

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	238,260	1,215	29,491	47,221	160,333	0	1,653,853	12,026	304,072	252,994	1,084,761	0	1,653,853	12,026	304,072	252,994	1,084,761	0	
Age																			
5 and younger	75,036	0	1,514	0	73,522	0	477,794	0	14,870	0	462,924	0	477,794	0	14,870	0	462,924	0	
6-14	68,702	0	5,066	0	63,636	0	508,003	0	52,153	0	455,850	0	508,003	0	52,153	0	455,850	0	
15-20	34,063	0	3,543	7,393	23,127	0	243,910	0	37,073	41,094	165,743	0	243,910	0	37,073	41,094	165,743	0	
21-44	46,925	18	9,256	37,603	48	0	297,668	153	97,894	199,377	244	0	297,668	153	97,894	199,377	244	0	
45-64	12,402	73	10,107	2,222	0	0	115,131	568	102,056	12,507	0	0	115,131	568	102,056	12,507	0	0	
65-74	720	712	5	3	0	0	7,468	7,426	26	16	0	0	7,468	7,426	26	16	0	0	
75-84	263	263	0	0	0	0	2,537	2,537	0	0	0	0	2,537	2,537	0	0	0	0	
85 and older	149	149	0	0	0	0	1,342	1,342	0	0	0	0	1,342	1,342	0	0	0	0	
Unknown	0	0	0	0	0	0	1,342	0	0	0	0	0	1,342	0	0	0	0	0	
Gender																			
Female	133,785	856	15,145	39,131	78,653	0	909,966	8,558	158,432	211,151	531,825	0	909,966	8,558	158,432	211,151	531,825	0	
Male	104,446	359	14,346	8,090	81,651	0	743,837	3,468	145,640	41,843	552,886	0	743,837	3,468	145,640	41,843	552,886	0	
Unknown	29	0	0	0	29	0	50	0	0	0	50	0	50	0	0	0	50	0	
Race																			
White	146,092	579	21,308	31,935	92,270	0	1,020,854	5,623	219,204	169,634	626,393	0	1,020,854	5,623	219,204	169,634	626,393	0	
African American	40,887	155	5,371	8,153	27,208	0	288,533	1,643	56,829	45,197	184,864	0	288,533	1,643	56,829	45,197	184,864	0	
Other/unknown	51,281	481	2,812	7,133	40,855	0	344,466	4,760	28,039	38,163	273,504	0	344,466	4,760	28,039	38,163	273,504	0	
Use of Nursing Facilities^c																			
Entire year	359	134	225	0	0	0	3,291	1,228	2,063	0	0	0	3,291	1,228	2,063	0	0	0	
Part year	502	81	420	0	1	0	5,109	825	4,280	0	4	0	5,109	825	4,280	0	4	0	
None	237,399	1,000	28,846	47,221	160,332	0	1,645,453	9,973	297,729	252,994	1,084,757	0	1,645,453	9,973	297,729	252,994	1,084,757	0	
Maintenance Assistance Status																			
Cash	96,506	703	24,826	28,986	41,991	0	708,511	7,678	264,923	161,783	274,127	0	708,511	7,678	264,923	161,783	274,127	0	
Medically needy	2,662	198	1,542	366	556	0	15,709	1,590	10,680	1,277	2,162	0	15,709	1,590	10,680	1,277	2,162	0	
Poverty-related	111,050	96	22	12,330	98,602	0	687,783	769	106	52,341	634,567	0	687,783	769	106	52,341	634,567	0	
Other/unknown	28,042	218	3,101	5,539	19,184	0	241,850	1,989	28,363	37,593	173,905	0	241,850	1,989	28,363	37,593	173,905	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	168,177	1,215	28,959	30,370	107,633	0	1,429,874	12,026	300,731	199,730	917,387	0	1,429,874	12,026	300,731	199,730	917,387	0	
FFS part year, with Rx claims	23,391	0	420	7,637	15,334	0	97,556	0	2,830	28,369	66,357	0	97,556	0	2,830	28,369	66,357	0	
FFS part year, no Rx claims	46,692	0	112	9,214	37,366	0	126,423	0	511	24,895	101,017	0	126,423	0	511	24,895	101,017	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 1/01/2007.

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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	53.3 %	6.6	\$401	\$61	\$3,099	13.0 %	238,260
Age							
5 and younger	48.4	2.4	100	42	1,594	6.3	75,036
6-14	48.8	4.2	282	66	2,129	13.2	68,702
15-20	55.4	5.9	392	66	3,646	10.8	34,063
21-44	59.0	8.5	554	65	4,367	12.7	46,925
45-64	78.8	36.4	2,217	61	10,506	21.1	12,402
65-74	81.5	36.5	1,793	49	11,183	16.0	720
75-84	79.1	30.1	1,403	47	9,332	15.0	263
85 and older	87.9	41.8	1,677	40	17,527	9.6	149
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	81.0	34.4	1,635	48	11,358	14.4	1,215
Disabled	80.7	28.4	1,989	70	12,759	15.6	29,491
Adults	53.8	4.1	174	42	1,899	9.1	47,221
Children	47.9	3.1	167	54	1,613	10.4	160,333
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	55.0	7.1	400	56	2,898	13.8	133,785
Male	51.2	5.8	403	69	3,358	12.0	104,446
Unknown	6.9	0.1	1	20	18	7.5	29
Race							
White	57.7	8.1	508	63	3,622	14.0	146,092
African American	46.6	5.1	298	58	2,749	10.8	40,887
Other/unknown	46.1	3.4	180	52	1,888	9.5	51,281
Use of Nursing Facilities^f							
Entire year	95.8	72.6	3,969	55	35,457	11.2	359
Part year	97.4	75.5	4,627	61	39,527	11.7	502
None	53.2	6.3	387	61	2,973	13.0	237,399
Maintenance Assistance Status							
Cash	56.7	10.2	655	64	4,299	15.2	96,506
Medically needy	52.2	11.2	865	77	8,192	10.6	2,662
Poverty related	47.2	2.4	102	43	1,301	7.8	111,050
Other/unknown	65.8	10.3	672	65	5,607	12.0	28,042

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d		
All	0.9	\$58	13.0 %	46.7 %	39.9 %	5.7 %	5.4 %	1.9 %	0.5 %	\$447	238,260	1,653,853
Age												
5 and younger	0.4	16	6.3	51.6	43.8	3.2	1.3	0.1	0.0	250	75,036	477,794
