

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	48,566	27,015	21,313	226	11	1	504,092	269,543	232,927	1,508	102	12
Age												
5 and younger	3	0	3	0	0	0	36	0	36	0	0	0
6-14	8	0	4	0	4	0	73	0	48	0	25	0
15-20	106	0	100	1	5	0	1,167	0	1,102	12	53	0
21-44	9,395	0	9,226	166	2	1	103,020	0	101,844	1,140	24	12
45-64	11,939	1	11,882	56	0	0	129,532	12	129,169	351	0	0
65-74	8,052	7,951	98	3	0	0	83,782	83,049	728	5	0	0
75-84	9,334	9,334	0	0	0	0	93,889	93,889	0	0	0	0
85 and older	9,729	9,729	0	0	0	0	92,593	92,593	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	31,350	20,033	11,167	142	7	1	325,731	202,003	122,668	982	66	12
Male	17,216	6,982	10,146	84	4	0	178,361	67,540	110,259	526	36	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	39,844	22,316	17,367	152	8	1	412,549	220,955	190,528	981	73	12
African American	5,131	2,289	2,795	45	2	0	54,358	23,809	30,224	301	24	0
Other/unknown	3,591	2,410	1,151	29	1	0	37,185	24,779	12,175	226	5	0
Use of Nursing Facilities^c												
Entire year	9,567	8,896	671	0	0	0	96,868	89,321	7,547	0	0	0
Part year	4,897	4,409	488	0	0	0	45,534	40,494	5,040	0	0	0
None	34,102	13,710	20,154	226	11	1	361,690	139,728	220,340	1,508	102	12
Maintenance Assistance Status												
Cash	16,999	6,322	10,512	163	2	0	188,817	70,683	117,012	1,110	12	0
Medically needy	4,530	1,531	2,998	1	0	0	42,706	13,743	28,960	3	0	0
Poverty-related	1,474	502	928	41	2	1	14,308	4,552	9,481	257	6	12
Other/unknown	25,563	18,660	6,875	21	7	0	258,261	180,565	77,474	138	84	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	48,402	26,975	21,235	181	10	1	503,250	269,355	232,401	1,385	97	12
FFS part year, with Rx claims	109	19	56	34	0	0	648	119	421	108	0	0
FFS part year, no Rx claims	55	21	22	11	1	0	194	69	105	15	5	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 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	89.4 %	53.4	\$3,291	\$62	\$17,912	18.4 %	48,566
Age							
5 and younger	100.0	61.7	4,699	76	72,514	6.5	3
6-14	87.5	56.0	7,582	135	20,192	37.5	8
15-20	89.6	27.0	2,577	96	18,100	14.2	106
21-44	84.2	34.6	3,315	96	17,483	19.0	9,395
45-64	88.6	55.4	4,105	74	19,244	21.3	11,939
65-74	87.4	56.0	3,048	54	13,408	22.7	8,052
75-84	92.3	62.5	3,142	50	17,554	17.9	9,334
85 and older	94.4	58.4	2,617	45	20,744	12.6	9,729
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.7	59.2	2,927	50	17,483	16.7	27,015
Disabled	86.6	46.4	3,774	81	18,606	20.3	21,313
Adults	81.9	16.7	1,154	69	3,403	33.9	226
Children	72.7	48.9	3,776	77	29,042	13.0	11
Unknown	100.0	21.0	1,426	68	5,893	24.2	1
Gender							
Female	92.2	58.9	3,334	57	17,520	19.0	31,350
Male	84.3	43.4	3,211	74	18,627	17.2	17,216
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.3	56.1	3,447	61	19,029	18.1	39,844
African American	85.7	41.9	2,691	64	14,043	19.2	5,131
Other/unknown	85.0	39.2	2,416	62	11,047	21.9	3,591
Use of Nursing Facilities^f							
Entire year	98.3	76.0	3,834	51	29,473	13.0	9,567
Part year	98.1	65.4	3,327	51	21,107	15.8	4,897
None	85.7	45.3	3,133	69	14,211	22.0	34,102
Maintenance Assistance Status							
Cash	88.7	44.7	2,988	67	11,914	25.1	16,999
Medically needy	76.1	31.5	2,779	88	7,751	35.9	4,530
Poverty related	64.1	10.9	663	61	1,989	33.3	1,474
Other/unknown	93.7	65.5	3,734	57	24,620	15.2	25,563

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 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	5.1	\$317	18.4 %	10.6 %	14.3 %	9.1 %	26.0 %	29.4 %	10.7 %	\$1,726	48,566	504,092
Age												
5 and younger	5.1	392	6.5	0.0	0.0	0.0	66.7	33.3	0.0	6,043	3	36
6-14	6.1	831	37.5	12.5	25.0	0.0	0.0	50.0	12.5	2,213	8	73
15-20	2.5	234	14.2	10.4	38.7	15.1	26.4	6.6	2.8	1,644	106	1,167
21-44	3.2	302	19.0	15.8	27.2	12.6	25.0	15.4	3.9	1,594	9,395	103,020
45-64	5.1	378	21.3	11.4	15.0	9.6	25.9	27.0	11.2	1,774	11,939	129,532
65-74	5.4	293	22.7	12.6	13.1	8.8	24.1	28.9	12.5	1,289	8,052	83,782
75-84	6.2	312	17.9	7.7	8.7	7.3	25.4	36.0	14.9	1,745	9,334	93,889
85 and older	6.1	275	12.6	5.6	7.0	6.8	29.1	40.1	11.4	2,180	9,729	92,593
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	5.9	293	16.7	8.3	9.4	7.6	26.3	35.4	12.9	1,752	27,015	269,543
Disabled	4.2	345	20.3	13.4	20.3	10.8	25.5	22.0	8.0	1,703	21,313	232,927
Adults	2.5	173	33.9	18.1	27.0	17.3	25.2	10.6	1.8	510	226	1,508
Children	5.3	407	13.0	27.3	18.2	9.1	18.2	9.1	18.2	3,132	11	102
Unknown	1.8	119	24.2	0.0	0.0	100.0	0.0	0.0	0.0	491	1	12
Gender												
Female	5.7	321	19.0	7.8	11.8	8.6	26.7	32.7	12.5	1,686	31,350	325,731
Male	4.2	310	17.2	15.7	18.8	9.9	24.7	23.4	7.6	1,798	17,216	178,361
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.4	333	18.1	9.7	12.8	8.7	25.8	31.2	11.8	1,838	39,844	412,549
African American	4.0	254	19.2	14.3	21.3	10.3	26.5	21.6	6.0	1,326	5,131	54,358
Other/unknown	3.8	233	21.9	15.0	20.7	11.6	26.8	20.6	5.4	1,067	3,591	37,185
use of nursing Facilities^f												
Entire year	7.5	379	13.0	1.7	4.2	4.8	24.9	43.9	20.5	2,911	9,567	96,868
Part year	7.0	358	15.8	1.9	5.5	6.1	26.9	42.9	16.7	2,270	4,897	45,534
None	4.3	295	22.0	14.3	18.4	10.7	26.1	23.4	7.1	1,340	34,102	361,690
Maintenance Assistance Status												
Cash	4.0	269	25.1	11.3	20.5	11.7	28.3	22.2	6.0	1,073	16,999	188,817
Medically needy	3.3	295	35.9	23.9	20.2	12.1	23.9	16.4	3.4	822	4,530	42,706
Poverty related	1.1	68	33.3	35.9	39.0	9.2	11.0	3.8	1.1	205	1,474	14,308
Other/unknown	6.5	370	15.2	6.3	7.7	6.7	25.7	37.9	15.7	2,437	25,563	258,261

