188	7.4
2,501-3,000	658	6.7	1,801,686	7.9
3,001-3,500	611	6.2	1,984,825	8.7
3,501-4,000	490	5.0	1,833,546	8.1
4,001-4,500	397	4.1	1,682,487	7.4
4,501-5,000	338	3.5	1,603,164	7.0
5,001-5,500	281	2.9	1,471,597	6.5
5,501-6,000	215	2.2	1,230,584	5.4
6,001-6,500	178	1.8	1,115,026	4.9
6,501-7,000	113	1.2	762,972	3.4
7,001-7,500	107	1.1	779,151	3.4
7,501-8,000	78	0.8	605,273	2.7
8,001-8,500	55	0.6	452,982	2.0
8,501-9,000	47	0.5	410,888	1.8
9,001-9,500	24	0.2	222,328	1.0
9,501-10,000	22	0.2	214,992	0.9
10,001+	63	0.6	774,805	3.4

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	47,435	26,925	20,184	316	0	491,362	268,243	220,392	2,621	106	0
Age											
5 and younger	3	0	2	0	0	36	0	24	0	12	0
6-14	6	0	6	0	0	57	0	57	0	0	0
15-20	108	0	100	0	0	1,151	0	1,067	0	84	0
21-44	9,359	0	9,107	251	0	102,803	0	100,683	2,110	10	0
45-64	10,977	2	10,910	65	0	118,745	18	118,216	511	0	0
65-74	7,894	7,835	59	0	0	82,591	82,246	345	0	0	0
75-84	9,280	9,280	0	0	0	93,266	93,266	0	0	0	0
85 and older	9,808	9,808	0	0	0	92,713	92,713	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	30,922	20,142	10,579	197	4	320,729	202,969	116,041	1,671	48	0
Male	16,513	6,783	9,605	119	6	170,633	65,274	104,351	950	58	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	39,089	22,373	16,487	221	8	403,778	221,022	180,860	1,814	82	0
African American	5,060	2,327	2,669	62	2	53,854	24,417	28,879	534	24	0
Other/unknown	3,286	2,225	1,028	33	0	33,730	22,804	10,653	273	0	0
Use of Nursing Facilities^c											
Entire year	8,791	8,332	459	0	0	85,890	81,124	4,766	0	0	0
Part year	6,111	5,277	834	0	0	58,868	49,780	9,088	0	0	0
None	32,533	13,316	18,891	316	10	346,604	137,339	206,538	2,621	106	0
Maintenance Assistance Status											
Cash	17,097	6,534	10,322	241	0	190,380	73,220	115,088	2,072	0	0
Medically needy	4,499	1,686	2,812	1	0	42,130	15,036	27,089	5	0	0
Poverty related	1,333	585	702	45	1	12,416	5,119	6,934	356	7	0
Other/unknown	24,506	18,120	6,348	29	9	246,436	174,868	71,281	188	99	0
Dual Status^d											
Full dual, all year	45,086	25,848	18,921	307	10	466,156	256,695	206,836	2,519	106	0
Full dual, part year	2,349	1,077	1,263	9	0	25,206	11,548	13,556	102	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	47,207	26,848	20,128	222	9	489,130	267,463	219,817	1,751	99	0
FFS part year, with Rx claims	107	22	41	44	0	1,177	259	449	469	0	0
FFS part year, no Rx claims	47	16	11	19	1	457	169	100	181	7	0
MC all year, with Rx claims	1	1	0	0	0	12	12	0	0	0	0
MC all year, no Rx claims	73	38	4	31	0	586	340	26	220	0	0

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	47,435	491,362	489,851	47,361	489,851	0	1,511
Fee-for-service (FFS) all year	47,207	489,130	489,130	47,207	489,130	0	0
FFS part year, with Rx claims	107	1,177	548	107	548	0	629
FFS part year, with no Rx claims	47	457	173	47	173	0	284
Managed care (MC) all year, with Rx claims	1	12	0	0	0	0	12
MC all year, with no Rx claims	73	586	0	0	0	0	586

Source: Data for this table are from the MAX 2003 file for Kansas, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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