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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
KANSAS**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KANSAS, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	358751 (A)	61215 (E)	297536 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	344420 (B)	49371 (F)	295049 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	286323 (C)	49148 (G)	237175 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	8965 (D)	8549 (H)	416 (L)

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

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 2006 (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 2006, 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 2006 was \$149,893,987, of which \$5,093,065 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. 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.

All Medicaid Beneficiaries

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
KANSAS, 2006

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>286,323</b>	<b>28,005</b>	<b>55,854</b>	<b>46,345</b>	<b>155,912</b>	<b>207</b>	<b>2,226,539</b>	<b>280,630</b>	<b>587,183</b>	<b>244,978</b>	<b>1,112,091</b>	<b>1,657</b>
<b>Age</b>												
5 and younger	73,049	0	1,718	0	71,331	0	493,478	0	16,909	0	476,569	0
6-14	66,708	0	6,019	0	60,689	0	519,647	0	63,533	0	456,114	0
15-20	35,019	0	4,423	6,829	23,766	1	262,479	0	46,460	37,539	178,474	6
21-44	55,592	0	18,426	36,962	126	78	392,043	0	198,373	192,180	934	556
45-64	27,691	4	25,015	2,547	0	125	275,833	31	259,526	15,191	0	1,085
65-74	8,880	8,622	249	6	0	3	92,880	90,480	2,334	56	0	10
75-84	9,429	9,424	4	1	0	0	94,831	94,771	48	12	0	0
85 and older	9,955	9,955	0	0	0	0	95,348	95,348	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	164,110	20,363	28,291	38,557	76,692	207	1,259,642	206,551	300,109	204,143	547,182	1,657
Male	122,200	7,642	27,563	7,788	79,207	0	966,884	74,079	287,074	40,835	564,896	0
Unknown	13	0	0	0	13	0	13	0	0	0	13	0
<b>Race</b>												
White	180,540	22,305	41,729	30,923	85,421	162	1,435,940	221,851	439,652	161,831	611,323	1,283
African American	42,524	2,365	9,117	7,654	23,374	14	326,639	24,758	95,610	41,003	165,157	111
Other/unknown	63,259	3,335	5,008	7,768	47,117	31	463,960	34,021	51,921	42,144	335,611	263
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,965	8,005	960	0	0	0	90,729	80,308	10,421	0	0	0
Part year	5,652	4,756	892	3	1	0	52,898	43,919	8,958	16	5	0
None	271,706	15,244	54,002	46,342	155,911	207	2,082,912	156,403	567,804	244,962	1,112,086	1,657
<b>Maintenance Assistance Status</b>												
Cash	110,453	6,972	38,189	27,707	37,585	0	907,639	77,785	409,638	157,276	262,940	0
Medically needy	5,971	1,107	3,732	455	677	0	44,649	9,256	29,764	2,074	3,555	0
Poverty-related	111,692	804	1,565	13,078	96,038	207	724,315	8,051	16,394	55,373	642,840	1,657
Other/unknown	58,207	19,122	12,368	5,105	21,612	0	549,936	185,538	131,387	30,255	202,756	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	45,639	25,001	20,323	297	13	5	474,645	249,036	223,373	2,057	139	40
Full dual, part year	3,509	1,394	2,107	8	0	0	37,480	14,791	22,600	89	0	0
Non-dual, all year	237,175	1,610	33,424	46,040	155,899	202	1,714,414	16,803	341,210	242,832	1,111,952	1,617
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	224,266	27,969	55,251	29,795	111,045	206	2,051,014	280,471	583,410	199,922	985,557	1,654
FFS part year, with Rx claims	19,326	10	410	7,171	11,734	1	71,193	57	2,788	22,766	45,579	3
FFS part year, no Rx claims	42,731	26	193	9,379	33,133	0	104,332	102	985	22,290	80,955	0

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

- 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 2006. 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, 2006