6-14	0.6	38	13.2	51.2	39.4	4.7	4.1	0.6	0.0	288	68,702	508,003
15-20	0.8	55	10.8	44.6	41.8	6.6	5.7	1.3	0.1	509	34,063	243,910
21-44	1.3	87	12.7	41.0	38.5	8.7	8.3	2.9	0.6	689	46,925	297,668
45-64	3.9	239	21.1	21.2	20.6	11.5	23.3	17.4	6.0	1,132	12,402	115,131
65-74	3.5	173	16.0	18.5	23.2	10.8	25.3	17.2	5.0	1,078	720	7,468
75-84	3.1	145	15.0	20.9	29.3	11.4	19.4	15.6	3.4	967	263	2,537
85 and older	4.6	186	9.6	12.1	13.4	8.7	32.2	28.2	5.4	1,946	149	1,342
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	3.5	165	14.4	19.0	23.9	11.0	24.4	17.3	4.4	1,148	1,215	12,026
Disabled	2.8	193	15.6	19.3	31.4	12.6	21.9	11.4	3.4	1,238	29,491	304,072
Adults	0.8	32	9.1	46.2	40.3	7.5	4.8	1.1	0.1	355	47,221	252,994
Children	0.5	25	10.4	52.1	41.4	3.8	2.3	0.3	0.0	239	160,333	1,084,761
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.1	59	13.8	45.0	40.7	5.9	5.5	2.3	0.6	426	133,785	909,966
Male	0.8	57	12.0	48.8	38.8	5.4	5.2	1.5	0.3	472	104,446	743,837
Unknown	0.0	1	7.5	93.1	6.9	0.0	0.0	0.0	0.0	10	29	50
Race												
White	1.2	73	14.0	42.3	41.1	6.7	6.7	2.6	0.7	518	146,092	1,020,854
African American	0.7	42	10.8	53.4	36.4	4.5	4.0	1.4	0.3	390	40,887	288,533
Other/unknown	0.5	27	9.5	53.9	39.2	3.5	2.6	0.6	0.1	281	51,281	344,466
Use of Nursing Facilities^f												
Entire year	7.9	433	11.2	4.2	5.8	4.2	23.4	39.3	23.1	3,868	359	3,291
Part year	7.4	455	11.7	2.6	7.8	6.6	24.9	36.1	22.1	3,884	502	5,109
None	0.9	56	13.0	46.8	40.0	5.7	5.3	1.8	0.4	429	237,399	1,645,453
Maintenance Assistance Status												
Cash	1.4	89	15.2	43.3	36.9	6.9	8.2	3.7	1.0	586	96,506	708,511
Medically needy	1.9	147	10.6	47.8	23.7	9.5	12.8	5.3	0.8	1,388	2,662	15,709
Poverty related	0.4	16	7.8	52.8	41.8	3.7	1.6	0.1	0.0	210	111,050	687,783
Other/unknown	1.2	78	12.0	34.2	44.1	8.5	9.8	2.9	0.6	650	28,042	241,850

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$58	\$61	0.5	\$49	\$102	0.0	\$1	\$41	0.4	\$8	\$18
Age												
5 and younger	0.4	16	42	0.2	13	71	0.0	0	40	0.2	3	14
6-14	0.6	38	66	0.4	33	94	0.0	1	61	0.2	4	20
15-20	0.8	55	66	0.5	48	102	0.0	1	36	0.3	6	18
21-44	1.3	87	65	0.6	74	120	0.0	2	43	0.7	12	18
45-64	3.9	239	61	1.8	196	109	0.1	4	34	2.0	39	19
65-74	3.5	173	49	1.6	139	86	0.1	3	26	1.8	30	17
75-84	3.1	145	47	1.6	120	77	0.1	2	22	1.5	23	16
85 and older	4.6	186	40	2.0	146	73	0.3	7	23	2.4	34	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.5	165	48	1.6	133	83	0.1	3	24	1.7	28	16
Disabled	2.8	193	70	1.4	163	119	0.1	3	45	1.3	26	20
Adults	0.8	32	42	0.3	26	85	0.0	1	24	0.4	6	13
Children	0.5	25	54	0.3	21	83	0.0	1	44	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.1	59	56	0.5	49	97	0.0	1	36	0.5	9	17
Male	0.8	57	69	0.4	49	109	0.0	1	52	0.4	7	20
Unknown	0.0	1	20	0.0	0	0	0.0	0	0	0.0	1	20
Race												
White	1.2	73	63	0.6	61	104	0.0	1	42	0.5	10	19
African American	0.7	42	58	0.3	36	102	0.0	1	41	0.4	6	17
Other/unknown	0.5	27	52	0.3	22	89	0.0	1	37	0.2	4	16
Use of Nursing Facilities^e												
Entire year	7.9	433	55	3.6	346	97	0.4	11	30	4.0	76	19
Part year	7.4	455	61	3.2	366	114	0.2	8	37	4.0	80	20
None	0.9	56	61	0.5	47	102	0.0	1	42	0.4	8	18
Maintenance Assistance Status												
Cash	1.4	89	64	0.7	75	112	0.0	2	42	0.7	13	19
Medically needy	1.9	147	77	0.9	125	143	0.1	2	40	1.0	18	19
Poverty related	0.4	16	43	0.2	13	71	0.0	1	43	0.2	3	15
Other/unknown	1.2	78	65	0.7	68	96	0.0	1	36	0.4	8	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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$12	\$9	\$0	\$2	\$45	\$76	\$61	\$18	\$9,275,359	83,748	35.1 %	787,845	
Biologicals	0.4	0.4	0.0	0.0	475	442	20	14	1144	1,125	1,374	1,603	1,523,353	350	0.1	3,204	
Antineoplastic Agents	0.5	0.3	0.0	0.2	144	131	2	11	281	488	120	47	917,628	625	0.3	6,386	
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	25	21	1	3	52	83	20	16	6,903,771	28,223	11.8	271,722	
Cardiovascular Agents	1.1	0.4	0.0	0.7	35	25	1	9	32	64	28	13	5,171,516	14,591	6.1	149,157	
Respiratory Agents	0.4	0.3	0.0	0.1	21	18	0	3	50	68	37	19	10,159,649	50,730	21.3	485,939	
Gastrointestinal Agents	0.5	0.3	0.0	0.2	40	36	1	4	84	124	177	19	6,179,466	15,392	6.5	152,749	
Genitourinary Agents	0.3	0.2	0.0	0.1	14	12	0	1	49	61	26	15	874,877	6,905	2.9	64,557	
CNS Drugs	0.9	0.6	0.0	0.3	94	86	1	7	102	138	101	25	26,104,487	28,334	11.9	276,871	
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	49	43	1	5	69	78	42	36	4,911,616	10,167	4.3	100,046	
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	53	47	0	6	162	201	0	63	345,084	620	0.3	6,481	
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	21	15	0	5	43	143	61	15	7,397,821	37,632	15.8	358,670	
Neuromuscular Agents	0.8	0.4	0.0	0.3	59	50	1	8	76	123	35	22	10,026,384	16,720	7.0	170,859	
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	15	18	16	14	431,890	10,125	4.2	84,976	
