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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
KANSAS**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KANSAS, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	356738 (A)	59911 (E)	296827 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	347252 (B)	52674 (F)	294578 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	304848 (C)	52480 (G)	252368 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	9572 (D)	9172 (H)	400 (L)

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 2005 was \$320,173,762, of which \$12,150,099 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, 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 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 2005. 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 N+B18D.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 2005. 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<sup>a, b</sup>  
KANSAS, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>304,848</b>	<b>30,011</b>	<b>56,432</b>	<b>50,790</b>	<b>167,463</b>	<b>152</b>	<b>2,326,639</b>	<b>290,755</b>	<b>577,855</b>	<b>276,031</b>	<b>1,180,786</b>	<b>1,212</b>
<b>Age</b>												
5 and younger	78,598	0	1,678	0	76,920	0	529,779	0	16,116	0	513,663	0
6-14	71,152	0	5,824	0	65,328	0	543,205	0	60,524	0	482,681	0
15-20	36,747	0	4,266	7,347	25,134	0	269,375	0	44,437	40,950	183,988	0
21-44	60,096	0	19,283	40,700	81	32	422,194	0	202,862	218,724	454	154
45-64	28,030	6	25,169	2,737	0	118	270,014	45	252,603	16,318	0	1,048
65-74	9,815	9,599	209	5	0	2	97,666	96,326	1,295	35	0	10
75-84	10,154	10,150	3	1	0	0	99,332	99,310	18	4	0	0
85 and older	10,256	10,256	0	0	0	0	95,074	95,074	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	174,810	21,775	28,675	41,821	82,387	152	1,320,111	214,157	296,826	228,051	579,865	1,212
Male	130,021	8,236	27,757	8,969	85,059	0	1,006,510	76,598	281,029	47,980	600,903	0
Unknown	17	0	0	0	17	0	18	0	0	0	18	0
<b>Race</b>												
White	194,236	24,069	42,495	33,992	93,561	119	1,512,669	231,426	435,894	183,358	661,029	962
African American	45,780	2,562	9,122	8,515	25,569	12	348,599	25,767	93,568	47,454	181,734	76
Other/unknown	64,832	3,380	4,815	8,283	48,333	21	465,371	33,562	48,393	45,219	338,023	174
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,572	8,613	958	1	0	0	96,123	85,988	10,134	1	0	0
Part year	5,531	4,605	923	1	0	2	51,424	42,034	9,369	4	0	17
None	289,745	16,793	54,551	50,788	167,463	150	2,179,092	162,733	558,352	276,026	1,180,786	1,195
<b>Maintenance Assistance Status</b>												
Cash	120,552	7,030	37,557	31,652	44,313	0	962,701	78,104	395,367	180,155	309,075	0
Medically needy	7,137	1,590	4,529	423	595	0	57,643	13,962	37,577	2,315	3,789	0
Poverty-related	119,882	1,947	2,492	13,536	101,755	152	762,313	13,394	19,626	56,388	671,693	1,212
Other/unknown	57,277	19,444	11,854	5,179	20,800	0	543,982	185,295	125,285	37,173	196,229	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	47,137	26,082	20,757	280	12	6	486,752	258,650	226,085	1,845	125	47
Full dual, part year	5,343	2,391	2,945	7	0	0	43,976	18,868	25,038	70	0	0
Non-dual, all year	252,368	1,538	32,730	50,503	167,451	146	1,795,911	13,237	326,732	274,116	1,180,661	1,165
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	235,643	29,978	55,894	32,786	116,835	150	2,118,581	290,616	574,705	224,466	1,027,589	1,205
FFS part year, with Rx claims	22,937	12	408	8,088	14,428	1	90,578	55	2,610	27,436	60,475	2
FFS part year, no Rx claims	46,268	21	130	9,916	36,200	1	117,480	84	540	24,129	92,722	5

