

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 KANSAS

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
KANSAS, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) ^g		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	344,156	(A)	57,719	(E)	286,437	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	332,988	(B)	48,720	(F)	284,268	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	287,674	(C)	48,566	(G)	239,108	(K)
4. Beneficiaries who were all-year nursing facility residents ^f	9,980	(D)	9,567	(H)	413	(L)

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Kansas in 2004 was \$286,806,154, of which \$13,290,644 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
KANSAS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	287,674	28,195	52,312	49,141	157,911	115	2,273,752	281,369	553,918	275,849	1,161,719	897
Age												
5 and younger	74,220	0	1,616	0	72,604	0	523,286	0	16,008	0	507,278	0
6-14	67,385	0	5,516	0	61,869	0	536,590	0	57,860	0	478,730	0
15-20	34,668	0	3,920	7,376	23,372	0	260,039	0	41,470	43,262	175,307	0
21-44	57,931	0	18,571	39,271	66	23	418,873	0	200,902	217,404	404	163
45-64	25,149	2	22,568	2,487	0	92	252,658	18	236,758	15,148	0	734
65-74	8,847	8,719	121	7	0	0	92,041	91,086	920	35	0	0
75-84	9,606	9,606	0	0	0	0	96,426	96,426	0	0	0	0
85 and older	9,868	9,868	0	0	0	0	93,839	93,839	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	165,726	20,832	26,827	40,399	77,553	115	1,297,319	210,055	286,601	228,997	570,769	897
Male	121,936	7,363	25,485	8,742	80,346	0	976,416	71,314	267,317	46,852	590,933	0
Unknown	12	0	0	0	12	0	17	0	0	0	17	0
Race												
White	184,939	22,810	39,563	33,079	89,402	85	1,488,019	225,850	419,485	183,802	658,216	666
African American	43,736	2,436	8,439	8,080	24,771	10	347,810	25,429	89,897	47,441	184,979	64
Other/unknown	58,999	2,949	4,310	7,982	43,738	20	437,923	30,090	44,536	44,606	318,524	167
Use of Nursing Facilities^c												
Entire year	9,980	9,030	950	0	0	0	101,063	90,617	10,446	0	0	0
Part year	5,313	4,456	854	1	0	2	49,658	40,944	8,693	11	0	10
None	272,381	14,709	50,508	49,140	157,911	113	2,123,031	149,808	534,779	275,838	1,161,719	887
Maintenance Assistance Status												
Cash	114,971	7,047	36,226	30,384	41,314	0	953,758	78,733	391,719	181,006	302,300	0
Medically needy	7,487	1,775	4,688	421	603	0	62,373	15,706	41,073	2,058	3,536	0
Poverty-related	111,261	505	954	13,067	96,620	115	747,185	4,562	9,622	59,031	673,073	897
Other/unknown	53,955	18,868	10,444	5,269	19,374	0	510,436	182,368	111,504	33,754	182,810	0
Dual Medicare Status^d												
Full dual, all year	46,239	26,042	19,966	219	11	1	479,016	259,021	218,455	1,426	102	12
Full dual, part year	2,327	973	1,347	7	0	0	25,076	10,522	14,472	82	0	0
Non-dual, all year	239,108	1,180	30,999	48,915	157,900	114	1,769,660	11,826	320,991	274,341	1,161,617	885
Managed Care (MC) Status												
Fee-for-service (FFS) all year	236,418	28,154	51,697	35,434	121,018	115	2,127,878	281,177	550,183	238,794	1,056,827	897
FFS part year, with Rx claims	16,966	19	448	5,949	10,550	0	64,045	119	2,966	19,140	41,820	0
FFS part year, no Rx claims	34,290	22	167	7,758	26,343	0	81,829	73	769	17,915	63,072	0

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
KANSAS, 2004

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	61.4 %	14.8	\$951	\$64	\$6,170	15.4 %	287,674
Age							
5 and younger	51.2	2.6	120	46	1,825	6.6	74,220
6-14	50.6	4.6	349	75	2,778	12.5	67,385
15-20	57.7	6.5	498	77	4,526	11.0	34,668
21-44	64.7	13.0	1,061	82	7,145	14.8	57,931
45-64	83.7	45.4	3,215	71	15,641	20.6	25,149
65-74	87.0	54.3	2,957	54	13,270	22.3	8,847
75-84	91.9	61.6	3,095	50	17,323	17.9	9,606
85 and older	94.2	58.2	2,603	45	20,698	12.6	9,868
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.2	58.2	2,883	50	17,250	16.7	28,195
Disabled	82.9	35.8	2,856	80	16,404	17.4	52,312
Adults	56.9	4.7	214	46	2,362	9.0	49,141
Children	50.3	3.3	204	61	1,982	10.3	157,911
Unknown	72.2	18.2	1,048	58	11,312	9.3	115
Gender							
Female	64.3	17.3	1,006	58	6,160	16.3	165,726
Male	57.3	11.5	876	76	6,183	14.2	121,936
Unknown	0.0	0.0	0	0	87	0.0	12
Race							
White	66.4	18.9	1,218	65	7,566	16.1	184,939
African American	54.1	9.9	637	64	4,816	13.2	43,736
Other/unknown	50.8	5.9	346	59	2,795	12.4	58,999
Use of Nursing Facilities^f							
Entire year	98.2	76.3	3,911	51	29,972	13.0	9,980
Part year	98.1	65.9	3,428	52	23,610	14.5	5,313
None	59.3	11.6	794	69	4,957	16.0	272,381
Maintenance Assistance Status							
Cash	63.5	15.8	1,085	69	6,136	17.7	114,971
Medically needy	67.8	24.0	2,099	88	8,526	24.6	7,487
Poverty related	49.7	2.7	126	47	1,615	7.8	111,261
Other/unknown	79.8	36.7	2,206	60	15,307	14.4	53,955

