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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	50,538	26,639	23,589	285	19	6	519,632	263,368	254,807	1,240	166	51
Age												
5 and younger	6	0	5	0	1	0	47	0	45	0	2	0
6-14	7	0	5	0	2	0	71	0	49	0	22	0
15-20	111	0	97	3	11	0	1,212	0	1,107	13	92	0
21-44	9,345	0	9,128	211	5	1	101,204	0	100,196	948	50	10
45-64	14,323	3	14,251	66	0	3	152,783	4	152,522	228	0	29
65-74	8,273	8,164	103	4	0	2	84,576	83,637	888	39	0	12
75-84	8,967	8,966	0	1	0	0	89,582	89,570	0	12	0	0
85 and older	9,506	9,506	0	0	0	0	90,157	90,157	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	31,944	19,276	12,444	207	11	6	329,620	193,273	135,286	908	102	51
Male	18,594	7,363	11,145	78	8	0	190,012	70,095	119,521	332	64	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	40,688	21,576	18,889	203	16	4	417,903	211,959	204,940	827	148	29
African American	5,478	2,184	3,240	53	1	0	56,971	22,342	34,391	226	12	0
Other/unknown	4,372	2,879	1,460	29	2	2	44,758	29,067	15,476	187	6	22
Use of Nursing Facilities^c												
Entire year	8,298	7,648	650	0	0	0	84,240	77,106	7,134	0	0	0
Part year	5,304	4,754	550	0	0	0	49,970	44,214	5,756	0	0	0
None	36,936	14,237	22,389	285	19	6	385,422	142,048	241,917	1,240	166	51
Maintenance Assistance Status												
Cash	17,497	6,035	11,240	222	0	0	193,963	67,644	125,430	889	0	0
Medically needy	2,094	652	1,440	2	0	0	19,875	5,582	14,287	6	0	0
Poverty-related	2,949	1,008	1,883	46	6	6	25,337	7,947	17,040	268	31	51
Other/unknown	27,998	18,944	9,026	15	13	0	280,457	182,195	98,050	77	135	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,200	26,598	23,475	105	16	6	518,189	263,182	254,091	712	153	51
FFS part year, with Rx claims	193	6	55	130	2	0	774	48	352	363	11	0
FFS part year, no Rx claims	145	35	59	50	1	0	669	138	364	165	2	0

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	Percentage with at		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	Least One Rx						of All Medicaid FFS \$ ^d	
All	43.5		11.1	\$149	\$13	\$16,389	0.9	50,538
Age								
5 and younger	83.3		27.2	2,884	106	79,667	3.6	6
6-14	42.9		8.9	1,335	151	16,026	8.3	7
15-20	68.5		17.6	1,882	107	19,797	9.5	111
21-44	41.5		9.1	264	29	14,875	1.8	9,345
45-64	47.0		13.1	191	15	16,167	1.2	14,323
65-74	42.2		13.4	151	11	12,615	1.2	8,273
75-84	43.2		11.1	53	5	16,615	0.3	8,967
85 and older	41.1		8.0	40	5	21,204	0.2	9,506
Unknown	0.0		0.0	0	0	0	0.0	0
Basis of Eligibility^e								
Aged	42.1		10.7	77	7	17,023	0.5	26,639
Disabled	44.8		11.7	226	19	15,806	1.4	23,589
Adults	54.0		5.3	383	72	4,448	8.6	285
Children	73.7		21.2	2,866	135	28,812	9.9	19
Unknown	100.0		22.2	1,909	86	22,329	8.6	6
Gender								
Female	45.8		12.1	148	12	16,289	0.9	31,944
Male	39.5		9.5	151	16	16,561	0.9	18,594
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	45.8		11.9	153	13	17,492	0.9	40,688
African American	33.6		7.9	136	17	12,570	1.1	5,478
Other/unknown	34.1		7.4	137	19	10,908	1.3	4,372
Use of Nursing Facilities^f								
Entire year	40.4		4.5	51	11	30,666	0.2	8,298
Part year	51.7		8.1	83	10	21,092	0.4	5,304
None	43.0		13.0	181	14	12,506	1.4	36,936
Maintenance Assistance Status								
Cash	40.8		10.4	213	21	10,550	2.0	17,497
Medically needy	26.7		3.5	197	57	5,095	3.9	2,094
Poverty related	16.9		2.3	115	49	1,883	6.1	2,949
Other/unknown	49.2		13.1	110	8	22,410	0.5	27,998