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
KANSAS, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>59.8</b>	<b>14.9</b>	<b>\$1,010</b>	<b>\$68</b>	<b>\$6,289</b>	<b>16.1</b>	<b>304,848</b>
<b>Age</b>							
5 and younger	50.7	2.6	133	51	1,911	7.0	78,598
6-14	50.1	4.6	382	84	2,804	13.6	71,152
15-20	57.1	6.5	527	82	4,655	11.3	36,747
21-44	63.4	13.3	1,136	85	7,359	15.4	60,096
45-64	78.1	45.0	3,342	74	15,803	21.1	28,030
65-74	79.0	52.5	2,991	57	13,049	22.9	9,815
75-84	86.5	60.6	3,171	52	16,879	18.8	10,154
85 and older	91.4	58.4	2,678	46	20,636	13.0	10,256
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	85.9	57.4	2,954	51	16,961	17.4	30,011
Disabled	78.9	36.0	3,020	84	16,649	18.1	56,432
Adults	56.3	4.9	239	49	2,552	9.4	50,790
Children	49.8	3.3	218	66	2,013	10.8	167,463
Unknown	72.4	20.7	1,725	83	12,174	14.2	152
<b>Gender</b>							
Female	62.4	17.4	1,057	61	6,278	16.8	174,810
Male	56.3	11.7	948	81	6,304	15.0	130,021
Unknown	0.0	0.0	0	0	0	0.0	17
<b>Race</b>							
White	64.6	19.1	1,297	68	7,713	16.8	194,236
African American	52.7	10.0	688	69	5,001	13.7	45,780
Other/unknown	50.5	6.1	381	63	2,932	13.0	64,832
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.0	81.2	4,271	53	31,323	13.6	9,572
Part year	97.7	66.8	3,561	53	23,915	14.9	5,531
None	57.8	11.8	854	73	5,125	16.7	289,745
<b>Maintenance Assistance Status</b>							
Cash	62.0	15.9	1,151	72	6,407	18.0	120,552
Medically needy	63.7	22.5	2,166	96	8,946	24.2	7,137
Poverty related	47.9	2.6	136	52	1,586	8.5	119,882
Other/unknown	79.7	37.8	2,403	64	15,552	15.5	57,277

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 KANSAS, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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
<b>All</b>	<b>2.0</b>	<b>\$132</b>	<b>16.1</b>	<b>40.2</b>	<b>35.9</b>	<b>6.2</b>	<b>8.6</b>	<b>6.6</b>	<b>2.5</b>	<b>\$824</b>	<b>304,848</b>	<b>2,326,639</b>
<b>Age</b>												
5 and younger	0.4	20	7.0	49.3	46.1	3.2	1.2	0.1	0.0	284	78,598	529,779
6-14	0.6	50	13.6	49.9	40.1	5.1	4.2	0.7	0.0	367	71,152	543,205
15-20	0.9	72	11.3	42.9	42.2	7.1	6.3	1.4	0.1	635	36,747	269,375
21-44	1.9	162	15.4	36.6	36.2	9.5	11.2	5.2	1.3	1,048	60,096	422,194
45-64	4.7	347	21.1	21.9	16.4	9.1	22.1	21.0	9.4	1,641	28,030	270,014
65-74	5.3	301	22.9	21.0	11.7	7.7	20.9	25.6	13.0	1,311	9,815	97,666
75-84	6.2	324	18.8	13.5	8.3	6.5	22.6	33.5	15.6	1,725	10,154	99,332
85 and older	6.3	289	13.0	8.6	6.8	6.0	26.6	38.7	13.2	2,226	10,256	95,074
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.9	305	17.4	14.1	8.9	6.7	23.5	32.8	14.0	1,751	30,011	290,755
Disabled	3.5	295	18.1	21.1	24.7	10.9	21.5	15.7	6.0	1,626	56,432	577,855
Adults	0.9	44	9.4	43.7	40.7	8.1	6.0	1.4	0.2	470	50,790	276,031
Children	0.5	31	10.8	50.2	43.0	4.0	2.4	0.3	0.0	286	167,463	1,180,786
Unknown	2.6	216	14.2	27.6	20.4	17.1	24.3	9.2	1.3	1,527	152	1,212
<b>Gender</b>												
Female	2.3	140	16.8	37.6	35.7	6.4	9.1	7.9	3.3	831	174,810	1,320,111
Male	1.5	123	15.0	43.7	36.1	6.1	7.9	4.8	1.5	814	130,021	1,006,510
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	17	18
<b>Race</b>												
White	2.4	167	16.8	35.4	34.8	7.1	10.5	8.7	3.5	990	194,236	1,512,669
African American	1.3	90	13.7	47.3	35.3	5.5	6.8	3.8	1.2	657	45,780	348,599
Other/unknown	0.8	53	13.0	49.5	39.5	4.3	4.3	2.0	0.5	408	64,832	465,371
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.1	425	13.6	2.0	3.5	3.7	21.6	43.9	25.1	3,119	9,572	96,123
Part year	7.2	383	14.9	2.3	5.4	6.5	26.1	41.3	18.5	2,572	5,531	51,424
None	1.6	114	16.7	42.2	37.5	6.3	7.8	4.7	1.5	682	289,745	2,179,092
<b>Maintenance Assistance Status</b>												
Cash	2.0	144	18.0	38.0	35.0	7.5	10.9	6.6	2.0	802	120,552	962,701
Medically needy	2.8	268	24.2	36.3	22.0	10.0	18.0	11.1	2.5	1,108	7,137	57,643
Poverty related	0.4	21	8.5	52.1	41.7	4.0	1.9	0.2	0.0	249	119,882	762,313
Other/unknown	4.0	253	15.5	20.3	27.3	7.7	16.8	19.1	8.8	1,638	57,277	543,982

