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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
KANSAS**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KANSAS, 2007

Inclusion Criteria (2007)	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>	352764 (A)	63749 (E)	289015 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	337356 (B)	50826 (F)	286530 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	266427 (C)	50538 (G)	215889 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	8726 (D)	8298 (H)	428 (L)

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007 (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 2007, 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 2007 was \$137,926,997, of which \$2,383,008 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, 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, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

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 2007. 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 2007. 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, 2007**

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>266,427</b>	<b>28,340</b>	<b>59,067</b>	<b>39,689</b>	<b>139,070</b>	<b>261</b>	<b>1,643,625</b>	<b>281,419</b>	<b>613,704</b>	<b>128,301</b>	<b>618,156</b>	<b>2,045</b>
<b>Age</b>												
5 and younger	65,823	0	1,823	0	64,000	0	269,686	0	17,149	0	252,537	0
6-14	60,019	0	6,388	0	53,631	0	313,248	0	66,228	0	247,020	0
15-20	32,046	0	4,677	6,155	21,212	2	187,225	0	48,399	21,786	117,023	17
21-44	50,545	0	18,558	31,647	227	113	301,349	0	198,760	100,267	1,576	746
45-64	29,397	8	27,369	1,876	0	144	288,263	51	280,779	6,163	0	1,270
65-74	9,339	9,087	240	10	0	2	95,763	93,433	2,245	73	0	12
75-84	9,398	9,385	12	1	0	0	94,073	93,917	144	12	0	0
85 and older	9,860	9,860	0	0	0	0	94,018	94,018	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	153,131	20,396	29,651	34,065	68,758	261	932,673	205,362	311,254	110,405	303,607	2,045
Male	113,291	7,944	29,416	5,624	70,307	0	710,942	76,057	302,450	17,896	314,539	0
Unknown	5	0	0	0	5	0	10	0	0	0	10	0
<b>Race</b>												
White	166,355	22,338	44,002	26,265	73,539	211	1,085,819	220,226	457,896	82,010	323,989	1,698
African American	39,591	2,418	9,607	6,575	20,979	12	232,573	24,877	100,183	20,091	87,339	83
Other/unknown	60,481	3,584	5,458	6,849	44,552	38	325,233	36,316	55,625	26,200	206,828	264
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,726	7,765	961	0	0	0	88,745	78,376	10,369	0	0	0
Part year	5,756	4,821	932	3	0	0	54,370	44,813	9,546	11	0	0
None	251,945	15,754	57,174	39,686	139,070	261	1,500,510	158,230	593,789	128,290	618,156	2,045
<b>Maintenance Assistance Status</b>												
Cash	100,355	6,947	39,190	22,906	31,312	0	682,218	77,855	419,418	75,262	109,683	0
Medically needy	5,578	979	3,164	622	813	0	42,327	8,607	26,283	3,151	4,286	0
Poverty-related	103,350	1,047	2,285	12,920	86,837	261	400,121	8,313	19,838	38,355	331,570	2,045
Other/unknown	57,144	19,367	14,428	3,241	20,108	0	518,959	186,644	148,165	11,533	172,617	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	46,866	25,168	21,397	276	19	6	482,381	248,697	232,325	1,142	166	51
Full dual, part year	3,672	1,471	2,192	9	0	0	37,251	14,671	22,482	98	0	0
Non-dual, all year	215,889	1,701	35,478	39,404	139,051	255	1,123,993	18,051	358,897	127,061	617,990	1,994
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	143,139	28,298	57,854	11,322	45,407	258	1,294,255	281,224	605,804	50,086	355,116	2,025
FFS part year, with Rx claims	38,069	7	888	12,869	24,303	2	125,497	57	6,074	38,132	81,218	16
FFS part year, no Rx claims	85,219	35	325	15,498	69,360	1	223,873	138	1,826	40,083	181,822	4