Hematological Agents	0.6	0.2	0.0	0.4	77	72	1	5	132	386	17	14	2,054,175	2,653	1.1	26,566	
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	34	57	47	17	2,558,032	38,120	16.0	372,879	
Miscellaneous Products	0.5	0.2	0.0	0.3	76	62	5	9	159	330	208	33	535,402	706	0.3	7,081	
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	34	0	0	0	272,170	5,475	2.3	54,042	
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.	95,642,680	n.a.	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.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.medispan.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(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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$17,097,036	15,642	6.6 %	167,302	0.6	\$176
ANTICONVULSANT	8,970,647	13,395	5.6	142,320	0.7	92
ANTIDEPRESSANTS	8,202,142	27,811	11.7	277,318	0.5	60
ANTIASTHMATIC	5,877,479	37,105	15.6	363,984	0.3	57
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,907,862	12,904	5.4	130,855	0.5	69
ULCER DRUGS	4,514,000	13,665	5.7	139,587	0.4	84
ANALGESICS - Narcotic	4,065,860	38,345	16.1	372,962	0.3	36
ANTIDIABETIC	2,842,448	6,923	2.9	72,123	0.6	61
ANTIHISTAMINES	2,701,495	28,398	11.9	285,152	0.2	39
MISC. ENDOCRINE	2,628,043	2,031	0.9	22,275	0.5	253
Total	61,807,012	196,219		1,973,878	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 ND.7 includes the beneficiaries represented by Cell K 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-ad77847b6615> (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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	796,041	\$61,807,012	15,642	6.6 %	167,302	\$102	13,395	5.6 %	142,320	\$63					
Female															
Disabled	454,637	32,750,271	7,617	5.7	80,973	95	7,712	5.8	81,142	61					
5 and younger	275,736	22,216,908	4,649	30.7	52,049	109	5,122	33.8	57,418	67					
6-14	2,621	184,553	8	1.3	83	67	91	15.1	1,017	70					
15-20	14,294	1,262,744	348	21.2	3,734	66	434	26.5	4,760	85					
21-44	15,613	1,400,407	438	30.2	4,746	87	443	30.6	4,938	79					
45-64	91,912	7,920,657	2,021	39.1	22,758	112	2,153	41.6	24,159	71					
65-74	151,278	11,447,765	1,834	29.2	20,728	120	2,001	31.9	22,544	57					
75-84	18	782	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					
Other Eligibles															
5 and younger	178,901	10,533,363	2,968	2.5	28,924	69	2,590	2.2	23,724	47					
6-14	17,816	852,750	61	0.2	671	60	107	0.3	1,043	46					
15-20	46,679	3,332,455	818	2.6	8,822	84	514	1.6	5,311	59					
21-44	36,847	2,489,473	984	5.5	10,131	71	588	3.3	5,842	60					
45-64	59,796	2,787,051	888	2.8	7,103	47	1,145	3.6	9,243	32					
65-74	6,377	382,913	84	5.9	715	71	108	7.6	866	37					
75-84	7,951	489,685	86	17.4	979	87	88	17.8	992	50					
85 and older	1,892	111,805	24	14.5	277	69	26	15.8	299	28					
	1,543	87,231	23	20.9	226	87	14	12.7	128	54					
Male															
Disabled	341,404	29,056,741	8,025	7.7	86,329	109	5,683	5.4	61,178	65					
5 and younger	182,080	17,287,669	4,620	32.2	51,213	121	3,840	26.8	42,871	71					
6-14	4,061	278,535	50	5.5	522	52	124	13.6	1,387	53					
15-20	41,300	3,856,538	1,234	36.0	13,368	89	884	25.8	9,684	66					
21-44	24,787	2,692,685	838	40.0	9,466	105	623	29.7	7,077	82					
45-64	52,991	5,709,746	1,643	40.2	18,403	143	1,402	34.3	15,897	81					
65-74	58,919	4,748,570	855	22.3	9,454	145	806	21.1	8,821	54					
75-84	22	1,595	0	0.0	0	0	1	100.0	5	5					
85 and older	0	0	0	0.0	0	0	0	0.0	0	0					
Other Eligibles															
5 and younger	159,324	11,769,072	3,405	3.8	35,116	91	1,843	2.0	18,307	52					
6-14	25,104	1,264,283	109	0.3	1,069	73	151	0.4	1,477	36					
15-20	80,046	6,340,876	1,787	5.5	19,201	92	824	2.5	8,792	52					
21-44	37,155	3,110,800	1,254	9.9	12,638	93	544	4.3	5,378	63					
45-64	9,584	560,217	153	2.5	1,210	68	216	3.5	1,601	31					
65-74	3,252	203,728	31	3.5	255	85	64	7.3	580	41					
75-84	2,787	203,643	42	18.9	442	131	31	14.0	346	63					
85 and older	879	54,190	15	15.3	172	54	9	9.2	96	32					
	517	31,335	14	35.9	129	78	4	10.3	37	21					
Unknown	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 ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-ASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXICANTS				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	27,811	11.7 %	277,318	0.5	\$30	37,105	15.6 %	363,984	0.3	\$16	12,904	5.4 %	130,855	0.5	\$38
Female	18,512	13.8	181,797	0.5	29	19,777	14.8	195,045	0.3	16	3,590	2.7	36,887	0.5	35
Disabled	8,687	57.4	96,531	0.6	34	6,272	41.4	70,730	0.4	23	983	6.5	10,916	0.5	38
5 and younger	11	1.8	107	0.5	15	241	40.0	2,710	0.3	18	15	2.5	157	0.3	20
6-14	329	20.1	3,552	0.5	23	442	27.0	5,025	0.3	22	469	28.6	5,160	0.6	38
15-20	566	39.1	6,137	0.5	33	380	26.2	4,260	0.3	16	201	13.9	2,246	0.6	39