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 KANSAS, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	1.9	\$120	15.4 %	38.6 %	36.9 %	6.5 %	9.0 %	6.7 %	2.2 %	\$781	287,674	2,273,752
Age												
5 and younger	0.4	17	6.6	48.8	46.7	3.2	1.2	0.1	0.0	259	74,220	523,286
6-14	0.6	44	12.5	49.4	40.8	4.9	4.2	0.7	0.0	349	67,385	536,590
15-20	0.9	66	11.0	42.3	42.8	7.3	6.1	1.4	0.1	603	34,668	260,039
21-44	1.8	147	14.8	35.3	37.4	9.9	11.3	5.0	1.1	988	57,931	418,873
45-64	4.5	320	20.6	16.3	18.2	10.7	24.4	22.0	8.5	1,557	25,149	252,658
65-74	5.2	284	22.3	13.0	13.8	9.4	24.1	27.8	11.8	1,276	8,847	92,041
75-84	6.1	308	17.9	8.1	9.3	7.4	25.2	35.4	14.7	1,726	9,606	96,426
85 and older	6.1	274	12.6	5.8	7.1	6.8	29.0	39.9	11.3	2,177	9,868	93,839
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	5.8	289	16.7	8.8	9.9	7.9	26.2	34.7	12.6	1,729	28,195	281,369
Disabled	3.4	270	17.4	17.1	26.5	12.1	23.1	15.9	5.3	1,549	52,312	553,918
Adults	0.8	38	9.0	43.1	41.8	8.3	5.5	1.2	0.1	421	49,141	275,849
Children	0.5	28	10.3	49.7	43.6	3.9	2.4	0.4	0.0	269	157,911	1,161,719
Unknown	2.3	134	9.3	27.8	33.9	10.4	20.9	6.1	0.9	1,450	115	897
Gender												
Female	2.2	129	16.3	35.7	37.0	6.7	9.6	8.1	2.9	787	165,726	1,297,319
Male	1.4	109	14.2	42.7	36.8	6.3	8.2	4.7	1.3	772	121,936	976,416
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	61	12	17
Race												
White	2.3	151	16.1	33.6	35.9	7.5	11.0	8.9	3.1	940	184,939	1,488,019
African American	1.2	80	13.2	45.9	36.7	5.6	7.0	3.9	1.0	606	43,736	347,810
Other/unknown	0.8	47	12.4	49.2	40.1	4.2	4.2	1.8	0.4	377	58,999	437,923
Use of Nursing Facilities^f												
Entire year	7.5	386	13.0	1.8	4.1	4.7	24.6	43.9	20.8	2,960	9,980	101,063
Part year	7.1	367	14.5	1.9	5.7	6.4	26.7	42.3	17.1	2,526	5,313	49,658
None	1.5	102	16.0	40.7	38.7	6.6	8.1	4.6	1.3	636	272,381	2,123,031
Maintenance Assistance Status												
Cash	1.9	131	17.7	36.5	35.9	7.9	11.3	6.6	1.8	740	114,971	953,758
Medically needy	2.9	252	24.6	32.2	22.0	11.4	19.6	12.3	2.5	1,023	7,487	62,373
Poverty related	0.4	19	7.8	50.3	43.8	4.0	1.8	0.2	0.0	240	111,261	747,185
Other/unknown	3.9	233	14.4	20.2	26.7	8.2	17.6	19.6	7.7	1,618	53,955	510,436

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

c. 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 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 KANSAS, 2004