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

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

c. In 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.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		More than					Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	0, but 1 or Less	1, but 2 or Less	2, but 5 or Less	5, but 10 or Less	More than 10				
All	1.1	\$15	0.9	56.5	24.1	4.9	8.7	5.1	0.8	\$1,594	50,538	519,632
Age												
5 and younger	3.5	368	3.6	16.7	16.7	16.7	16.7	33.3	0.0	10,170	6	47
6-14	0.9	132	8.3	57.1	28.6	0.0	14.3	0.0	0.0	1,580	7	71
15-20	1.6	172	9.5	31.5	36.0	9.0	16.2	6.3	0.9	1,813	111	1,212
21-44	0.8	24	1.8	58.5	23.9	6.0	8.6	2.7	0.3	1,374	9,345	101,204
45-64	1.2	18	1.2	53.0	24.1	5.7	11.1	5.3	0.8	1,516	14,323	152,783
65-74	1.3	15	1.2	57.8	20.8	4.3	8.7	7.2	1.2	1,234	8,273	84,576
75-84	1.1	5	0.3	56.8	24.3	4.4	7.7	6.0	0.8	1,663	8,967	89,582
85 and older	0.8	4	0.2	58.9	26.6	3.8	5.8	4.2	0.7	2,236	9,506	90,157
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	1.1	8	0.5	57.9	24.1	4.2	7.3	5.7	0.9	1,722	26,639	263,368
Disabled	1.1	21	1.4	55.2	24.1	5.7	10.1	4.3	0.6	1,463	23,589	254,807
Adults	1.2	88	8.6	46.0	18.2	11.6	15.1	7.0	2.1	1,022	285	1,240
Children	2.4	328	9.9	26.3	26.3	5.3	26.3	15.8	0.0	3,298	19	166
Unknown	2.6	225	8.6	0.0	33.3	0.0	50.0	16.7	0.0	2,627	6	51
Gender												
Female	1.2	14	0.9	54.2	25.4	4.9	8.7	5.9	0.9	1,579	31,944	329,620
Male	0.9	15	0.9	60.5	21.9	5.0	8.5	3.6	0.5	1,621	18,594	190,012
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	15	0.9	54.2	25.1	5.2	9.1	5.6	0.8	1,703	40,688	417,903
African American	0.8	13	1.1	66.4	19.8	3.5	7.0	2.8	0.5	1,209	5,478	56,971
Other/unknown	0.7	13	1.3	65.9	20.2	4.2	6.2	3.0	0.5	1,066	4,372	44,758
Use of Nursing Facilities^f												
Entire year	0.4	5	0.2	59.6	31.8	4.0	2.8	1.2	0.7	3,021	8,298	84,240
Part year	0.9	9	0.4	48.3	36.0	5.2	6.5	3.5	0.5	2,239	5,304	49,970
None	1.2	17	1.4	57.0	20.6	5.1	10.3	6.2	0.8	1,199	36,936	385,422
Maintenance Assistance Status												
Cash	0.9	19	2.0	59.2	23.0	4.7	8.3	4.3	0.6	952	17,497	193,963
Medically needy	0.4	21	3.9	73.3	20.3	2.5	2.5	1.4	0.0	537	2,094	19,875
Poverty related	0.3	13	6.1	83.1	12.1	1.8	2.3	0.7	0.0	219	2,949	25,337
Other/unknown	1.3	11	0.5	50.8	26.3	5.6	10.0	6.3	1.0	2,237	27,998	280,457

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

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

c. In 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.