21-44	3,389	65.6	37,821	0.5	33	1,833	35.5	20,641	0.3	18	166	3.2	1,874	0.4	35
45-64	4,392	69.9	48,914	0.6	36	3,375	53.7	38,093	0.4	26	132	2.1	1,479	0.4	36
65-74	0	0.0	0	0.0	0	1	25.0	1	1.0	110	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	9,825	8.3	85,266	0.4	24	13,505	11.4	124,315	0.2	13	2,607	2.2	25,971	0.5	35
5 and younger	53	0.1	577	0.3	10	4,361	12.2	41,407	0.2	12	139	0.4	1,393	0.4	22
6-14	1,430	4.6	14,382	0.5	26	3,859	12.3	36,763	0.3	14	1,802	5.8	18,012	0.5	36
15-20	2,404	13.4	22,821	0.4	25	2,076	11.6	19,784	0.2	11	466	2.6	4,860	0.5	37
21-44	5,225	16.6	41,105	0.3	22	2,771	8.8	22,150	0.2	11	178	0.6	1,502	0.3	25
45-64	454	32.0	3,549	0.4	26	216	15.2	1,769	0.3	15	16	1.1	132	0.2	13
65-74	156	31.6	1,811	0.6	25	166	33.7	1,892	0.5	26	3	0.6	36	0.2	8
75-84	46	27.9	515	0.6	26	34	20.6	372	0.3	22	1	0.6	12	0.1	1
85 and older	57	51.8	506	0.7	43	22	20.0	178	0.3	14	2	1.8	24	0.5	54
Male	9,299	8.9	95,521	0.5	30	17,328	16.6	168,939	0.3	16	9,314	8.9	93,968	0.6	38
Disabled	4,620	32.2	50,473	0.6	33	3,848	26.8	42,764	0.4	22	2,729	19.0	29,782	0.6	40
5 and younger	35	3.8	366	0.3	11	476	52.3	5,180	0.3	17	92	10.1	981	0.4	23
6-14	941	27.5	10,129	0.6	27	955	27.9	10,883	0.3	18	1,891	55.2	20,434	0.6	40
15-20	697	33.3	7,744	0.6	31	424	20.2	4,822	0.3	16	590	28.2	6,614	0.6	43
21-44	1,459	35.7	16,098	0.6	37	629	15.4	6,987	0.4	19	113	2.8	1,292	0.6	34
45-64	1,486	38.8	16,126	0.6	34	1,364	35.7	14,892	0.5	30	43	1.1	461	0.4	31
65-74	2	200.0	10	0.9	76	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	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	4,679	5.2	45,048	0.5	27	13,480	15.0	126,175	0.2	14	6,585	7.3	64,186	0.5	38
5 and younger	73	0.2	807	0.3	8	6,420	17.0	59,462	0.2	13	367	1.0	3,670	0.3	23
6-14	2,047	6.3	21,001	0.5	26	4,950	15.3	47,278	0.3	15	5,010	15.5	48,760	0.5	38
15-20	1,675	13.3	16,042	0.5	31	1,563	12.4	14,879	0.3	15	1,169	9.3	11,490	0.6	41
21-44	617	9.9	4,800	0.3	21	342	5.5	2,670	0.3	12	31	0.5	201	0.4	33
45-64	170	19.4	1,352	0.4	27	92	10.5	663	0.4	22	7	0.8	55	0.3	27
65-74	55	24.8	607	0.6	32	78	35.1	854	0.6	32	1	0.5	10	1.0	152
75-84	23	23.5	264	0.5	23	18	18.4	201	0.4	30	0	0.0	0	0.0	0
85 and older	19	48.7	175	0.8	44	17	43.6	168	0.4	22	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 ND.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}
NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTI-DIABETIC				
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	13,665	5.7 %	139,587	\$32	0.4	38,345	16.1 %	372,962	\$11	0.3	6,923	2.9 %	72,123	\$39	0.6
Female	9,330	7.0	95,474	33	0.4	28,127	21.0	269,914	10	0.3	4,861	3.6	50,582	40	0.6
Disabled	4,869	32.1	55,357	43	0.5	9,630	63.6	108,855	20	0.4	3,483	23.0	39,033	42	0.7
5 and younger	88	14.6	966	23	0.5	66	10.9	742	1	0.1	0	0.0	0	0	0.0
6-14	114	7.0	1,322	28	0.4	171	10.4	1,947	2	0.2	14	0.9	149	0.8	0.42
15-20	217	15.0	2,434	23	0.3	431	29.8	4,772	6	0.2	52	3.6	572	0.6	0.33
21-44	1,522	29.4	17,377	38	0.4	3,834	74.2	43,379	15	0.4	812	15.7	9,234	0.6	0.39
45-64	2,926	46.6	33,253	47	0.5	5,123	81.6	57,992	25	0.5	2,605	41.5	29,078	0.7	0.43
65-74	2	50.0	5	84	0.8	5	125.0	23	9	0.4	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	4,461	3.8	40,117	19	0.3	18,497	15.6	161,059	3	0.2	1,378	1.2	11,549	0.6	0.32
5 and younger	588	1.6	4,997	8	0.2	743	2.1	7,481	1	0.1	11	0.0	75	0.5	0.47
6-14	565	1.8	5,676	12	0.2	1,511	4.8	15,542	1	0.1	99	0.3	884	0.7	0.41
15-20	903	5.0	8,656	13	0.2	3,822	21.4	35,347	1	0.2	147	0.8	1,353	0.6	0.33
21-44	1,879	6.0	15,516	22	0.3	11,504	36.6	94,227	4	0.3	677	2.2	5,058	0.5	0.27
45-64	216	15.2	1,852	35	0.4	571	40.3	4,773	10	0.4	197	13.9	1,482	0.6	0.35
65-74	208	42.2	2,348	46	0.6	229	46.5	2,553	11	0.3	185	37.5	2,029	0.6	0.36
75-84	57	34.5	636	34	0.5	61	37.0	623	18	0.4	39	23.6	432	0.7	0.37
85 and older	45	40.9	436	39	0.6	56	50.9	513	12	0.5	23	20.9	236	0.8	0.27
Male	4,335	4.2	44,113	31	0.4	10,218	9.8	103,048	14	0.3	2,062	2.0	21,541	0.7	0.39
Disabled	2,264	15.8	25,475	40	0.5	4,292	29.9	47,483	24	0.4	1,553	10.8	17,111	0.7	0.39
5 and younger	87	9.5	914	26	0.4	91	10.0	1,037	1	0.1	2	0.2	19	0.4	0.12
6-14	191	5.6	2,199	27	0.4	314	9.2	3,612	3	0.1	33	1.0	390	0.7	0.42
15-20	189	9.0	2,138	32	0.4	341	16.3	3,863	2	0.2	36	1.7	420	0.7	0.41
21-44	696	17.0	7,971	41	0.5	1,421	34.8	15,719	23	0.4	349	8.5	3,848	0.6	0.34
45-64	1,100	28.8	12,248	45	0.5	2,122	55.5	23,237	31	0.5	1,133	29.6	12,434	0.7	0.40
65-74	1	100.0	5	77	0.8	3	300.0	15	28	0.5	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	2,071	2.3	18,638	20	0.3	5,926	6.6	55,565	5	0.2	509	0.6	4,430	0.7	0.38
5 and younger	693	1.8	5,893	9	0.2	1,041	2.8	10,468	1	0.1	13	0.0	115	0.6	0.43
6-14	433	1.3	4,263	13	0.2	1,479	4.6	15,154	2	0.1	99	0.3	910	0.8	0.46
15-20	368	2.9	3,642	20	0.3	1,546	12.2	15,112	2	0.1	80	0.6	759	0.8	0.52