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 KANSAS, 2005

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
<b>All</b>	<b>2.0</b>	<b>\$132</b>	<b>\$68</b>	<b>0.8</b>	<b>\$104</b>	<b>\$133</b>	<b>0.1</b>	<b>\$4</b>	<b>\$73</b>	<b>1.1</b>	<b>\$25</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	0.4	20	51	0.1	15	114	0.0	1	50	0.2	4	16
6-14	0.6	50	84	0.3	43	131	0.0	2	79	0.2	5	22
15-20	0.9	72	82	0.4	61	144	0.0	3	75	0.4	9	21
21-44	1.9	162	85	0.7	129	177	0.1	6	89	1.1	27	25
45-64	4.7	347	74	1.8	266	144	0.1	11	96	2.7	70	26
65-74	5.3	301	57	2.1	232	111	0.1	7	57	3.1	62	20
75-84	6.2	324	52	2.4	248	102	0.2	8	50	3.6	69	19
85 and older	6.3	289	46	2.2	210	96	0.2	9	46	3.9	70	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.9	305	51	2.2	230	103	0.2	8	50	3.5	67	19
Disabled	3.5	295	84	1.5	234	159	0.1	9	98	1.9	51	27
Adults	0.9	44	49	0.3	32	127	0.0	2	60	0.6	10	16
Children	0.5	31	66	0.2	26	121	0.0	1	65	0.2	5	19
Unknown	2.6	216	83	1.0	186	192	0.0	1	41	1.6	29	18
<b>Gender</b>												
Female	2.3	140	61	0.9	107	122	0.1	5	66	1.4	28	21
Male	1.5	123	81	0.7	99	150	0.0	4	89	0.8	20	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.4	167	68	1.0	130	133	0.1	5	74	1.4	31	23
African American	1.3	90	69	0.5	72	139	0.0	3	78	0.8	16	21
Other/unknown	0.8	53	63	0.4	43	122	0.0	2	63	0.5	9	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.1	425	53	2.9	316	108	0.2	11	52	4.9	98	20
Part year	7.2	383	53	2.6	283	107	0.2	12	61	4.3	88	20
None	1.6	114	73	0.6	90	140	0.0	4	79	0.9	20	23
<b>Maintenance Assistance Status</b>												
Cash	2.0	144	72	0.8	114	143	0.1	5	83	1.1	26	23
Medically needy	2.8	268	96	1.2	220	191	0.1	7	97	1.6	41	26
Poverty related	0.4	21	52	0.2	16	107	0.0	1	57	0.2	4	17
Other/unknown	4.0	253	64	1.6	196	123	0.1	7	67	2.3	50	22