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 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
All	1.1	\$15	\$13	0.3	\$10	\$29	0.0	\$1	\$16	0.7	\$4	\$6
Age												
5 and younger	3.5	368	106	1.1	312	282	0.1	2	23	2.2	54	24
6-14	0.9	132	151	0.3	87	295	0.1	22	224	0.5	23	47
15-20	1.6	172	107	0.7	145	208	0.1	10	104	0.8	17	21
21-44	0.8	24	29	0.3	18	64	0.0	1	35	0.5	5	10
45-64	1.2	18	15	0.4	12	31	0.0	1	18	0.8	5	7
65-74	1.3	15	11	0.4	9	22	0.0	1	14	0.9	5	6
75-84	1.1	5	5	0.3	2	7	0.0	0	5	0.7	3	4
85 and older	0.8	4	5	0.2	1	7	0.0	0	5	0.6	3	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.1	8	7	0.3	4	13	0.0	0	8	0.7	4	5
Disabled	1.1	21	19	0.4	15	42	0.0	1	24	0.7	5	7
Adults	1.2	88	72	0.3	64	189	0.0	2	103	0.9	22	25
Children	2.4	328	135	1.1	267	249	0.2	42	175	1.1	19	17
Unknown	2.6	225	86	1.3	196	149	0.3	11	42	1.0	17	17
Gender												
Female	1.2	14	12	0.4	9	26	0.0	1	14	0.8	5	6
Male	0.9	15	16	0.3	10	34	0.0	1	19	0.6	4	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	15	13	0.4	10	27	0.0	1	15	0.8	5	6
African American	0.8	13	17	0.2	9	39	0.0	1	22	0.5	4	7
Other/unknown	0.7	13	19	0.2	10	41	0.0	1	20	0.5	3	7
Use of Nursing Facilities^e												
Entire year	0.4	5	11	0.1	2	34	0.0	0	12	0.4	3	8
Part year	0.9	9	10	0.2	4	21	0.0	0	12	0.6	4	7
None	1.2	17	14	0.4	12	29	0.0	1	16	0.8	5	6
Maintenance Assistance Status												
Cash	0.9	19	21	0.3	14	45	0.0	1	24	0.6	5	8
Medically needy	0.4	21	57	0.1	16	149	0.0	1	70	0.2	4	15
Poverty related	0.3	13	49	0.1	10	111	0.0	1	74	0.2	3	17
Other/unknown	1.3	11	8	0.4	6	16	0.0	0	9	0.9	4	5

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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.