21-44	374	6.0	2,900	34	0.3	1,445	23.2	11,240	12	0.4	140	2.2	1,006	0.6	0.35
45-64	98	11.2	779	39	0.4	311	35.5	2,497	22	0.5	84	9.6	592	0.5	0.27
65-74	70	31.5	793	42	0.5	71	32.0	758	18	0.3	59	26.6	678	0.6	0.34
75-84	24	24.5	258	61	0.6	25	25.5	263	19	0.4	27	27.6	297	0.5	0.21
85 and older	11	28.2	110	48	0.8	8	20.5	73	19	0.8	7	17.9	73	0.7	0.32
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTIHISTAMINES				MISC. ENDOCRINE				Number of Beneficiaries	Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Benefit Months	Mean of Rx per Benefit Month	Number of Benefit Months	Mean Benefit per Month
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month							
All	28,398	11.9 %	285,152	0.2	2,031	0.9 %	22,275	0.5	238,260	\$10	\$118	1,653,853			
Female	16,469	12.3	164,969	0.2	1,134	0.8	12,507	0.5	133,785	10	73	909,966			
Disabled	4,145	27.4	47,538	0.3	674	4.5	7,754	0.5	15,145	14	65	158,432			
5 and younger	135	22.4	1,575	0.2	14	2.3	161	0.5	603	5	157	5,984			
6-14	382	23.3	4,430	0.3	52	3.2	581	0.4	1,639	12	202	17,056			
15-20	363	25.1	4,026	0.3	26	1.8	305	0.6	1,448	12	296	15,031			
21-44	1,445	27.9	16,576	0.3	92	1.8	1,067	0.5	5,170	14	46	55,399			
45-64	1,820	29.0	20,931	0.4	490	7.8	5,640	0.5	6,281	16	39	64,941			
65-74	0	0.0	0	0.0	0	0.0	0	0.0	4	0	21				
75-84	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				
Other Eligibles	12,324	10.4	117,431	0.2	460	0.4	4,753	0.4	118,640	8	85	751,534			
5 and younger	3,745	10.5	36,918	0.2	18	0.1	199	0.3	35,824	4	195	225,239			
6-14	3,712	11.9	37,014	0.2	228	0.7	2,317	0.4	31,300	10	103	224,156			
15-20	2,067	11.6	19,781	0.2	40	0.2	416	0.5	17,885	10	145	117,347			
21-44	2,478	7.9	20,428	0.2	25	0.1	204	0.4	31,445	7	82	168,621			
45-64	155	10.9	1,383	0.2	21	1.5	147	0.3	1,418	9	18	8,318			
65-74	118	23.9	1,383	0.3	86	17.4	1,002	0.5	493	13	32	5,234			
75-84	30	18.2	347	0.3	30	18.2	347	0.5	165	10	31	1,585			
85 and older	19	17.3	177	0.3	12	10.9	121	0.6	110	9	31	1,034			
Male	11,929	11.4	120,183	0.2	897	0.9	9,768	0.5	104,446	9	176	743,837			
Disabled	2,344	16.3	26,743	0.3	365	2.5	4,185	0.5	14,346	13	258	145,640			
5 and younger	226	24.8	2,454	0.2	13	1.4	150	0.6	911	6	166	8,886			
6-14	735	21.4	8,384	0.3	197	5.7	2,237	0.5	3,427	12	249	35,097			
15-20	331	15.8	3,821	0.3	62	3.0	725	0.6	2,095	15	503	22,042			
21-44	585	14.3	6,775	0.4	48	1.2	562	0.7	4,086	15	176	42,495			
45-64	467	12.2	5,309	0.4	45	1.2	511	0.5	3,826	16	63	37,115			
65-74	0	0.0	0	0.0	0	0.0	0	0.0	1	0	5				
75-84	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				
Other Eligibles	9,585	10.6	93,440	0.2	532	0.6	5,583	0.4	90,100	8	115	598,197			
5 and younger	4,259	11.3	41,426	0.2	22	0.1	225	0.3	37,669	5	65	237,635			
6-14	3,838	11.9	37,818	0.2	419	1.3	4,344	0.4	32,336	11	109	231,694			
15-20	1,194	9.4	11,686	0.3	79	0.6	884	0.6	12,635	12	168	89,490			
21-44	215	3.5	1,721	0.2	2	0.0	24	0.5	6,224	10	136	31,153			
45-64	35	4.0	300	0.3	1	0.1	12	0.1	877	12	6	4,757			
65-74	31	14.0	350	0.3	7	3.2	70	0.4	222	11	29	2,208			
75-84	11	11.2	121	0.3	2	2.0	24	1.0	98	10	71	952			
85 and older	2	5.1	18	0.2	0	0.0	0	0.0	39	3	0	308			
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	29	0	0	50			

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$433	7.9	359	3,291
Age				
0-64	524	8.9	224	2,062
65-74	385	7.5	32	286
75-84	267	6.0	33	317
85 and older	240	5.8	70	626
Unknown	0	0.0	0	0
Gender				
Female	420	8.0	215	2,029
Male	453	7.8	144	1,262
Unknown	0	0.0	0	0
Race				
White	420	7.8	292	2,723
African American	433	8.3	39	351
Other/unknown	601	8.9	28	217
Basis of Eligibility^c				
Aged	281	6.3	134	1,228
Disabled	524	8.9	225	2,063
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents				
												Residents	Months			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$15	\$0	\$6	\$48	\$118	\$25	1,084	\$52,243	246	68.5 %	2,432
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.3	0.0	0.2	180	166	0	14	397	635	73	78	30,994	16	4.5	172
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	52	42	2	8	39	70	15	2,284	88,982	175	48.7	1,721
Cardiovascular Agents	2.2	0.7	0.1	1.5	56	35	2	19	25	54	13	5,119	129,132	244	68.0	2,286
Respiratory Agents	0.7	0.4	0.0	0.3	32	25	1	6	47	63	21	1,039	48,433	155	43.2	1,506
Gastrointestinal Agents	1.2	0.6	0.0	0.6	65	57	0	8	54	91	15	2,290	124,467	198	55.2	1,912
Genitourinary Agents	0.6	0.4	0.0	0.1	31	28	0	3	52	63	21	491	25,396	80	22.3	815
CNS Drugs	1.9	1.4	0.0	0.5	187	169	3	15	98	125	30	5,115	502,494	277	77.2	2,683
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	48	42	0	7	77	138	20	52	3,996	9	2.5	83
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	111	111	0	1	134	134	147	332	44,632	38	10.6	401
Analgesics and Anesthetics	1.1	0.3	0.0	0.7	45	34	1	10	41	98	14	2,052	84,256	191	53.2	1,866