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.5

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

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.1	\$317	\$62	2.0	\$242	\$119	0.3	\$18	\$64	2.8	\$56	\$20
Age												
5 and younger	5.1	392	76	1.5	211	141	0.9	96	108	2.8	85	31
6-14	6.1	831	135	2.9	735	257	0.3	17	65	3.0	79	26
15-20	2.5	234	96	1.2	195	165	0.2	12	68	1.1	27	25
21-44	3.2	302	96	1.4	241	174	0.2	20	102	1.6	42	26
45-64	5.1	378	74	2.1	289	139	0.3	25	88	2.7	64	24
65-74	5.4	293	54	2.2	223	104	0.3	14	54	2.9	55	19
75-84	6.2	312	50	2.5	235	96	0.3	16	47	3.4	61	18
85 and older	6.1	275	45	2.2	201	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	5.9	293	50	2.3	220	97	0.3	15	45	3.3	58	18
Disabled	4.2	345	81	1.8	268	151	0.2	23	93	2.2	54	24
Adults	2.5	173	69	0.9	132	141	0.1	11	92	1.5	31	21
Children	5.3	407	77	2.0	303	154	0.3	29	88	3.0	75	25
Unknown	1.8	119	68	0.6	80	138	0.0	0	0	1.2	39	33
Gender												
Female	5.7	321	57	2.2	243	109	0.3	19	57	3.1	59	19
Male	4.2	310	74	1.7	240	140	0.2	18	82	2.2	51	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.4	333	61	2.1	252	118	0.3	20	64	3.0	60	20
African American	4.0	254	64	1.6	200	126	0.2	13	68	2.2	41	19
Other/unknown	3.8	233	62	1.7	187	110	0.2	11	61	1.9	35	18
Use of Nursing Facilities^e												
Entire year	7.5	379	51	2.8	279	101	0.5	22	48	4.2	77	18
Part year	7.0	358	51	2.7	268	100	0.4	20	47	3.9	69	18
None	4.3	295	69	1.8	229	130	0.2	17	77	2.3	49	22
Maintenance Assistance Status												
Cash	4.0	269	67	1.7	211	125	0.2	15	73	2.1	43	20
Medically needy	3.3	295	88	1.4	236	166	0.2	18	102	1.7	41	24
Poverty related	1.1	68	61	0.4	53	125	0.1	4	76	0.6	12	18
Other/unknown	6.5	370	57	2.5	276	111	0.4	22	57	3.6	71	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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kansas, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$28	\$20	\$2	\$5	\$73	\$145	\$90	\$25	116,969	\$8,544,053	28,245	58.2 %	309,699
Biologicals	1.1	0.0	0.2	1.0	####	0	544	####	1602	0	3,559	1,289	80	128,124	6	0.0	72
Antineoplastic Agents	0.6	0.1	0.0	0.4	66	41	1	24	119	405	137	54	9,677	1,154,637	1,694	3.5	17,365
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.5	45	35	2	7	40	81	16	13	275,381	11,045,912	22,950	47.3	247,991
Cardiovascular Agents	1.9	0.6	0.1	1.2	60	41	2	17	32	69	33	14	614,494	19,376,116	30,483	62.8	324,470
Respiratory Agents	0.7	0.4	0.0	0.3	42	36	0	6	61	89	33	21	121,595	7,466,136	16,132	33.2	176,482
Gastrointestinal Agents	0.9	0.5	0.0	0.4	70	63	1	6	80	134	36	16	202,396	16,157,630	21,246	43.7	229,648
Genitourinary Agents	0.6	0.4	0.0	0.2	40	34	2	4	65	82	56	27	59,116	3,862,579	8,858	18.2	96,823
CNS Drugs	1.4	0.8	0.1	0.5	149	122	8	19	107	158	88	36	408,928	43,578,415	27,134	55.9	291,582
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	51	40	1	11	84	135	44	35	6,687	558,402	995	2.0	10,891
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	131	130	0	1	156	158	100	57	39,063	6,074,856	4,473	9.2	46,295
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	56	41	2	13	59	138	173	20	267,174	15,833,562	26,100	53.7	281,860
Neuromuscular Agents	1.1	0.3	0.2	0.6	77	41	19	17	72	141	110	28	200,459	14,387,245	17,031	35.1	187,201
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	12	18	18	25	17	84,954	1,493,450	11,336	23.3	119,583
Hematological Agents	0.9	0.3	0.1	0.6	56	45	3	8	61	162	46	14	86,533	5,247,930	8,924	18.4	94,118
Topical Products	0.4	0.2	0.0	0.2	17	11	1	5	41	70	45	21	81,336	3,310,713	18,041	37.1	199,387
Miscellaneous Products	0.5	0.2	0.0	0.3	117	94	5	18	229	452	229	64	5,891	1,348,622	1,064	2.2	11,522
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	21	0	0	0	11,740	247,246	2,839	5.8	31,174
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.	2,592,473	159,815,628	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$28,338,490	18,072	37.2 %	198,501	0.8	\$187	\$143
ANTIDEPRESSANTS	13,557,024	29,165	60.1	315,994	0.7	62	43
ULCER DRUGS	12,815,957	21,015	43.3	228,941	0.6	86	56
ANTICONVULSANT	11,881,303	15,622	32.2	172,788	0.8	85	69
ANALGESICS - Narcotic	8,859,516	30,506	62.8	331,602	0.5	53	27
ANTIDIABETIC	7,044,185	16,395	33.8	178,803	0.7	53	39
ANTIHYPERLIPIDEMIC	6,990,981	11,514	23.7	128,572	0.7	82	54
NEUROLOGICAL	6,102,176	5,637	11.6	58,794	0.7	153	104
ANTIASTHMATIC	5,869,453	17,724	36.5	193,478	0.5	65	30
ANALGESICS - ANTI-INFLAMMATORY	5,141,644	14,205	29.2	159,038	0.5	70	32
Total	106,600,729	179,855		1,966,511	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,248,538	\$106,600,729	18,072	37.2 %	198,501	0.8	\$143	29,165	60.1 %	315,994	0.7	\$43
Female	860,277	69,344,888	10,690	34.1	117,021	0.7	125	20,884	66.6	226,535	0.7	43
Disabled	325,996	31,491,884	4,973	44.5	56,980	0.7	143	8,784	78.7	99,847	0.6	43
5 and younger	30	1,196	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	677	73,328	30	63.8	347	0.5	100	27	57.4	305	0.5	38
21-44	99,274	10,661,416	2,204	51.3	25,216	0.6	134	3,216	74.9	36,659	0.6	41
45-64	224,464	20,633,747	2,727	40.3	31,273	0.8	151	5,502	81.3	62,534	0.7	44
65-74	1,551	122,197	12	21.1	144	1.1	130	39	68.4	349	0.7	42
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	534,281	37,853,004	5,717	28.3	60,041	0.8	107	12,100	60.0	126,688	0.8	43
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	795	1	33.3	12	0.6	66	0	0.0	0	0.0	0
15-20	88	6,006	1	25.0	12	1.0	40	1	25.0	12	1.4	47
21-44	1,220	93,807	36	29.3	321	0.4	79	77	62.6	656	0.5	35
45-64	321	19,437	2	10.5	24	1.9	101	17	89.5	121	0.6	32
65-74	148,673	10,994,667	1,321	25.3	14,651	0.8	126	2,921	56.0	31,872	0.7	39
75-84	197,014	13,986,732	2,035	30.1	21,425	0.8	110	4,266	63.2	45,129	0.8	43
85 and older	186,958	12,751,560	2,321	28.8	23,596	0.7	93	4,818	59.7	48,898	0.8	45
Male	388,261	37,255,841	7,382	42.9	81,480	0.8	169	8,281	48.1	89,459	0.7	43
Disabled	226,005	25,250,194	5,168	50.9	59,137	0.8	187	4,890	48.2	55,099	0.7	44
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	8	118	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	749	96,128	24	45.3	288	1.0	197	9	17.0	108	0.7	35
21-44	90,998	10,997,967	2,677	54.3	30,691	0.7	173	2,288	46.4	25,914	0.6	42
45-64	133,725	14,120,039	2,462	48.1	28,115	0.9	202	2,584	50.5	29,005	0.7	45
65-74	525	35,942	5	12.2	43	1.2	168	9	22.0	72	0.6	40
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	162,256	12,005,647	2,214	31.3	22,343	0.8	121	3,391	48.0	34,360	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	804	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	408	22,957	6	13.0	39	0.3	74	18	39.1	122	0.6	23
45-64	384	40,116	11	28.9	92	0.5	143	15	39.5	103	0.5	42
65-74	63,906	4,991,186	756	27.6	8,088	0.8	153	1,109	40.5	11,776	0.7	41
75-84	61,951	4,544,113	874	33.8	8,673	0.8	116	1,333	51.6	13,483	0.7	42
85 and older	35,598	2,406,471	567	34.2	5,451	0.7	82	916	55.2	8,876	0.8	44