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	1.9	\$120	\$64	0.8	\$94	\$121	0.1	\$7	\$65	1.0	\$20	\$20
Age												
5 and younger	0.4	17	46	0.1	13	92	0.0	1	39	0.2	3	15
6-14	0.6	44	75	0.3	38	112	0.0	1	60	0.2	5	21
15-20	0.9	66	77	0.4	56	129	0.0	3	60	0.4	8	21
21-44	1.8	147	82	0.7	116	159	0.1	9	89	1.0	21	22
45-64	4.5	320	71	1.8	245	134	0.2	20	87	2.5	55	22
65-74	5.2	284	54	2.1	217	104	0.3	14	54	2.9	53	19
75-84	6.1	308	50	2.4	232	96	0.3	16	47	3.3	60	18
85 and older	6.1	274	45	2.2	200	91	0.4	14	38	3.5	59	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.8	289	50	2.2	217	97	0.3	15	45	3.2	57	18
Disabled	3.4	270	80	1.5	213	147	0.2	16	89	1.7	40	23
Adults	0.8	38	46	0.3	28	104	0.0	2	52	0.5	8	15
Children	0.5	28	61	0.2	23	103	0.0	1	48	0.2	4	18
Unknown	2.3	134	58	0.7	101	137	0.1	5	38	1.5	29	20
Gender												
Female	2.2	129	58	0.9	98	112	0.1	7	60	1.2	23	19
Male	1.4	109	76	0.6	88	136	0.1	5	78	0.7	16	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.3	151	65	1.0	118	121	0.1	8	66	1.2	25	20
African American	1.2	80	64	0.5	64	125	0.1	4	67	0.7	13	18
Other/unknown	0.8	47	59	0.3	37	109	0.0	2	55	0.4	7	18
Use of Nursing Facilities^e												
Entire year	7.5	386	51	2.8	285	102	0.5	22	48	4.2	78	18
Part year	7.1	367	52	2.7	275	103	0.4	21	49	3.9	71	18
None	1.5	102	69	0.6	81	126	0.1	5	72	0.8	16	21
Maintenance Assistance Status												
Cash	1.9	131	69	0.8	103	130	0.1	7	76	1.0	21	20
Medically needy	2.9	252	88	1.2	203	168	0.1	15	100	1.5	35	23
Poverty related	0.4	19	47	0.2	14	89	0.0	1	45	0.2	4	16
Other/unknown	3.9	233	60	1.6	179	113	0.2	13	57	2.0	41	20

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kansas, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 KANSAS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$11	\$1	\$4	\$56	\$109	\$74	\$22	330,162	\$18,337,226	115,355	40.1 %	1,149,265
Biologicals	0.5	0.4	0.0	0.1	538	449	18	70	1176	1,122	2,822	1,391	1,646	1,935,143	400	0.1	3,599
Antineoplastic Agents	0.5	0.1	0.0	0.4	84	61	1	22	156	516	130	54	12,969	2,025,973	2,343	0.8	24,006
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	34	27	2	5	44	89	20	14	421,172	18,539,114	53,236	18.5	544,481
Cardiovascular Agents	1.6	0.5	0.0	1.1	52	36	2	14	32	70	34	13	795,981	25,505,974	46,505	16.2	488,971
Respiratory Agents	0.5	0.3	0.0	0.2	27	23	0	4	57	85	31	20	311,651	17,878,140	65,726	22.8	664,062
Gastrointestinal Agents	0.7	0.4	0.0	0.3	60	53	1	5	84	137	47	16	284,498	23,767,381	38,214	13.3	398,939
Genitourinary Agents	0.5	0.3	0.0	0.1	29	24	2	3	62	82	50	25	78,706	4,894,060	16,460	5.7	168,898
CNS Drugs	1.2	0.7	0.1	0.4	127	108	6	14	110	161	86	33	688,509	75,584,462	57,539	20.0	593,541
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	61	55	0	5	82	93	42	37	94,873	7,750,832	12,529	4.4	127,574
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.7	0.0	0.0	130	128	0	2	168	172	100	66	42,342	7,129,286	5,302	1.8	54,843
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	36	26	1	9	53	144	174	19	458,327	24,446,246	67,092	23.3	674,505
Neuromuscular Agents	0.9	0.3	0.1	0.5	73	45	15	12	78	142	113	26	335,224	26,089,300	33,768	11.7	359,438
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	9	17	17	20	17	118,106	1,977,900	22,430	7.8	215,012
Hematological Agents	0.8	0.3	0.0	0.5	69	59	2	7	82	225	46	14	103,954	8,473,068	11,863	4.1	123,531
Topical Products	0.3	0.1	0.0	0.2	11	7	1	3	40	71	46	21	166,100	6,635,338	60,273	21.0	621,140
Miscellaneous Products	0.5	0.2	0.0	0.3	105	78	8	18	211	446	248	63	10,218	2,152,143	1,946	0.7	20,572
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	24	0	0	0	16,235	393,924	4,643	1.6	50,155
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.	4,270,673	273,515,510	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C 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.medispans.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.medispans.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 2004.

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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 KANSAS, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$50,389,518	35,537	12.4 %	386,381	0.7	\$193	\$130
ANTICONVULSANT	22,857,169	30,024	10.4	324,956	0.8	94	70
ANTIDEPRESSANTS	22,486,203	58,586	20.4	611,759	0.6	62	37
ULCER DRUGS	18,208,860	35,866	12.5	380,882	0.5	87	48
ANALGESICS - Narcotic	13,945,139	73,481	25.5	750,044	0.4	47	19
ANTIASTHMATIC	13,208,260	57,853	20.1	596,805	0.3	65	22
ANTIDIABETIC	10,237,792	24,214	8.4	260,399	0.7	55	39
ANTIHYPERTENSIVE	9,411,926	16,506	5.7	182,588	0.6	83	52
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	7,750,918	15,096	5.2	156,145	0.6	82	50
NEUROLOGICAL	7,183,739	6,839	2.4	71,345	0.6	164	101
Total	175,679,524	354,002		3,721,304	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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.