Neuromuscular Agents	1.7	0.6	0.1	1.0	98	63	4	32	58	103	32	3,054	176,951	181	50.4	1,810
Nutritional Products	0.9	0.0	0.1	0.8	19	0	3	16	22	0	21	930	20,175	110	30.6	1,063
Hematological Agents	1.4	0.5	0.2	0.7	72	62	2	9	53	131	12	1,149	60,856	86	24.0	843
Topical Products	0.5	0.2	0.0	0.3	16	11	1	4	32	53	15	965	31,112	188	52.4	1,931
Miscellaneous Products	0.2	0.0	0.0	0.2	3	1	0	2	13	49	11	39	494	18	5.0	185
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	49	0	0	7	340	5	1.4	32
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.	26,080	1,424,953	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Table ND9

Nondual Beneficiaries

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 = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

	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	
Top 10 Drug Groups in Nursing Facilities								
ANTIPTYCHOTICS	\$342,493	227	63.2 %	2,337	0.9	\$161	\$147	
ANTIDEPRESSANTS	151,310	287	79.9	2,943	0.9	57	51	
ANTICONVULSANT	128,628	179	49.9	1,902	1.1	62	68	
ULCER DRUGS	102,686	194	54.0	1,944	0.8	67	53	
ANTI-DIABETIC	62,157	144	40.1	1,442	0.9	46	43	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	45,304	41	11.4	434	0.9	123	104	
ANALGESICS - Narcotic	43,330	203	56.5	1,989	0.6	35	22	
ANTI-ASTHMATIC	30,567	144	40.1	1,373	0.5	49	22	
ANTIHYPERLIPIDEMIC	32,254	66	18.4	652	0.8	66	49	
CALCIUM BLOCKERS	30,307	69	19.2	699	0.9	48	43	
Total	969,036	1,554		15,715	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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 ND.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} NONDUAL 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 Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	13,094	\$969,036	227	63.2 %	2,337	0.9	\$147	287	79.9 %	2,943	0.9	\$51
Female	7,934	568,246	132	61.4	1,346	0.9	144	176	81.9	1,817	0.9	53
Disabled	5,652	422,759	97	78.9	985	1.0	164	119	96.7	1,260	0.9	57
64 or younger	5,647	422,515	97	79.5	985	1.0	164	119	97.5	1,260	0.9	57
65-74	5	244	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,282	145,487	35	38.0	361	0.8	88	57	62.0	557	0.8	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	489	32,094	9	64.3	90	0.8	64	8	57.1	87	0.8	52
75-84	693	44,962	11	42.3	132	0.8	97	16	61.5	170	0.7	33
85 and older	1,100	68,431	15	28.8	139	0.8	95	33	63.5	300	0.9	51
Male	5,160	400,790	95	66.0	991	0.9	150	111	77.1	1,126	0.9	49
Disabled	4,053	323,277	69	67.6	725	0.9	163	82	80.4	842	0.9	51
64 or younger	4,053	323,277	69	67.6	725	0.9	163	82	80.4	842	0.9	51
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,107	77,513	26	61.9	266	0.7	116	29	69.0	284	0.8	43
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	569	44,208	11	64.7	111	0.9	175	12	70.6	124	0.9	47
75-84	153	8,290	6	85.7	72	0.7	60	3	42.9	32	0.5	22
85 and older	385	25,015	9	50.0	83	0.6	86	14	77.8	128	0.8	43
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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.medispans.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 ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users
All	179	49.9 %	1.1	\$68	1,902	194	54.0 %	0.8	\$53	1,944	144	40.1 %	0.9	\$43	1,442
Female	98	45.6	1.1	61	1,048	117	54.4	0.7	54	1,174	97	45.1	0.9	43	962
Disabled	75	61.0	1.2	64	805	72	58.5	0.8	56	740	69	56.1	1.0	47	663
64 or younger	75	61.5	1.2	64	805	71	58.2	0.8	56	739	69	56.6	1.0	47	663
65-74	0	0.0	0.0	0	0	1	100.0	1.0	36	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	23	25.0	1.1	50	243	45	48.9	0.7	50	434	28	30.4	0.8	36	299
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	5	35.7	1.3	59	60	8	57.1	0.6	51	71	12	85.7	0.9	49	128
75-84	9	34.6	0.8	35	108	16	61.5	0.6	38	159	5	19.2	0.7	5	46
85 and older	9	17.3	1.3	64	75	21	40.4	0.8	58	204	11	21.2	0.9	33	125
Male	81	56.3	1.0	76	854	77	53.5	0.9	51	770	47	32.6	0.9	43	480
Disabled	71	69.6	1.0	81	756	61	59.8	0.9	50	608	33	32.4	1.0	41	323
64 or younger	71	69.6	1.0	81	756	61	59.8	0.9	50	608	33	32.4	1.0	41	323
65-74	0	0.0	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	0.0	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	10	23.8	1.0	41	98	16	38.1	0.9	56	162	14	33.3	0.8	45	157
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	5	29.4	0.7	44	49	7	41.2	0.9	60	71	10	58.8	0.7	44	120
75-84	2	28.6	1.5	47	24	2	28.6	1.0	44	24	0	0.0	0.0	0	0
85 and older	3	16.7	0.8	28	25	7	38.9	0.9	56	67	4	22.2	0.9	49	37
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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=09e0ffed-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 ND10B

Nondual Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ANTI-ASTHMATIC				
	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	41	11.4 %	434	0.9	\$104	203	56.5 %	1,989	0.6	\$22	144	40.1 %	1,373	0.5	\$22