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	21,015	43.3 %	228,941	0.6	\$56	15,622	32.2 %	172,788	0.8	\$69	30,506	62.8 %	331,602	0.5	\$27
Female	14,927	47.6	162,852	0.7	56	10,015	31.9	110,523	0.8	64	22,377	71.4	244,125	0.5	26
Disabled	4,946	44.3	56,461	0.6	56	5,571	49.9	63,446	0.8	80	9,230	82.7	105,325	0.5	31
5 and younger	2	66.7	24	1.0	38	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	16	34.0	182	0.4	37	13	27.7	145	0.7	96	21	44.7	252	0.2	1
21-44	1,452	33.8	16,599	0.5	49	2,221	51.7	25,335	0.8	86	3,237	75.4	37,013	0.4	29
45-64	3,442	50.9	39,337	0.6	59	3,322	49.1	37,810	0.8	76	5,936	87.7	67,727	0.5	32
65-74	34	59.6	319	0.6	55	15	26.3	156	0.6	48	36	63.2	333	0.7	35
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	9,981	49.5	106,391	0.7	56	4,444	22.0	47,077	0.8	43	13,147	65.1	138,800	0.5	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.8	108	2	50.0	24	0.8	102	1	25.0	12	0.4	3
21-44	16	13.0	151	0.3	36	37	30.1	327	0.4	40	95	77.2	874	0.4	15
45-64	6	31.6	59	0.6	82	7	36.8	54	0.7	37	13	68.4	129	0.4	26
65-74	2,599	49.9	28,997	0.6	57	1,417	27.2	15,529	0.8	48	3,720	71.4	41,087	0.5	20
75-84	3,471	51.4	37,165	0.7	57	1,666	24.7	17,647	0.8	44	4,439	65.8	47,498	0.5	21
85 and older	3,888	48.2	40,007	0.7	55	1,315	16.3	13,496	0.8	36	4,879	60.5	49,200	0.6	25
Male	6,088	35.4	66,089	0.6	55	5,607	32.6	62,265	0.9	77	8,129	47.2	87,477	0.5	30
Disabled	3,008	29.6	34,229	0.6	58	4,032	39.7	45,951	0.9	87	4,651	45.8	52,185	0.5	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	24	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	24.5	153	0.5	65	24	45.3	281	0.8	83	19	35.8	206	0.2	3
21-44	1,134	23.0	12,971	0.6	56	1,929	39.1	22,078	0.8	90	2,010	40.7	22,835	0.4	33
45-64	1,843	36.0	20,940	0.6	59	2,073	40.5	23,538	0.9	84	2,608	51.0	29,026	0.5	39
65-74	16	39.0	141	0.5	33	6	14.6	54	1.1	71	14	34.1	118	0.4	11
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	3,080	43.6	31,860	0.7	53	1,575	22.3	16,314	0.8	49	3,478	49.2	35,292	0.5	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	10.9	47	0.4	36	9	19.6	57	0.8	64	35	76.1	300	0.7	29
21-44	11	28.9	44	0.5	52	11	28.9	72	0.2	21	30	78.9	204	0.5	47
45-64	1,140	41.6	12,367	0.6	53	672	24.5	7,269	0.9	58	1,335	48.7	14,343	0.5	21
65-74	1,117	43.2	11,485	0.6	51	592	22.9	6,043	0.8	46	1,214	47.0	12,292	0.5	20
75-84	807	48.7	7,917	0.7	54	291	17.6	2,873	0.8	35	864	52.1	8,153	0.5	17
85 and older															
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	16,395	33.8 %	178,803	0.7	\$39	11,514	23.7 %	128,572	0.7	\$54	5,637	11.6 %	58,794	0.7	\$104
Female	11,489	36.6	125,683	0.7	39	7,863	25.1	87,995	0.7	54	4,069	13.0	42,794	0.7	109
Disabled	3,616	32.4	40,954	0.7	45	2,875	25.7	32,843	0.6	50	632	5.7	7,258	0.4	196
5 and younger	1	33.3	12	0.2	11	1	33.3	12	0.3	8	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	10.6	60	1.0	67	3	6.4	36	0.4	38	1	2.1	11	0.3	13
21-44	730	17.0	8,393	0.6	43	507	11.8	5,782	0.5	43	179	4.2	2,085	0.4	223
45-64	2,843	42.0	32,133	0.7	45	2,338	34.6	26,769	0.6	52	449	6.6	5,136	0.5	186
65-74	37	64.9	356	0.6	38	26	45.6	244	0.7	55	3	5.3	26	0.2	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	7,873	39.0	84,729	0.8	36	4,988	24.7	55,152	0.7	57	3,437	17.0	35,536	0.7	91
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	75.0	36	0.5	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	14.6	149	0.5	27	8	6.5	73	0.4	46	4	3.3	34	0.2	76
45-64	2	10.5	14	0.5	38	5	26.3	50	0.6	31	0	0.0	0	0.0	0
65-74	2,814	54.0	31,278	0.7	40	2,029	38.9	22,849	0.6	55	461	8.8	4,912	0.6	74
75-84	3,047	45.1	33,066	0.8	35	2,016	29.9	22,192	0.7	60	1,367	20.3	13,992	0.7	92
85 and older	1,989	24.6	20,186	0.8	31	930	11.5	9,988	0.7	55	1,605	19.9	16,598	0.8	96
Male	4,906	28.5	53,120	0.8	41	3,651	21.2	40,577	0.7	55	1,568	9.1	16,000	0.6	90
Disabled	2,210	21.8	24,852	0.7	46	1,989	19.6	22,708	0.6	52	382	3.8	4,330	0.4	94
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	1.9	12	0.1	1	2	3.8	24	0.7	47	0	0.0	0	0.0	0
21-44	560	11.4	6,422	0.7	45	608	12.3	7,057	0.6	48	114	2.3	1,346	0.3	74
45-64	1,634	31.9	18,269	0.8	47	1,372	26.8	15,553	0.7	54	266	5.2	2,967	0.5	103
65-74	15	36.6	149	1.0	52	7	17.1	74	0.6	50	2	4.9	17	0.9	131
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	2,696	38.1	28,268	0.8	36	1,662	23.5	17,869	0.7	58	1,186	16.8	11,670	0.7	88
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	7	0.9	87	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	2.2	9	0.6	31	5	10.9	31	0.3	14	2	4.3	23	0.4	61
45-64	12	31.6	110	0.6	58	11	28.9	87	0.3	22	0	0.0	0	0.0	0
65-74	1,140	41.6	12,531	0.8	40	798	29.1	8,874	0.7	58	249	9.1	2,568	0.7	84
75-84	1,090	42.2	11,370	0.8	35	656	25.4	6,928	0.7	58	550	21.3	5,350	0.7	86
85 and older	453	27.3	4,248	0.8	29	191	11.5	1,942	0.7	54	385	23.2	3,729	0.8	93
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	17,724	36.5 %	193,478	0.5	\$30	14,205	29.2 %	159,038	0.5	\$32	48,566	504,092
Female	12,446	39.7	136,751	0.5	30	10,510	33.5	117,683	0.5	35	31,350	325,731
Disabled	4,871	43.6	55,718	0.4	28	3,888	34.8	44,808	0.4	26	11,167	122,668
5 and younger	1	33.3	12	0.1	5	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	6	12.8	65	0.3	9	10	21.3	115	0.1	1	47	523
21-44	1,515	35.3	17,346	0.3	22	1,268	29.5	14,607	0.3	17	4,293	47,389
45-64	3,322	49.1	38,037	0.4	30	2,593	38.3	29,927	0.4	30	6,766	74,241
65-74	27	47.4	258	0.6	36	17	29.8	159	0.5	99	57	467
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7,575	37.5	81,033	0.5	32	6,622	32.8	72,875	0.5	41	20,183	203,063
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	18
15-20	0	0.0	0	0.0	0	1	25.0	12	0.4	9	4	48
21-44	25	20.3	272	0.2	8	29	23.6	285	0.2	7	123	866
45-64	1	5.3	12	0.2	10	4	21.1	47	0.6	15	19	136
65-74	2,343	44.9	26,133	0.5	35	2,017	38.7	22,844	0.5	40	5,213	55,206
75-84	2,660	39.4	28,522	0.5	33	2,314	34.3	25,771	0.5	40	6,750	69,107
85 and older	2,546	31.5	26,094	0.5	27	2,257	28.0	23,916	0.6	42	8,071	77,682
Male	5,278	30.7	56,727	0.5	31	3,695	21.5	41,355	0.4	25	17,216	178,361
Disabled	2,287	22.5	25,906	0.4	31	1,998	19.7	22,991	0.4	18	10,146	110,259
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	5	9.4	58	0.2	5	6	11.3	72	0.1	2	53	579
21-44	842	17.1	9,650	0.4	28	837	17.0	9,686	0.3	15	4,933	54,455
45-64	1,430	28.0	16,094	0.5	33	1,154	22.6	13,221	0.4	20	5,116	54,928
65-74	10	24.4	104	0.3	18	1	2.4	12	0.5	43	41	261
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	2,991	42.3	30,821	0.5	32	1,697	24.0	18,364	0.5	34	7,070	68,102
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	2	200.0	14	0.2	14	0	0.0	0	0.0	0	1	7
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17
21-44	6	13.0	47	0.3	17	12	26.1	87	0.2	4	46	310
45-64	7	18.4	47	0.2	10	8	21.1	46	0.6	11	38	227
65-74	1,183	43.2	12,676	0.5	34	658	24.0	7,381	0.5	29	2,741	27,848
75-84	1,113	43.1	11,362	0.6	32	632	24.5	6,933	0.5	35	2,584	24,782
85 and older	680	41.0	6,675	0.5	27	387	23.3	3,917	0.6	40	1,658	14,911
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