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

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>42.9</b>	<b>7.7</b>	<b>\$509</b>	<b>\$66</b>	<b>\$7,282</b>	<b>7.0</b>	<b>266,427</b>
<b>Age</b>							
5 and younger	32.4	1.5	132	87	2,728	4.8	65,823
6-14	37.9	4.1	434	106	3,212	13.5	60,019
15-20	48.4	6.1	611	101	5,585	10.9	32,046
21-44	49.0	8.2	632	77	8,712	7.3	50,545
45-64	59.7	25.7	1,504	59	16,044	9.4	29,397
65-74	45.5	16.0	394	25	12,852	3.1	9,339
75-84	43.8	11.5	99	9	16,275	0.6	9,398
85 and older	40.4	8.0	50	6	20,681	0.2	9,860
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	43.3	11.8	175	15	16,745	1.0	28,340
Disabled	63.4	22.2	1,686	76	16,528	10.2	59,067
Adults	43.2	2.0	87	43	3,515	2.5	39,689
Children	34.0	2.3	196	87	2,494	7.8	139,070
Unknown	65.5	18.0	1,139	63	11,371	10.0	261
<b>Gender</b>							
Female	44.1	8.2	457	56	7,243	6.3	153,131
Male	41.2	6.9	579	84	7,336	7.9	113,291
Unknown	0.0	0.0	0	0	163	0.0	5
<b>Race</b>							
White	46.8	9.5	619	65	8,802	7.0	166,355
African American	37.0	6.0	444	74	6,235	7.1	39,591
Other/unknown	35.8	3.7	248	67	3,786	6.5	60,481
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	42.9	9.1	386	42	31,689	1.2	8,726
Part year	55.1	13.4	448	34	25,266	1.8	5,756
None	42.6	7.5	514	69	6,026	8.5	251,945
<b>Maintenance Assistance Status</b>							
Cash	47.9	11.8	910	77	8,051	11.3	100,355
Medically needy	40.2	6.9	475	69	8,332	5.7	5,578
Poverty related	30.9	1.3	73	57	2,084	3.5	103,350
Other/unknown	55.9	12.0	597	50	15,230	3.9	57,144

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			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	Beneficiaries			Benefit Months	
<b>All</b>	<b>1.2</b>	<b>\$83</b>	<b>7.0</b>	<b>57.1</b>	<b>26.6</b>	<b>5.7</b>	<b>6.7</b>	<b>3.0</b>	<b>0.8</b>	<b>\$1,180</b>	<b>266,427</b>	<b>1,643,625</b>	
<b>Age</b>													
5 and younger	0.4	32	4.8	67.6	26.9	3.5	1.7	0.2	0.0	666	65,823	269,686	
6-14	0.8	83	13.5	62.1	26.3	5.5	5.2	0.9	0.1	615	60,019	313,248	
15-20	1.0	105	10.9	51.6	32.3	7.3	6.8	1.8	0.1	956	32,046	187,225	
21-44	1.4	106	7.3	51.0	28.3	7.7	8.8	3.5	0.8	1,461	50,545	301,349	
45-64	2.6	153	9.4	40.3	20.7	7.5	15.7	11.3	4.5	1,636	29,397	288,263	
65-74	1.6	39	3.1	54.5	20.2	4.9	10.2	8.4	1.8	1,253	9,339	95,763	
75-84	1.1	10	0.6	56.2	24.1	4.6	8.1	6.1	0.9	1,626	9,398	94,073	
85 and older	0.8	5	0.2	59.6	26.0	3.7	5.8	4.2	0.7	2,169	9,860	94,018	
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	1.2	18	1.0	56.7	23.6	4.4	8.0	6.2	1.1	1,686	28,340	281,419	
Disabled	2.1	162	10.2	36.6	26.8	9.1	15.9	8.7	2.9	1,591	59,067	613,704	
Adults	0.6	27	2.5	56.8	29.2	7.0	5.4	1.4	0.2	1,087	39,689	128,301	
Children	0.5	44	7.8	66.0	26.4	4.2	2.8	0.4	0.0	561	139,070	618,156	
Unknown	2.3	145	10.0	34.5	27.6	9.6	19.5	8.0	0.8	1,451	261	2,045	
<b>Gender</b>													
Female	1.3	75	6.3	55.9	27.4	5.7	6.5	3.5	1.0	1,189	153,131	932,673	
Male	1.1	92	7.9	58.8	25.6	5.8	6.8	2.4	0.5	1,169	113,291	710,942	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	82	5	10	
<b>Race</b>													
White	1.5	95	7.0	53.2	27.1	6.5	8.1	4.0	1.1	1,349	166,355	1,085,819	
African American	1.0	76	7.1	63.0	24.0	4.9	5.5	2.1	0.5	1,061	39,591	232,573	
Other/unknown	0.7	46	6.5	64.2	27.0	4.1	3.5	1.1	0.2	704	60,481	325,233	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.9	38	1.2	57.1	30.5	3.9	3.4	2.6	2.5	3,116	8,726	88,745	
Part year	1.4	48	1.8	44.9	33.8	5.2	7.9	5.8	2.4	2,675	5,756	54,370	
None	1.3	86	8.5	57.4	26.3	5.8	6.8	3.0	0.7	1,012	251,945	1,500,510	
<b>Maintenance Assistance Status</b>													
Cash	1.7	134	11.3	52.1	25.3	6.6	9.3	5.0	1.6	1,184	100,355	682,218	
Medically needy	0.9	63	5.7	59.8	24.0	5.8	7.3	2.6	0.5	1,098	5,578	42,327	
Poverty related	0.3	19	3.5	69.1	24.9	3.8	2.0	0.2	0.0	538	103,350	400,121	
Other/unknown	1.3	66	3.9	44.1	32.2	7.7	10.5	4.7	0.8	1,677	57,144	518,959	