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)

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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 KANSAS, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users <sup>e</sup>			
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Name	Name			Name			Name			Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$10	\$2	\$4	\$55	\$136	\$66	\$22	356,107	\$19,533,190	122,391	40.1	1,211,445	
Biologicals	0.5	0.4	0.1	0.0	573	445	83	45	1210	1,124	1,611	1,735	1,939	2,346,027	458	0.2	4,095	
Antineoplastic Agents	0.5	0.1	0.0	0.4	98	74	0	23	180	568	109	57	13,496	2,435,504	2,417	0.8	24,889	
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	37	28	3	7	47	96	45	15	454,900	21,585,332	56,463	18.5	576,036	
Cardiovascular Agents	1.7	0.6	0.0	1.1	60	45	1	14	36	77	28	13	845,116	30,214,265	48,159	15.8	506,259	
Respiratory Agents	0.5	0.3	0.0	0.2	29	26	0	3	61	98	45	15	323,599	19,838,547	67,285	22.1	674,865	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	68	63	0	5	94	152	40	16	301,548	28,296,721	39,645	13.0	413,269	
Genitourinary Agents	0.5	0.3	0.0	0.2	30	25	1	5	62	84	57	26	83,303	5,165,485	16,851	5.5	172,379	
CNS Drugs	1.2	0.7	0.0	0.5	135	119	1	15	109	172	112	27	780,506	84,845,603	61,195	20.1	628,770	
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	67	63	0	4	91	104	52	30	99,762	9,057,498	13,279	4.4	134,243	
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	145	143	0	2	170	173	98	72	52,637	8,933,950	5,958	2.0	61,798	
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	35	14	4	17	52	156	171	30	471,635	24,302,169	68,737	22.5	690,752	
Neuromuscular Agents	0.9	0.3	0.0	0.6	76	53	2	22	81	158	77	37	351,372	28,362,412	34,924	11.5	371,511	
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	9	17	21	20	17	117,420	2,054,162	22,520	7.4	214,557	
Hematological Agents	0.9	0.3	0.0	0.6	85	76	1	8	99	270	30	15	110,281	10,953,926	12,336	4.0	128,436	
Topical Products	0.3	0.1	0.0	0.2	11	8	0	4	43	80	45	21	171,828	7,358,789	62,478	20.5	642,808	
Miscellaneous Products	0.5	0.2	0.0	0.3	112	85	5	22	225	430	228	78	10,956	2,465,764	2,108	0.7	22,105	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	32	0	0	0	8,560	274,319	2,517	0.8	27,663	
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,554,965	308,023,663	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.medspan.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, 0.3 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.medspan.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 2005.

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<sup>a, b, c</sup>  
 KANSAS, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$58,487,064	36,497	12.0	396,298	0.7	\$214	\$148
ANTICONVULSANT	24,931,928	30,679	10.1	332,999	0.8	98	75
ANTIDEPRESSANTS	22,122,668	58,715	19.3	613,806	0.6	60	36
ULCER DRUGS	21,772,949	37,492	12.3	397,260	0.6	97	55
ANTIASTHMATIC	15,170,843	62,816	20.6	645,528	0.3	69	24
ANALGESICS - Narcotic	14,859,831	76,957	25.2	785,270	0.4	47	19
ANTIHYPERLIPIDEMIC	12,387,057	19,417	6.4	214,905	0.6	91	58
ANTIDIABETIC	12,386,693	26,075	8.6	280,531	0.7	61	44
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,057,524	15,668	5.1	160,695	0.6	91	56
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	8,994,375	8,002	2.6	83,565	0.6	166	108
Total	200,170,932	372,318		3,910,857	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Kansas, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

All Medicaid Beneficiaries