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	\$379	7.5	9,567	96,868
Age				
0-64	571	8.6	660	7,455
65-74	477	8.5	1,090	11,382
75-84	406	7.9	2,979	29,956
85 and older	308	6.8	4,838	48,075
Unknown	0	0.0	0	0
Gender				
Female	370	7.5	7,106	72,294
Male	404	7.4	2,461	24,574
Unknown	0	0.0	0	0
Race				
White	378	7.5	8,807	89,147
African American	386	7.1	428	4,506
Other/unknown	390	7.4	332	3,215
Basis of Eligibility^c				
Aged	362	7.4	8,896	89,321
Disabled	572	8.6	671	7,547
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$17	\$11	\$1	\$5	\$45	\$80	\$76	\$22	27,886	\$1,266,166	6,838	71.5 %	73,127
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.6	0.1	0.0	0.5	66	35	1	30	104	359	193	57	3,232	337,287	509	5.3	5,110
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	43	33	3	7	33	72	14	12	68,864	2,303,996	5,130	53.6	53,403
Cardiovascular Agents	2.2	0.5	0.1	1.7	54	31	2	22	24	62	28	13	172,912	4,180,185	7,523	78.6	77,149
Respiratory Agents	0.7	0.4	0.0	0.4	38	31	0	7	52	84	33	20	27,247	1,423,950	3,512	36.7	37,234
Gastrointestinal Agents	1.1	0.5	0.1	0.5	67	57	2	8	61	115	29	15	58,552	3,583,151	5,074	53.0	53,448
Genitourinary Agents	0.7	0.5	0.1	0.2	44	36	3	5	62	79	53	28	20,306	1,268,626	2,683	28.0	28,775
CNS Drugs	1.6	0.9	0.1	0.6	145	117	9	20	88	123	70	35	118,028	10,418,240	6,897	72.1	71,752
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	30	21	0	9	42	118	50	17	1,151	48,460	159	1.7	1,627
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	134	134	0	0	133	134	100	24	21,163	2,821,812	2,042	21.3	21,015
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	58	48	1	9	53	108	74	14	61,889	3,252,395	5,401	56.5	55,772
Neuromuscular Agents	1.3	0.3	0.2	0.8	74	29	19	26	55	99	82	32	48,718	2,689,301	3,395	35.5	36,273
Nutritional Products	0.9	0.0	0.0	0.9	15	0	1	14	17	16	25	17	33,213	559,765	3,579	37.4	37,231
Hematological Agents	1.3	0.3	0.1	0.9	58	44	3	11	45	138	39	12	31,508	1,429,316	2,396	25.0	24,655
Topical Products	0.5	0.2	0.0	0.3	18	11	1	6	36	65	41	19	26,685	959,828	4,996	52.2	54,194
Miscellaneous Products	0.3	0.0	0.0	0.3	22	11	5	7	69	357	153	27	837	58,046	246	2.6	2,604
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	18	0	0	0	4,473	82,560	965	10.1	10,575
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.	726,664	36,683,084	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 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 2004. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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 D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$6,134,664	4,554	47.6 %	48,471	0.9	\$147	\$127
ANTIDEPRESSANTS	4,068,519	7,387	77.2	77,838	0.9	59	52
ULCER DRUGS	3,049,709	4,888	51.1	51,769	0.8	72	59
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,824,355	2,493	26.1	25,756	0.8	133	110
ANTICONVULSANT	1,779,368	3,023	31.6	32,448	1.0	56	55
ANALGESICS - Narcotic	1,760,640	5,516	57.7	56,907	0.7	46	31
ANTIDIABETIC	1,356,137	3,373	35.3	35,604	0.9	42	38
ANALGESICS - ANTI-INFLAMMATORY	1,284,933	2,634	27.5	28,483	0.7	69	45
ANTIASTHMATIC	1,185,841	3,719	38.9	39,297	0.6	54	30
ANTIHYPERTENSIVE	998,517	1,498	15.7	15,916	0.8	77	63
Total	24,442,683	39,085		412,489	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