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
		Brand-Name	Brand-Name		Brand-Name	Brand-Name		Brand-Name	Brand-Name						Brand-Name		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$7	\$5	\$0	\$2	\$26	\$93	\$51	\$8	17,078	\$444,870	6,040	12.0	67,633
Biologicals	0.1	0.1	0.0	0.0	140	140	0	0	1033	1,033	0	0	88	90,921	55	0.1	649
Antineoplastic Agents	0.4	0.1	0.0	0.3	14	12	0	2	38	110	0	7	1,597	61,027	401	0.8	4,286
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	7	6	0	1	10	18	6	4	54,677	558,806	6,739	13.3	74,575
Cardiovascular Agents	1.2	0.3	0.1	0.8	9	5	1	3	8	18	12	4	113,051	889,496	8,829	17.5	96,944
Respiratory Agents	0.5	0.3	0.0	0.2	8	6	1	1	15	21	21	6	26,964	416,057	4,545	9.0	51,058
Gastrointestinal Agents	0.6	0.2	0.0	0.3	8	6	0	2	14	23	7	6	40,341	545,759	6,492	12.8	72,145
Genitourinary Agents	0.5	0.3	0.0	0.2	4	3	0	1	9	10	10	7	12,375	107,737	2,358	4.7	26,296
CNS Drugs	0.8	0.2	0.0	0.6	13	9	0	4	17	43	19	7	122,419	2,073,407	14,088	27.9	153,922
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	15	14	0	1	39	60	5	7	1,259	48,601	298	0.6	3,334
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	10	9	0	1	20	19	0	79	7,879	160,900	1,553	3.1	16,378
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	7	1	0	5	11	32	57	9	42,818	477,354	6,537	12.9	72,145
Neuromuscular Agents	0.7	0.2	0.0	0.5	12	8	1	3	16	36	36	6	63,186	979,709	7,539	14.9	84,760
Nutritional Products	0.4	0.0	0.0	0.4	2	0	0	2	5	22	12	5	14,985	81,201	3,364	6.7	36,963
Hematological Agents	0.6	0.1	0.0	0.4	7	4	0	2	11	28	5	6	26,340	302,355	4,213	8.3	45,858
Topical Products	0.3	0.1	0.0	0.2	3	2	0	1	9	14	18	5	14,921	134,935	4,337	8.6	49,223
Miscellaneous Products	0.4	0.2	0.0	0.2	60	57	1	3	169	289	126	17	957	162,048	242	0.5	2,691
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	34	0	0	0	427	14,610	178	0.4	1,991
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	561,362	7,549,793	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,045,658	4,034	8.0	45,178	0.5	\$49	\$23
ANTICONVULSANT	881,249	7,458	14.8	84,443	0.6	17	10
ULCER DRUGS	510,963	6,807	13.5	75,835	0.5	15	7
ANTIDEPRESSANTS	453,184	7,495	14.8	83,133	0.4	12	5
ANTIANKXIETY AGENTS	407,399	8,828	17.5	96,178	0.5	8	4
ANTIDIABETIC	375,072	5,261	10.4	58,656	0.5	14	6
ANTIHISTAMINES	331,182	5,922	11.7	67,422	0.5	10	5
ASTHMATIC	328,106	4,726	9.4	52,901	0.3	18	6
ANALGESICS - Narcotic	323,291	7,098	14.0	78,369	0.4	11	4
ANTIHYPERTENSIVE	298,132	5,057	10.0	57,423	0.4	12	5
Total	4,954,236	62,686	n.a.	699,538	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	325,843	\$4,954,236	4,034	8.0	45,178	0.5	\$23	7,458	14.8	84,443	0.6	\$10
Female												
All Females	216,919	3,035,963	2,250	7.0	24,839	0.4	22	4,683	14.7	52,712	0.6	10
Female, Disabled												
All Ages	104,127	1,987,277	1,355	10.9	15,733	0.4	26	3,097	24.9	35,841	0.6	12
5 and younger	17	211	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	755	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	435	32,267	11	28.9	132	0.6	114	10	26.3	120	0.8	71
21-44	30,992	860,011	545	12.6	6,353	0.4	37	1,111	25.8	12,907	0.6	20
45-64	72,080	1,082,787	794	9.9	9,190	0.4	18	1,963	24.4	22,674	0.6	7
65-74	598	11,246	5	9.1	58	0.4	2	13	23.6	140	0.6	13
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	112,792	1,048,686	895	4.6	9,106	0.4	14	1,586	8.1	16,871	0.6	6
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	322	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	196	36,947	10	90.9	115	0.8	204	6	54.5	67	0.9	192
21-44	617	49,403	23	13.8	128	0.5	167	42	25.1	203	0.5	45
45-64	160	6,985	5	11.6	17	0.8	18	9	20.9	26	0.5	29
65-74	41,437	534,885	316	6.1	3,511	0.5	20	671	13.0	7,548	0.6	7
75-84	39,245	218,342	283	4.5	2,949	0.4	2	503	8.0	5,389	0.6	3
85 and older	31,132	201,802	258	3.3	2,386	0.4	2	355	4.6	3,638	0.6	3
Male												
All Males	108,924	1,918,273	1,784	9.6	20,339	0.5	25	2,775	14.9	31,731	0.6	11
Male, Disabled												
All Ages	76,195	1,528,451	1,479	13.3	17,265	0.5	26	2,260	20.3	26,271	0.6	12
5 and younger	12	503	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	489	57,648	19	32.2	221	0.6	167	7	11.9	84	0.7	110
21-44	28,751	760,025	673	14.0	7,898	0.5	37	1,010	21.0	11,758	0.6	16