Female	28	13.0	293	0.9	111	122	56.7	1,190	0.7	19	79	36.7	709	0.5	26
Disabled	12	9.8	126	1.0	122	77	62.6	772	0.8	23	54	43.9	483	0.6	28
64 or younger	12	9.8	126	1.0	122	75	61.5	770	0.8	23	53	43.4	482	0.6	28
65-74	0	0.0	0	0.0	0	2	200.0	2	1.5	49	1	100.0	1	1.0	110
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	16	17.4	167	0.9	103	45	48.9	418	0.4	11	25	27.2	226	0.4	21
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	2	14.3	15	0.9	129	1	7.1	12	0.4	4	3	21.4	22	0.4	6
75-84	6	23.1	64	1.0	109	18	69.2	176	0.5	14	6	23.1	66	0.6	34
85 and older	8	15.4	88	0.7	94	26	50.0	230	0.4	10	16	30.8	138	0.3	17
Male	13	9.0	141	0.7	91	81	56.3	799	0.6	26	65	45.1	664	0.4	19
Disabled	8	7.8	96	0.8	103	68	66.7	676	0.6	27	37	36.3	367	0.4	25
64 or younger	8	7.8	96	0.8	103	68	66.7	676	0.6	27	37	36.3	367	0.4	25
65-74	0	0.0	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	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	5	11.9	45	0.5	65	13	31.0	123	0.5	17	28	66.7	297	0.4	11
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	2	11.8	14	0.1	13	6	35.3	55	0.5	24	12	70.6	130	0.6	12
75-84	1	14.3	12	0.3	24	3	42.9	26	0.4	13	5	71.4	60	0.1	3
85 and older	2	11.1	19	0.9	129	4	22.2	42	0.6	10	11	61.1	107	0.4	15
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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 ND10C

Nondual Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					CALCIUM BLOCKERS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	66	18.4 %	652	0.8	\$50	69	19.2 %	699	0.9	\$43	359	3,291
Female	40	18.6	383	0.8	51	41	19.1	404	0.9	42	215	2,029
Disabled	21	17.1	193	0.7	47	22	17.9	225	0.9	43	123	1,157
64 or younger	21	17.2	193	0.7	47	22	18.0	225	0.9	43	122	1,156
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	19	20.7	190	0.8	54	19	20.7	179	0.9	41	92	872
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	50.0	59	1.1	84	4	28.6	41	0.6	31	14	132
75-84	6	23.1	69	0.5	38	6	23.1	50	0.8	42	26	258
85 and older	6	11.5	62	1.0	44	9	17.3	88	1.0	44	52	482
Male	26	18.1	269	0.8	48	28	19.4	295	0.9	46	144	1,262
Disabled	21	20.6	212	0.7	46	18	17.6	200	1.0	52	102	906
64 or younger	21	20.6	212	0.7	46	18	17.6	200	1.0	52	102	906
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5	11.9	57	0.8	54	10	23.8	95	0.8	32	42	356
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4	23.5	48	0.8	60	4	23.5	37	0.9	37	17	153
75-84	0	0.0	0	0.0	0	2	28.6	13	0.8	21	7	59
85 and older	1	5.6	9	1.0	22	4	22.2	45	0.6	31	18	144
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 502 beneficiaries who were in nursing facilities for part of their enrollment and their 5,109 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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 Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of Total Number of Beneficiaries	
				Excluded Rx	Beneficiary			All Nondual Rx \$	1.7 %
All	30,139	12.6 %	0.4	88,238	\$7	\$1,670,959	\$19	\$238,260	1.7 %
Age									
5 and younger	11,985	16.0	0.3	23,481	5	355,961	15	75,036	4.7
6-14	7,365	10.7	0.2	15,407	6	398,317	26	68,702	2.1
15-20	3,544	10.4	0.2	7,834	5	167,695	21	34,063	1.3
21-44	3,709	7.9	0.3	16,144	8	363,890	23	46,925	1.4
45-64	3,163	25.5	1.8	22,405	28	350,858	16	12,402	1.3
65-74	240	33.3	2.4	1,755	30	21,870	12	720	1.7
75-84	63	24.0	2.0	539	20	5,334	10	263	1.4
85 and older	70	47.0	4.5	673	47	7,034	10	149	2.8
Unknown	0	0.0	0.0	0	0	0	0	0	0.0
Basis of Eligibility^c									
Aged	381	31.4	2.5	3,003	29	34,726	12	1,215	1.7
Disabled	7,280	24.7	1.4	42,490	32	957,031	23	29,491	1.6
Adults	2,340	5.0	0.1	5,010	2	75,108	15	47,221	0.9
Children	20,138	12.6	0.2	37,735	4	604,094	16	160,333	2.3
Unknown	0	0.0	0.0	0	0	0	0	0	0.0
Gender									
Female	16,980	12.7	0.4	53,268	7	982,819	18	133,785	1.8
Male	13,158	12.6	0.3	34,968	7	688,110	20	104,446	1.6
Unknown	1	3.4	0.1	2	1	30	15	29	76.9
Race									
White	19,822	13.6	0.4	63,295	9	1,303,958	21	146,092	1.8
African American	3,952	9.7	0.3	11,024	4	168,520	15	40,887	1.4
Other/unknown	6,365	12.4	0.3	13,919	4	198,481	14	51,281	2.2
Use of Nursing Facilities^d									
Entire year	220	61.3	6.5	2,337	90	32,286	14	359	2.3
Part year	327	65.1	6.1	3,042	79	39,500	13	502	1.7
None	29,592	12.5	0.3	82,859	7	1,599,173	19	237,399	1.7
Maintenance Assistance Status									
Cash	13,322	13.8	0.5	52,504	11	1,026,404	20	96,506	1.6
Medically needy	365	13.7	0.5	1,452	9	24,221	17	2,662	1.1
Poverty related	11,932	10.7	0.2	20,987	3	345,115	16	111,050	3.1
Other/unknown	4,520	16.1	0.5	13,295	10	275,219	21	28,042	1.5

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$19	\$0	\$0	1,653,853
Age						
5 and younger	0.0	1	15	0	0	477,794
6-14	0.0	1	26	0	0	508,003
15-20	0.0	1	21	0	0	243,910
21-44	0.1	1	23	0	1	297,668