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	329,734	\$24,442,683	4,554	47.6 %	48,471	0.9	\$127	7,387	77.2 %	77,838	0.9	\$52
Female	241,613	17,674,660	3,149	44.3	33,832	0.9	124	5,482	77.1	57,957	0.9	53
Disabled	17,855	1,618,809	241	73.0	2,787	1.0	197	340	103.0	3,927	0.9	63
64 or younger	17,418	1,591,810	237	73.1	2,739	1.0	198	333	102.8	3,865	0.9	63
65-74	437	26,999	4	66.7	48	1.1	113	7	116.7	62	1.1	86
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	223,758	16,055,851	2,908	42.9	31,045	0.8	117	5,142	75.9	54,030	0.9	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	29,888	2,275,012	440	69.3	4,904	0.9	144	596	93.9	6,274	0.9	56
75-84	82,852	6,063,884	1,068	50.4	11,440	0.9	124	1,819	85.8	19,284	0.9	53
85 and older	111,018	7,716,955	1,400	34.8	14,701	0.8	103	2,727	67.8	28,472	0.9	51
Male	88,121	6,768,023	1,405	57.1	14,639	0.9	133	1,905	77.4	19,881	0.9	51
Disabled	17,580	1,584,243	274	80.4	3,017	1.1	186	307	90.0	3,461	0.9	57
64 or younger	17,357	1,568,092	271	80.7	2,988	1.1	186	304	90.5	3,432	0.9	57
65-74	223	16,151	3	60.0	29	1.3	194	3	60.0	29	0.6	46
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	70,541	5,183,780	1,131	53.3	11,622	0.8	120	1,598	75.4	16,420	0.9	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19,404	1,550,735	303	68.2	3,282	0.9	155	377	84.9	4,014	0.9	57
75-84	29,337	2,163,421	494	57.4	4,947	0.8	120	652	75.8	6,674	0.9	49
85 and older	21,800	1,469,624	334	40.9	3,393	0.7	84	569	69.7	5,732	0.8	47
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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	4,888	51.1 %	51,769	0.8	\$59	2,493	26.1 %	25,756	0.8	\$110	3,023	31.6 %	32,448	1.0	\$55
Female	3,615	50.9	38,515	0.8	59	1,828	25.7	19,051	0.8	110	2,064	29.0	22,225	1.0	51
Disabled	208	63.0	2,391	0.8	52	47	14.2	526	0.8	300	270	81.8	3,106	1.1	84
64 or younger	201	62.0	2,318	0.8	51	46	14.2	514	0.8	307	267	82.4	3,081	1.1	85
65-74	7	116.7	73	0.8	68	1	16.7	12	0.1	2	3	50.0	25	0.4	17
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	3,407	50.3	36,124	0.8	59	1,781	26.3	18,525	0.8	105	1,794	26.5	19,119	0.9	46
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	329	51.8	3,529	0.8	62	160	25.2	1,635	0.8	99	352	55.4	3,784	1.0	58
75-84	1,094	51.6	11,573	0.8	63	696	32.8	7,078	0.8	105	722	34.1	7,771	1.0	49
85 and older	1,984	49.3	21,022	0.8	56	925	23.0	9,812	0.9	105	720	17.9	7,564	0.9	37
Male	1,273	51.7	13,254	0.8	60	665	27.0	6,705	0.8	109	959	39.0	10,223	1.0	62
Disabled	184	54.0	2,066	0.9	71	38	11.1	421	0.7	255	293	85.9	3,345	1.2	82
64 or younger	181	53.9	2,037	0.9	72	36	10.7	404	0.7	261	291	86.6	3,321	1.2	82
65-74	3	60.0	29	0.6	9	2	40.0	17	0.9	131	2	40.0	24	1.6	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,089	51.4	11,188	0.8	58	627	29.6	6,284	0.8	99	666	31.4	6,878	0.9	53
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	244	55.0	2,612	0.8	60	102	23.0	1,055	0.8	100	220	49.5	2,364	1.0	65
75-84	416	48.4	4,238	0.8	60	298	34.7	2,903	0.8	96	280	32.6	2,840	0.9	50
85 and older	429	52.6	4,338	0.8	55	227	27.8	2,326	0.8	103	166	20.3	1,674	0.8	41
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	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	5,516	57.7 %	56,907	0.7	\$31	3,373	35.3 %	35,604	0.9	\$38	2,634	27.5 %	28,483	0.7	\$45
Female	4,294	60.4	44,663	0.7	32	2,419	34.0	25,598	0.9	37	2,058	29.0	22,350	0.7	47
Disabled	197	59.7	2,257	0.8	32	153	46.4	1,694	0.9	47	80	24.2	930	0.6	33
64 or younger	189	58.3	2,172	0.8	33	151	46.6	1,670	0.9	47	76	23.5	893	0.6	33
65-74	8	133.3	85	0.9	9	2	33.3	24	1.7	51	4	66.7	37	0.4	30
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	4,097	60.5	42,406	0.7	32	2,266	33.4	23,904	0.9	37	1,978	29.2	21,420	0.7	48
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	415	65.4	4,277	0.8	30	367	57.8	3,869	0.9	41	204	32.1	2,191	0.7	49
75-84	1,296	61.2	13,601	0.7	33	926	43.7	10,006	0.9	38	679	32.0	7,393	0.7	48
85 and older	2,386	59.3	24,528	0.7	32	973	24.2	10,029	0.9	33	1,095	27.2	11,836	0.7	47
Male	1,222	49.7	12,244	0.6	27	954	38.8	10,006	0.9	40	576	23.4	6,133	0.6	39
Disabled	181	53.1	1,992	0.7	51	133	39.0	1,489	1.0	52	82	24.0	892	0.6	20
64 or younger	181	53.9	1,992	0.7	51	125	37.2	1,407	1.0	52	82	24.4	892	0.6	20
65-74	0	0.0	0	0.0	0	8	160.0	82	0.9	42	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	1,041	49.1	10,252	0.6	22	821	38.7	8,517	0.9	38	494	23.3	5,241	0.6	42
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	224	50.5	2,375	0.6	33	213	48.0	2,315	1.0	45	101	22.7	1,141	0.7	40
75-84	407	47.3	3,919	0.6	21	380	44.2	3,960	0.9	37	189	22.0	1,991	0.6	43
85 and older	410	50.2	3,958	0.6	17	228	27.9	2,242	0.9	32	204	25.0	2,109	0.6	41
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	3,719	38.9 %	39,297	0.6	\$30	1,498	15.7 %	15,916	0.8	\$63	9,567	96,868
Female	2,626	37.0	27,900	0.5	30	1,023	14.4	10,937	0.8	63	7,106	72,294
Disabled	127	38.5	1,480	0.4	25	90	27.3	993	0.8	61	330	3,772
64 or younger	121	37.3	1,408	0.4	23	85	26.2	944	0.8	62	324	3,722
65-74	6	100.0	72	1.2	78	5	83.3	49	0.6	43	6	50
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	2,499	36.9	26,420	0.5	30	933	13.8	9,944	0.8	63	6,776	68,522
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	264	41.6	2,817	0.6	35	179	28.2	1,855	0.9	67	635	6,623
75-84	864	40.8	9,261	0.6	32	426	20.1	4,567	0.9	67	2,119	21,596
85 and older	1,371	34.1	14,342	0.5	28	328	8.2	3,522	0.8	57	4,022	40,303
Male	1,093	44.4	11,397	0.6	32	475	19.3	4,979	0.8	62	2,461	24,574
Disabled	119	34.9	1,330	0.6	36	84	24.6	953	0.8	58	341	3,775
64 or younger	117	34.8	1,306	0.6	37	82	24.4	929	0.8	58	336	3,733
65-74	2	40.0	24	0.1	5	2	40.0	24	1.0	57	5	42
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	974	45.9	10,067	0.6	31	391	18.4	4,026	0.8	63	2,120	20,799
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	227	51.1	2,436	0.7	35	109	24.5	1,160	0.9	72	444	4,667
75-84	396	46.0	4,088	0.6	33	198	23.0	1,999	0.8	60	860	8,360
85 and older	351	43.0	3,543	0.5	27	84	10.3	867	0.8	58	816	7,772
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 2004 file for Kansas, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 4,897 beneficiaries who were in nursing facilities for part of their enrollment and their 45,534 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
KANSAS, 2004