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007**

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>1.2</b>	<b>\$83</b>	<b>\$66</b>	<b>0.4</b>	<b>\$66</b>	<b>\$146</b>	<b>0.0</b>	<b>\$3</b>	<b>\$74</b>	<b>0.8</b>	<b>\$14</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	0.4	32	87	0.1	26	252	0.0	1	62	0.3	5	20
6-14	0.8	83	106	0.4	71	173	0.0	3	102	0.3	9	26
15-20	1.0	105	101	0.5	87	181	0.0	5	120	0.5	13	25
21-44	1.4	106	77	0.5	84	179	0.0	4	95	0.9	18	21
45-64	2.6	153	59	0.9	116	135	0.1	5	69	1.7	32	19
65-74	1.6	39	25	0.5	28	55	0.1	2	33	1.0	9	9
75-84	1.1	10	9	0.3	5	16	0.0	1	11	0.8	4	5
85 and older	0.8	5	6	0.2	2	10	0.0	0	7	0.6	3	5
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	1.2	18	15	0.4	12	33	0.0	1	19	0.8	5	7
Disabled	2.1	162	76	0.8	130	165	0.1	6	85	1.3	26	20
Adults	0.6	27	43	0.1	17	123	0.0	1	83	0.5	10	20
Children	0.5	44	87	0.2	36	164	0.0	2	96	0.3	6	23
Unknown	2.3	145	63	0.7	114	167	0.1	4	65	1.6	28	18
<b>Gender</b>												
Female	1.3	75	56	0.5	58	127	0.0	3	65	0.9	15	17
Male	1.1	92	84	0.4	76	172	0.0	3	88	0.6	13	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.5	95	65	0.5	76	143	0.0	3	72	0.9	16	18
African American	1.0	76	74	0.4	61	168	0.0	3	83	0.6	12	19
Other/unknown	0.7	46	67	0.2	36	146	0.0	2	78	0.4	8	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.9	38	42	0.2	27	127	0.0	1	56	0.7	11	16
Part year	1.4	48	34	0.4	33	84	0.0	2	42	1.0	13	13
None	1.3	86	69	0.5	69	149	0.0	3	76	0.7	14	19
<b>Maintenance Assistance Status</b>												
Cash	1.7	134	77	0.6	107	171	0.1	5	87	1.1	22	21
Medically needy	0.9	63	69	0.3	49	181	0.0	2	80	0.6	12	20
Poverty related	0.3	19	57	0.1	14	135	0.0	1	75	0.2	4	20
Other/unknown	1.3	66	50	0.5	53	106	0.0	3	55	0.8	10	13