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>53.2</b>	<b>6.8</b>	<b>\$506</b>	<b>\$74</b>	<b>\$6,410</b>	<b>7.9</b>	<b>286,323</b>
<b>Age</b>							
5 and younger	49.4	2.6	150	58	2,147	7.0	73,049
6-14	50.3	4.8	435	91	2,997	14.5	66,708
15-20	57.2	6.7	583	87	5,058	11.5	35,019
21-44	57.6	8.5	661	78	7,695	8.6	55,592
45-64	64.6	22.2	1,529	69	15,503	9.9	27,691
65-74	48.2	7.7	397	52	12,160	3.3	8,880
75-84	45.0	3.6	120	34	15,342	0.8	9,429
85 and older	43.1	2.8	73	26	19,268	0.4	9,955
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	45.4	4.5	186	41	15,807	1.2	28,005
Disabled	67.1	19.4	1,633	84	16,347	10.0	55,854
Adults	54.6	4.8	234	49	2,945	8.0	46,345
Children	49.2	3.3	239	71	2,189	10.9	155,912
Unknown	69.1	17.4	1,301	75	9,647	13.5	207
<b>Gender</b>							
Female	54.8	7.3	473	65	6,358	7.4	164,110
Male	51.1	6.2	550	88	6,481	8.5	122,200
Unknown	0.0	0.0	0	0	306	0.0	13
<b>Race</b>							
White	56.5	8.1	613	75	7,799	7.9	180,540
African American	47.6	5.7	422	74	5,408	7.8	42,524
Other/unknown	47.7	3.9	255	66	3,121	8.2	63,259
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	52.4	8.1	402	50	29,556	1.4	8,965
Part year	54.4	8.7	464	53	23,120	2.0	5,652
None	53.2	6.8	510	76	5,299	9.6	271,706
<b>Maintenance Assistance Status</b>							
Cash	56.7	10.8	840	78	6,933	12.1	110,453
Medically needy	42.1	6.6	505	77	8,253	6.1	5,971
Poverty related	47.6	2.5	136	54	1,789	7.6	111,692
Other/unknown	58.7	7.6	582	77	14,097	4.1	58,207

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 Medicaid FFS \$ <sup>d</sup>	Mean \$, All	Beneficiaries	Benefit Months
<b>All</b>	<b>0.9</b>	<b>\$65</b>	<b>7.9</b>	<b>46.8</b>	<b>39.9</b>	<b>5.6</b>	<b>5.2</b>	<b>2.0</b>	<b>0.6</b>	<b>\$824</b>	<b>286,323</b>	<b>2,226,539</b>
<b>Age</b>												
5 and younger	0.4	22	7.0	50.6	44.9	3.2	1.2	0.1	0.0	318	73,049	493,478
6-14	0.6	56	14.5	49.7	39.5	5.4	4.7	0.7	0.0	385	66,708	519,647
15-20	0.9	78	11.5	42.8	41.8	7.3	6.6	1.4	0.1	675	35,019	262,479
21-44	1.2	94	8.6	42.4	37.8	8.1	8.1	3.0	0.7	1,091	55,592	392,043
45-64	2.2	154	9.9	35.4	31.4	7.3	12.3	9.5	4.0	1,556	27,691	275,833
65-74	0.7	38	3.3	51.8	36.6	4.4	3.9	2.6	0.8	1,163	8,880	92,880
75-84	0.4	12	0.8	55.0	39.3	3.3	1.8	0.6	0.1	1,526	9,429	94,831
85 and older	0.3	8	0.4	56.9	38.8	2.8	1.1	0.4	0.1	2,012	9,955	95,348
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	0.5	19	1.2	54.6	38.5	3.4	2.1	1.1	0.3	1,577	28,005	280,630
Disabled	1.8	155	10.0	32.9	35.5	8.6	13.2	7.2	2.6	1,555	55,854	587,183
Adults	0.9	44	8.0	45.4	38.7	7.9	6.2	1.6	0.2	557	46,345	244,978
Children	0.5	34	10.9	50.8	42.2	4.2	2.6	0.3	0.0	307	155,912	1,112,091
Unknown	2.2	163	13.5	30.9	26.1	15.9	17.9	8.2	1.0	1,205	207	1,657
<b>Gender</b>												
Female	0.9	62	7.4	45.2	41.0	5.7	5.1	2.2	0.8	828	164,110	1,259,642
Male	0.8	70	8.5	48.9	38.5	5.4	5.3	1.6	0.3	819	122,200	966,884
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	306	13	13
<b>Race</b>												
White	1.0	77	7.9	43.5	40.6	6.4	6.2	2.5	0.8	981	180,540	1,435,940
African American	0.7	55	7.8	52.4	36.7	4.7	4.2	1.5	0.4	704	42,524	326,639
Other/unknown	0.5	35	8.2	52.3	40.2	3.7	2.9	0.8	0.2	426	63,259	463,960
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.8	40	1.4	47.6	41.9	4.5	2.3	2.1	1.7	2,921	8,965	90,729
Part year	0.9	50	2.0	45.6	42.8	3.7	3.2	3.1	1.7	2,470	5,652	52,898
None	0.9	67	9.6	46.8	39.8	5.7	5.3	1.9	0.5	691	271,706	2,082,912
<b>Maintenance Assistance Status</b>												
Cash	1.3	102	12.1	43.3	37.1	6.5	7.9	3.9	1.2	844	110,453	907,639
Medically needy	0.9	68	6.1	57.9	26.2	6.0	6.9	2.5	0.4	1,104	5,971	44,649
Poverty related	0.4	21	7.6	52.4	41.6	4.0	1.8	0.2	0.0	276	111,692	724,315
Other/unknown	0.8	62	4.1	41.3	43.5	6.8	6.3	1.7	0.4	1,492	58,207	549,936