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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	23,967	49.3 %	4.9	237,847	\$70	\$3,376,972	\$14	2.1 %	48,566
Age									
5 and younger	3	100.0	3.0	9	116	348	39	2.5	3
6-14	5	62.5	7.8	62	193	1,542	25	2.5	8
15-20	34	32.1	2.4	258	44	4,708	18	1.7	106
21-44	3,084	32.8	2.5	23,713	54	506,941	21	1.6	9,395
45-64	5,335	44.7	4.2	50,586	71	849,569	17	1.7	11,939
65-74	3,643	45.2	4.3	34,613	61	487,219	14	2.0	8,052
75-84	5,418	58.0	6.0	56,324	75	696,037	12	2.4	9,334
85 and older	6,445	66.2	7.4	72,282	85	830,608	11	3.3	9,729
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	15,469	57.3	6.0	162,942	74	2,009,712	12	2.5	27,015
Disabled	8,443	39.6	3.5	74,642	64	1,362,613	18	1.7	21,313
Adults	50	22.1	0.6	137	9	2,140	16	0.8	226
Children	4	36.4	11.1	122	220	2,423	20	5.8	11
Unknown	1	100.0	4.0	4	84	84	21	5.9	1
Gender									
Female	16,937	54.0	5.5	172,774	77	2,422,853	14	2.3	31,350
Male	7,030	40.8	3.8	65,073	55	954,119	15	1.7	17,216
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	20,634	51.8	5.3	212,554	76	3,019,036	14	2.2	39,844
African American	1,973	38.5	3.0	15,367	45	229,217	15	1.7	5,131
Other/unknown	1,360	37.9	2.8	9,926	36	128,719	13	1.5	3,591
Use of Nursing Facilities^d									
Entire year	7,038	73.6	9.3	88,523	109	1,044,594	12	2.8	9,567
Part year	3,625	74.0	6.7	32,792	84	409,957	13	2.5	4,897
None	13,304	39.0	3.4	116,532	56	1,922,421	16	1.8	34,102
Maintenance Assistance Status									
Cash	6,404	37.7	3.1	51,876	49	829,327	16	1.6	16,999
Medically needy	1,306	28.8	1.8	8,317	39	174,995	21	1.4	4,530
Poverty related	249	16.9	0.6	872	9	13,531	16	1.4	1,474
Other/unknown	16,008	62.6	6.9	176,782	92	2,359,119	13	2.5	25,563