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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, 0.3 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.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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.0	0.0	0.3	\$15	\$9	\$1	\$5	\$49	\$245	\$99	\$20	153,857	\$7,475,553	60,591	22.7	515,234
Biologicals	0.4	0.4	0.0	0.0	607	607	0	0	1352	1,352	0	0	1,572	2,125,527	401	0.2	3,503
Antineoplastic Agents	0.5	0.2	0.0	0.3	112	99	2	11	233	639	1,318	33	5,226	1,218,578	1,059	0.4	10,907
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	32	25	1	6	47	93	25	16	183,046	8,554,505	28,228	10.6	267,670
Cardiovascular Agents	1.2	0.3	0.1	0.9	31	19	3	9	26	69	41	11	305,127	7,908,098	24,469	9.2	253,701
Respiratory Agents	0.5	0.3	0.0	0.2	34	28	2	4	64	90	66	22	171,703	11,049,786	36,821	13.8	322,670
Gastrointestinal Agents	0.6	0.3	0.0	0.3	43	35	1	7	76	124	61	27	116,931	8,884,098	20,505	7.7	204,350
Genitourinary Agents	0.4	0.2	0.0	0.2	17	13	0	4	40	55	49	21	30,350	1,207,808	7,591	2.8	71,621
CNS Drugs	1.0	0.4	0.0	0.6	103	93	1	10	101	208	72	17	415,969	41,941,458	40,999	15.4	406,079
Stimulants/Anti-obesity/Aorexia	0.8	0.7	0.0	0.1	84	81	1	2	107	124	43	21	77,540	8,298,418	10,892	4.1	99,312
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	44	43	0	1	117	118	0	103	15,438	1,811,442	3,932	1.5	40,794
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	23	6	1	16	36	157	181	26	192,683	6,857,614	33,094	12.4	302,863
Neuromuscular Agents	0.9	0.4	0.1	0.5	70	53	8	9	80	149	151	19	213,074	16,998,997	23,404	8.8	243,878
Nutritional Products	0.4	0.0	0.0	0.4	5	1	0	5	13	30	12	12	38,633	488,614	10,636	4.0	90,929
Hematological Agents	0.6	0.2	0.0	0.4	86	82	0	4	140	442	13	9	45,605	6,402,418	7,067	2.7	74,298
Topical Products	0.3	0.1	0.0	0.2	10	6	0	3	37	80	54	17	69,702	2,595,338	29,143	10.9	270,308
Miscellaneous Products	0.5	0.3	0.0	0.3	177	154	3	21	337	605	203	80	4,633	1,561,432	826	0.3	8,809
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	89	0	0	0	1,843	164,305	950	0.4	9,777
<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.	2,042,932	135,543,989	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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, 0.3 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.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 2007. 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, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$32,803,717	21,444	8.0	226,936	0.6	\$233	\$145
ANTICONVULSANT	16,072,237	22,269	8.4	238,280	0.7	96	67
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	8,296,853	12,987	4.9	122,066	0.6	107	68
ANTIASTHMATIC	8,201,970	35,138	13.2	323,047	0.3	73	25
ANTIDEPRESSANTS	7,096,349	30,129	11.3	301,728	0.5	46	24
ULCER DRUGS	6,550,044	19,345	7.3	200,855	0.5	71	33
ANALGESICS - Narcotic	4,949,523	37,227	14.0	353,401	0.4	35	14
ANTIDIABETIC	4,760,569	13,326	5.0	141,342	0.6	58	34
MISC. HEMATOLOGICAL	4,163,117	2,323	0.9	25,111	0.5	324	166
ANTIHYPERLIPIDEMIC	3,275,861	11,103	4.2	123,119	0.5	51	27
Total	96,170,240	205,291	n.a.	2,055,885	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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