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

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>0.9</b>	<b>\$65</b>	<b>\$74</b>	<b>0.3</b>	<b>\$51</b>	<b>\$158</b>	<b>0.0</b>	<b>\$3</b>	<b>\$91</b>	<b>0.5</b>	<b>\$11</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.4	22	58	0.1	17	162	0.0	1	43	0.3	4	17
6-14	0.6	56	91	0.3	48	149	0.0	1	64	0.3	6	23
15-20	0.9	78	87	0.4	65	161	0.0	3	95	0.5	10	22
21-44	1.2	94	78	0.4	73	181	0.0	5	125	0.8	16	21
45-64	2.2	154	69	0.8	115	151	0.1	7	110	1.4	32	23
65-74	0.7	38	52	0.2	28	120	0.0	2	88	0.5	8	17
75-84	0.4	12	34	0.1	8	93	0.0	1	83	0.3	3	12
85 and older	0.3	8	26	0.1	5	86	0.0	0	55	0.2	3	11
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	0.5	19	41	0.1	13	109	0.0	1	80	0.3	5	14
Disabled	1.8	155	84	0.7	124	173	0.1	6	103	1.1	25	23
Adults	0.9	44	49	0.2	30	127	0.0	4	144	0.6	11	16
Children	0.5	34	71	0.2	27	142	0.0	1	59	0.3	5	20
Unknown	2.2	163	75	0.8	123	159	0.1	13	187	1.3	26	20
<b>Gender</b>												
Female	0.9	62	65	0.3	47	145	0.0	3	98	0.6	12	20
Male	0.8	70	88	0.3	57	173	0.0	2	80	0.4	10	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.0	77	75	0.4	61	159	0.0	3	93	0.6	13	21
African American	0.7	55	74	0.3	44	162	0.0	2	101	0.5	9	20
Other/unknown	0.5	35	66	0.2	27	144	0.0	2	75	0.3	6	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.8	40	50	0.2	28	136	0.0	2	78	0.6	10	17
Part year	0.9	50	53	0.3	35	138	0.0	2	88	0.7	12	19
None	0.9	67	76	0.3	53	158	0.0	3	91	0.5	11	21
<b>Maintenance Assistance Status</b>												
Cash	1.3	102	78	0.5	81	166	0.0	4	101	0.8	18	22
Medically needy	0.9	68	77	0.3	53	174	0.0	3	150	0.6	11	20
Poverty related	0.4	21	54	0.1	15	123	0.0	1	73	0.2	4	17
Other/unknown	0.8	62	77	0.3	51	152	0.0	2	80	0.4	9	20