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
KANSAS, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$7	\$14	\$0	\$1	504,092
Age						
5 and younger	0.3	10	39	0	0	36
6-14	0.8	21	25	0	0	73
15-20	0.2	4	18	0	0	1,167
21-44	0.2	5	21	0	2	103,020
45-64	0.4	7	17	0	2	129,532
65-74	0.4	6	14	0	1	83,782
75-84	0.6	7	12	0	0	93,889
85 and older	0.8	9	11	0	0	92,593
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	7	12	0	0	269,543
Disabled	0.3	6	18	0	2	232,927
Adults	0.1	1	16	0	0	1,508
Children	1.2	24	20	0	0	102
Unknown	0.3	7	21	0	0	12
Gender						
Female	0.5	7	14	0	1	325,731
Male	0.4	5	15	0	1	178,361
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	7	14	0	1	412,549
African American	0.3	4	15	0	0	54,358
Other/unknown	0.3	3	13	0	0	37,185
Use of Nursing Facilities^d						
Entire year	0.9	11	12	0	1	96,868
Part year	0.7	9	13	0	1	45,534
None	0.3	5	16	0	1	361,690
Maintenance Assistance Status						
Cash	0.3	4	16	0	1	188,817
Medically needy	0.2	4	21	0	1	42,706
Poverty related	0.1	1	16	0	0	14,308
Other/unknown	0.7	9	13	0	1	258,261

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
KANSAS, 2004

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
All	32,321	\$104	\$3,376,972	100.0 %	237,847	\$14	100.0 %
Anorexia or weight loss/gain	10	290	2,900	0.1	24	121	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	104	57	5,961	0.2	254	23	0.1
Vitamins and minerals	11,213	133	1,487,502	44.0	84,468	18	35.5
Non-prescription drugs	15,806	74	1,164,586	34.5	115,047	10	48.4
Barbiturates	528	75	39,651	1.2	5,941	7	2.5
Benzodiazepines	3,808	120	456,923	13.5	28,408	16	11.9
Other Part D Excl Rx Drugs	852	258	219,449	6.5	3,705	59	1.6

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 KANSAS, 2004

Total Number of Dual Eligible Beneficiaries	48,566
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$159,815,628
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,291

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,139	10.6 %	\$0	0.0 %
1-500	7,705	15.9	1,565,408	1.0
501-1,000	4,634	9.5	3,427,492	2.1
1,001-1,500	3,693	7.6	4,594,551	2.9
1,501-2,000	3,206	6.6	5,589,119	3.5
2,001-2,500	2,787	5.7	6,272,700	3.9
2,501-3,000	2,504	5.2	6,864,204	4.3
3,001-3,500	2,273	4.7	7,373,365	4.6
3,501-4,000	2,084	4.3	7,810,507	4.9
4,001-4,500	1,815	3.7	7,703,312	4.8
4,501-5,000	1,622	3.3	7,701,390	4.8
5,001-5,500	1,428	2.9	7,492,544	4.7
5,501-6,000	1,194	2.5	6,859,886	4.3
6,001-6,500	1,151	2.4	7,190,445	4.5
6,501-7,000	957	2.0	6,453,702	4.0
7,001-7,500	817	1.7	5,928,145	3.7
7,501-8,000	672	1.4	5,205,138	3.3
8,001-8,500	587	1.2	4,840,631	3.0
8,501-9,000	484	1.0	4,229,012	2.6
9,001-9,500	457	0.9	4,222,531	2.6
9,501-10,000	375	0.8	3,652,047	2.3
10,001+	2,982	6.1	44,839,499	28.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 KANSAS, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	21,215
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$80,188,984
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,780

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,821	13.3 %	0	0.0 %
1-500	3,715	17.5	697,387	0.9
501-1,000	1,822	8.6	1,341,422	1.7
1,001-1,500	1,415	6.7	1,752,247	2.2
1,501-2,000	1,159	5.5	2,026,161	2.5
2,001-2,500	978	4.6	2,200,438	2.7
2,501-3,000	864	4.1	2,367,917	3.0
3,001-3,500	777	3.7	2,521,133	3.1
3,501-4,000	715	3.4	2,678,927	3.3
4,001-4,500	638	3.0	2,714,230	3.4
4,501-5,000	613	2.9	2,907,764	3.6
5,001-5,500	567	2.7	2,975,125	3.7
5,501-6,000	462	2.2	2,652,852	3.3
6,001-6,500	461	2.2	2,885,846	3.6
6,501-7,000	414	2.0	2,792,514	3.5
7,001-7,500	340	1.6	2,470,213	3.1
7,501-8,000	314	1.5	2,434,872	3.0
8,001-8,500	292	1.4	2,408,348	3.0
8,501-9,000	251	1.2	2,192,458	2.7
9,001-9,500	239	1.1	2,209,242	2.8
9,501-10,000	208	1.0	2,028,485	2.5
10,001+	2,150	10.1	33,931,403	42.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 KANSAS, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	27,115
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$79,321,171
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,925

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,277	8.4 %	0	0.0 %
1-500	3,905	14.4	855,820	1.1
501-1,000	2,780	10.3	2,062,705	2.6
1,001-1,500	2,261	8.3	2,820,653	3.6
1,501-2,000	2,028	7.5	3,530,491	4.5
2,001-2,500	1,803	6.6	4,059,093	5.1
2,501-3,000	1,637	6.0	4,487,975	5.7
3,001-3,500	1,489	5.5	4,829,256	6.1
3,501-4,000	1,364	5.0	5,112,789	6.4
4,001-4,500	1,174	4.3	4,976,191	6.3
4,501-5,000	1,007	3.7	4,784,091	6.0
5,001-5,500	859	3.2	4,506,904	5.7
5,501-6,000	730	2.7	4,195,302	5.3
6,001-6,500	686	2.5	4,279,762	5.4
6,501-7,000	542	2.0	3,654,298	4.6
7,001-7,500	475	1.8	3,443,424	4.3
7,501-8,000	358	1.3	2,770,266	3.5
8,001-8,500	294	1.1	2,424,009	3.1
8,501-9,000	233	0.9	2,036,554	2.6
9,001-9,500	217	0.8	2,003,997	2.5
9,501-10,000	167	0.6	1,623,562	2.0
10,001+	829	3.1	10,864,029	13.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 KANSAS, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	8,052
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$24,538,393
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,048