45-64	0.2	3	16	0	1	115,131
65-74	0.2	3	12	0	0	7,468
75-84	0.2	2	10	0	0	2,537
85 and older	0.5	5	10	0	0	1,342
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	12	0	0	12,026
Disabled	0.1	3	23	0	1	304,072
Adults	0.0	0	15	0	0	252,994
Children	0.0	1	16	0	0	1,084,761
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	1	18	0	0	909,966
Male	0.0	1	20	0	0	743,837
Unknown	0.0	1	15	0	0	50
Race						
White	0.1	1	21	0	0	1,020,854
African American	0.0	1	15	0	0	288,533
Other/unknown	0.0	1	14	0	0	344,466
Use of Nursing Facilities^d						
Entire year	0.7	10	14	0	1	3,291
Part year	0.6	8	13	0	2	5,109
None	0.1	1	19	0	0	1,645,453
Maintenance Assistance Status						
Cash	0.1	1	20	0	1	708,511
Medically needy	0.1	2	17	0	0	15,709
Poverty related	0.0	1	16	0	0	687,783
Other/unknown	0.1	1	21	0	0	241,850

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
KANSAS, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	35,110	\$48	\$1,670,959	100.0 %	100.0 %	88,238	\$19	100.0 %	100.0 %
Anorexia or weight loss/gain	42	179	7,507	0.4	0.4	80	94	0.1	0.1
Fertility drugs	6	163	978	0.1	0.1	8	122	0.0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0.0	0	0	0.0	0.0
Cough and cold medications	14,124	31	442,246	26.5	26.5	21,355	21	24.2	24.2
Vitamins and minerals	3,701	77	285,774	17.1	17.1	16,281	18	18.5	18.5
Non-prescription drugs	12,759	18	230,289	13.8	13.8	27,329	8	31.0	31.0
Barbiturates	505	45	22,795	1.4	1.4	4,026	6	4.6	4.6
Benzodiazepines	2,705	180	487,749	29.2	29.2	15,480	32	17.5	17.5
Other Part D Excl Rx Drugs	1,268	153	193,621	11.6	11.6	3,679	53	4.2	4.2

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
- 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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, KANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	271,708	1,216	29,496	53,604	187,392	2,390,950	12,028	306,781	400,239	1,671,902	0
Age											
5 and younger	89,709	0	1,515	0	88,194	787,597	0	15,673	0	771,924	0
6-14	78,134	0	5,067	0	73,067	726,924	0	53,003	0	673,921	0
15-20	37,837	0	3,543	8,211	26,083	324,479	0	37,371	61,297	225,811	0
21-44	52,121	18	9,258	42,797	48	417,825	153	98,410	319,016	246	0
45-64	12,773	73	10,108	2,592	0	122,754	568	102,298	19,888	0	0
65-74	722	713	5	4	0	7,492	7,428	26	38	0	0
75-84	263	263	0	0	0	2,537	2,537	0	0	0	0
85 and older	149	149	0	0	0	1,342	1,342	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	152,313	857	15,148	44,342	91,966	1,323,680	8,560	159,746	333,826	821,548	0
Male	119,356	359	14,348	9,262	95,387	1,067,203	3,468	147,035	66,413	850,287	0
Unknown	39	0	0	0	39	67	0	0	0	67	0
Race											
White	165,954	579	21,312	36,207	107,856	1,453,634	5,623	220,945	266,694	960,372	0
African American	47,137	156	5,372	9,510	32,099	441,157	1,645	57,429	78,966	303,117	0
Other/unknown	58,617	481	2,812	7,887	47,437	496,159	4,760	28,407	54,579	408,413	0
Use of Nursing Facilities^c											
Entire year	359	134	225	0	0	3,291	1,228	2,063	0	0	0
Part year	502	81	420	0	1	5,110	825	4,281	0	4	0
None	270,847	1,001	28,851	53,604	187,391	2,382,549	9,975	300,437	400,239	1,671,898	0
Maintenance Assistance Status											
Cash	107,173	703	24,831	32,608	49,031	991,309	7,678	267,282	260,139	456,210	0
Medically needy	2,663	198	1,542	366	557	16,876	1,590	10,788	1,614	2,884	0
Poverty related	130,597	97	22	13,485	116,993	1,077,271	771	106	74,407	1,001,987	0
Other/unknown	31,275	218	3,101	7,145	20,811	305,494	1,989	28,605	64,079	210,821	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	168,177	1,215	28,959	30,370	107,633	1,429,874	12,026	300,731	199,730	917,387	0
FFS part year, with Rx claims	23,391	0	420	7,637	15,334	238,269	0	4,820	71,791	161,658	0
FFS part year, no Rx claims	46,692	0	112	9,214	37,366	465,259	0	1,170	84,056	380,033	0
MC all year, with Rx claims	145	0	0	30	115	1,277	0	0	251	1,026	0
MC all year, no Rx claims	33,303	1	5	6,353	26,944	256,271	2	60	44,411	211,798	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.1 includes the beneficiaries represented by Cell J 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.
- Bene Mo(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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, KANSAS, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Excluded from Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries	Beneficiaries	Months
All	271,708	2,390,950	238,260	0	737,097
Fee-for-service (FFS) all year	168,177	1,429,874	168,177	0	0
FFS part year, with Rx claims	23,391	238,269	23,391	0	140,713
FFS part year, with no Rx claims	46,692	465,259	46,692	0	338,836
Managed care (MC) all year, with Rx claims	145	1,277	0	0	1,277
MC all year, with no Rx claims	33,303	256,271	0	0	256,271

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.