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

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, 0.2 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.medi-span.com/master-drug-database.aspx>

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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$12	\$7	\$1	\$4	\$46	\$180	\$47	\$21	218,111	\$10,048,632	88,100	30.8	855,260
Biologicals	0.5	0.5	0.0	0.0	604	603	2	0	1293	1,299	643	93	1,926	2,489,811	452	0.2	4,119
Antineoplastic Agents	0.4	0.2	0.0	0.3	129	118	0	11	311	765	73	43	3,935	1,224,608	917	0.3	9,461
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	19	1	6	54	112	38	21	166,116	9,051,241	35,536	12.4	354,464
Cardiovascular Agents	0.9	0.3	0.0	0.6	35	24	3	8	40	82	93	14	220,125	8,709,428	24,029	8.4	252,370
Respiratory Agents	0.4	0.2	0.0	0.2	25	21	0	4	63	103	58	20	198,741	12,519,093	50,519	17.6	500,288
Gastrointestinal Agents	0.4	0.3	0.0	0.2	47	39	6	3	107	152	497	15	99,696	10,671,596	22,270	7.8	228,352
Genitourinary Agents	0.3	0.1	0.0	0.1	16	11	1	3	56	92	70	22	22,381	1,255,656	8,257	2.9	80,815
CNS Drugs	0.8	0.4	0.1	0.4	95	82	5	8	112	217	98	19	386,231	43,389,380	44,513	15.5	454,658
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	76	73	0	3	101	114	68	25	93,334	9,410,631	12,184	4.3	123,820
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	68	65	0	3	272	292	73	118	5,518	1,501,529	2,048	0.7	21,921
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	22	10	0	12	46	173	137	28	210,484	9,655,519	44,837	15.7	438,004
Neuromuscular Agents	0.7	0.3	0.0	0.4	59	49	1	9	85	172	75	23	170,191	14,389,763	22,923	8.0	242,207
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	17	26	16	15	34,558	573,921	11,971	4.2	108,775
Hematological Agents	0.5	0.1	0.0	0.4	76	69	0	7	148	600	24	17	33,208	4,903,733	6,200	2.2	64,805
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	40	91	52	19	86,968	3,450,715	42,977	15.0	435,722
Miscellaneous Products	0.5	0.2	0.0	0.3	151	119	4	28	302	550	259	104	4,698	1,416,501	887	0.3	9,352
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	102	0	0	0	1,358	139,165	763	0.3	8,094
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,957,579</b>	<b>144,800,922</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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, 0.2 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 KANSAS, 2006

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	\$31,942,499	21,415	7.5	231,812	0.6	\$250	\$138
ANTICONVULSANT	13,503,317	20,012	7.0	216,633	0.6	100	62
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,410,813	14,367	5.0	148,060	0.6	101	64
ANTIASTHMATIC	9,370,585	44,455	15.5	450,990	0.3	74	21
ANTIDEPRESSANTS	8,970,807	32,669	11.4	333,546	0.4	61	27
ULCER DRUGS	7,862,862	20,082	7.0	209,579	0.4	100	38
ANALGESICS - Narcotic	5,496,699	46,754	16.3	460,047	0.3	39	12
ANTIDIABETIC	4,793,021	11,783	4.1	125,093	0.5	74	38
ANTHYPERLIPIDEMIC	3,939,125	8,794	3.1	96,865	0.4	92	41
ANTIVIRAL	3,134,874	3,718	1.3	37,542	0.2	367	84
Total	98,424,602	224,049	n.a.	2,310,167	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Kansas, released by CMS in 3/2010. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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