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,016	12.6 %	0	0.0 %
1-500	1,225	15.2	251,506	1.0
501-1,000	759	9.4	561,874	2.3
1,001-1,500	562	7.0	700,213	2.9
1,501-2,000	520	6.5	902,596	3.7
2,001-2,500	435	5.4	977,985	4.0
2,501-3,000	445	5.5	1,222,627	5.0
3,001-3,500	403	5.0	1,308,633	5.3
3,501-4,000	338	4.2	1,270,108	5.2
4,001-4,500	298	3.7	1,263,940	5.2
4,501-5,000	283	3.5	1,344,970	5.5
5,001-5,500	232	2.9	1,215,047	5.0
5,501-6,000	203	2.5	1,165,575	4.8
6,001-6,500	214	2.7	1,339,115	5.5
6,501-7,000	162	2.0	1,093,219	4.5
7,001-7,500	146	1.8	1,057,824	4.3
7,501-8,000	104	1.3	803,365	3.3
8,001-8,500	98	1.2	807,478	3.3
8,501-9,000	83	1.0	727,783	3.0
9,001-9,500	81	1.0	748,330	3.0
9,501-10,000	64	0.8	622,688	2.5
10,001+	381	4.7	5,153,517	21.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 KANSAS, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	9,334
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$29,326,500
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,142

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	715	7.7 %	0	0.0 %
1-500	1,187	12.7	268,117	0.9
501-1,000	898	9.6	668,930	2.3
1,001-1,500	758	8.1	948,918	3.2
1,501-2,000	669	7.2	1,165,755	4.0
2,001-2,500	620	6.6	1,398,451	4.8
2,501-3,000	539	5.8	1,480,704	5.0
3,001-3,500	530	5.7	1,717,018	5.9
3,501-4,000	483	5.2	1,812,330	6.2
4,001-4,500	442	4.7	1,874,194	6.4
4,501-5,000	396	4.2	1,880,135	6.4
5,001-5,500	331	3.5	1,741,661	5.9
5,501-6,000	281	3.0	1,616,394	5.5
6,001-6,500	244	2.6	1,519,367	5.2
6,501-7,000	243	2.6	1,639,134	5.6
7,001-7,500	187	2.0	1,355,580	4.6
7,501-8,000	131	1.4	1,013,365	3.5
8,001-8,500	121	1.3	997,587	3.4
8,501-9,000	96	1.0	836,185	2.9
9,001-9,500	91	1.0	840,423	2.9
9,501-10,000	63	0.7	611,977	2.1
10,001+	309	3.3	3,940,275	13.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 KANSAS, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	9,729
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$25,456,278
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,617

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	546	5.6 %	0	0.0 %
1-500	1,493	15.3	336,197	1.3
501-1,000	1,123	11.5	831,901	3.3
1,001-1,500	941	9.7	1,171,522	4.6
1,501-2,000	839	8.6	1,462,140	5.7
2,001-2,500	748	7.7	1,682,657	6.6
2,501-3,000	653	6.7	1,784,644	7.0
3,001-3,500	556	5.7	1,803,605	7.1
3,501-4,000	543	5.6	2,030,351	8.0
4,001-4,500	434	4.5	1,838,057	7.2
4,501-5,000	328	3.4	1,558,986	6.1
5,001-5,500	296	3.0	1,550,196	6.1
5,501-6,000	246	2.5	1,413,333	5.6
6,001-6,500	228	2.3	1,421,280	5.6
6,501-7,000	137	1.4	921,945	3.6
7,001-7,500	142	1.5	1,030,020	4.0
7,501-8,000	123	1.3	953,536	3.7
8,001-8,500	75	0.8	618,944	2.4
8,501-9,000	54	0.6	472,586	1.9
9,001-9,500	45	0.5	415,244	1.6
9,501-10,000	40	0.4	388,897	1.5
10,001+	139	1.4	1,770,237	7.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	48,720	27,101	21,332	275	11	1	506,412	270,620	233,465	2,208	107	12
Age												
5 and younger	3	0	3	0	0	0	36	0	36	0	0	0
6-14	8	0	4	0	4	0	73	0	48	0	25	0
15-20	106	0	100	1	5	0	1,177	0	1,107	12	58	0
21-44	9,427	0	9,226	198	2	1	103,715	0	102,063	1,616	24	12
45-64	11,974	1	11,901	72	0	0	130,064	12	129,483	569	0	0
65-74	8,072	7,970	98	4	0	0	84,098	83,359	728	11	0	0
75-84	9,379	9,379	0	0	0	0	94,381	94,381	0	0	0	0
85 and older	9,751	9,751	0	0	0	0	92,868	92,868	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	31,455	20,099	11,181	167	7	1	327,312	202,806	123,061	1,367	66	12
Male	17,265	7,002	10,151	108	4	0	179,100	67,814	110,404	841	41	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	39,953	22,375	17,383	186	8	1	414,179	221,687	190,924	1,478	78	12
African American	5,164	2,308	2,797	57	2	0	54,856	24,041	30,326	465	24	0
Other/unknown	3,603	2,418	1,152	32	1	0	37,377	24,892	12,215	265	5	0
Use of Nursing Facilities^c												
Entire year	9,567	8,896	671	0	0	0	96,868	89,321	7,547	0	0	0
Part year	4,897	4,409	488	0	0	0	45,542	40,502	5,040	0	0	0
None	34,256	13,796	20,173	275	11	1	364,002	140,797	220,878	2,208	107	12
Maintenance Assistance Status												
Cash	17,055	6,331	10,516	206	2	0	189,812	70,829	117,232	1,734	17	0
Medically needy	4,530	1,531	2,998	1	0	0	42,765	13,743	29,019	3	0	0
Poverty related	1,478	506	928	41	2	1	14,405	4,568	9,534	285	6	12
Other/unknown	25,657	18,733	6,890	27	7	0	259,430	181,480	77,680	186	84	0
Dual Status^d												
Full dual, all year	46,393	26,128	19,985	268	11	1	481,249	260,061	218,943	2,126	107	12
Full dual, part year	2,327	973	1,347	7	0	0	25,163	10,559	14,522	82	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	48,402	26,975	21,235	181	10	1	503,250	269,355	232,401	1,385	97	12
FFS part year, with Rx claims	109	19	56	34	0	0	1,190	199	655	336	0	0
FFS part year, no Rx claims	55	21	22	11	1	0	514	212	211	81	10	0
MC all year, with Rx claims	2	1	0	1	0	0	13	11	0	2	0	0
MC all year, no Rx claims	152	85	19	48	0	0	1,445	843	198	404	0	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	48,720	506,412	48,566	504,092	0	2,320
Fee-for-service (FFS) all year	48,402	503,250	48,402	503,250	0	0
FFS part year, with Rx claims	109	1,190	109	648	0	542
FFS part year, with no Rx claims	55	514	55	194	0	320
Managed care (MC) all year, with Rx claims	2	13	0	0	0	13
MC all year, with no Rx claims	152	1,445	0	0	0	1,445

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

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