45-64	46,398	689,688	786	12.6	9,134	0.5	14	1,234	19.9	14,331	0.6	8
65-74	545	20,587	1	2.1	12	0.4	1	9	18.8	98	0.8	17
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	32,729	389,822	305	4.1	3,074	0.5	16	515	6.9	5,460	0.6	8
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	2,216	0	0.0	0	0.0	0	1	33.3	12	0.8	124
21-44	184	18,335	6	12.0	25	0.7	478	8	16.0	20	0.7	28
45-64	132	15,037	2	6.9	5	0.4	369	0	0.0	0	0.0	0
65-74	16,938	240,290	156	5.2	1,725	0.5	18	275	9.2	3,058	0.6	10
75-84	10,460	79,134	91	3.4	900	0.4	4	167	6.3	1,761	0.6	3
85 and older	4,996	34,810	50	2.9	419	0.4	2	64	3.7	609	0.5	3
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIANSXIETY AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,807	13.5	75,835	0.5	\$7	7,495	14.8	83,133	0.4	\$6	8,828	17.5	96,178	0.5	\$4
Female															
All Females	4,744	14.9	52,789	0.4	7	5,310	16.6	58,682	0.4	5	6,306	19.7	68,696	0.5	4
Female, Disabled															
All Ages	1,813	14.6	21,157	0.4	9	2,687	21.6	31,186	0.4	7	2,542	20.4	29,061	0.5	4
5 and younger	3	150.0	34	0.5	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.4	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	12	31.6	144	0.4	15	11	28.9	132	0.5	20	2	5.3	24	0.8	21
21-44	464	10.8	5,439	0.4	12	827	19.2	9,641	0.4	9	746	17.3	8,519	0.5	4
45-64	1,324	16.5	15,420	0.4	7	1,830	22.8	21,191	0.4	7	1,785	22.2	20,437	0.6	4
65-74	9	16.4	108	0.5	5	19	34.5	222	0.5	11	9	16.4	81	0.7	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,931	15.0	31,632	0.5	5	2,623	13.5	27,496	0.5	3	3,764	19.3	39,635	0.5	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	10	0.2	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	9.1	12	0.1	1	5	45.5	56	0.4	8	1	9.1	12	0.1	1
21-44	22	13.2	94	0.4	16	47	28.1	240	0.4	33	26	15.6	131	0.4	3
45-64	5	11.6	17	0.7	39	11	25.6	25	0.6	38	9	20.9	19	1.1	4
65-74	954	18.4	10,776	0.5	8	936	18.1	10,510	0.4	4	947	18.3	10,561	0.6	5
75-84	1,009	16.0	11,113	0.5	3	883	14.0	9,281	0.5	2	1,239	19.6	13,170	0.6	4
85 and older	939	12.1	9,610	0.5	4	741	9.5	7,384	0.5	2	1,542	19.8	15,742	0.5	4
Male															
All Males	2,063	11.1	23,046	0.5	7	2,185	11.8	24,451	0.4	6	2,522	13.6	27,482	0.5	4
Male, Disabled															
All Ages	1,197	10.7	13,849	0.5	8	1,562	14.0	18,137	0.5	7	1,442	12.9	16,502	0.5	5
5 and younger	2	66.7	10	0.4	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	6.8	48	0.7	33	16	27.1	192	0.5	14	5	8.5	60	0.4	2
21-44	385	8.0	4,528	0.5	10	615	12.8	7,225	0.5	8	536	11.1	6,221	0.5	4
45-64	794	12.8	9,144	0.5	7	920	14.8	10,599	0.4	6	893	14.4	10,148	0.6	5
65-74	12	25.0	119	0.6	34	11	22.9	121	0.4	14	8	16.7	73	0.7	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	866	11.6	9,197	0.5	6	623	8.4	6,314	0.4	3	1,080	14.5	10,980	0.5	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	14.0	35	0.3	20	16	32.0	64	0.5	39	7	14.0	34	0.8	5
45-64	3	10.3	23	0.3	91	9	31.0	23	0.5	36	7	24.1	32	0.9	6
65-74	392	13.1	4,340	0.5	7	294	9.8	3,199	0.5	3	386	12.9	4,202	0.5	5
75-84	303	11.4	3,203	0.4	5	203	7.7	2,082	0.4	2	404	15.2	4,051	0.4	3
85 and older	161	9.4	1,596	0.5	5	101	5.9	946	0.4	1	276	16.1	2,661	0.4	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANTIHISTAMINES					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,261	10.4	58,656	0.5	\$6	5,922	11.7	67,422	0.5	\$5	4,726	9.4	52,901	0.3	\$6
Female															
All Females	3,538	11.1	39,572	0.5	5	4,101	12.8	46,592	0.5	5	3,329	10.4	37,372	0.3	6
Female, Disabled															
All Ages	1,423	11.4	16,531	0.4	8	1,868	15.0	21,834	0.5	5	1,618	13.0	18,815	0.3	8
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	8	21.1	96	0.5	14	9	23.7	108	0.3	9
21-44	277	6.4	3,249	0.4	11	622	14.4	7,300	0.5	5	414	9.6	4,819	0.3	8
45-64	1,138	14.2	13,186	0.4	7	1,231	15.3	14,354	0.5	5	1,186	14.8	13,780	0.3	8
65-74	8	14.5	96	0.6	13	7	12.7	84	0.5	14	9	16.4	108	0.4	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,115	10.8	23,041	0.5	4	2,233	11.5	24,758	0.4	4	1,711	8.8	18,557	0.3	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	6	54.5	52	0.2	2	1	9.1	12	0.1	2
21-44	6	3.6	23	0.5	53	11	6.6	45	0.3	6	26	15.6	133	0.4	20
45-64	2	4.7	4	1.0	91	2	4.7	2	2.0	20	13	30.2	41	0.4	39
65-74	898	17.4	10,048	0.5	6	653	12.6	7,434	0.5	5	710	13.7	8,021	0.4	6
75-84	814	12.9	8,931	0.5	2	780	12.4	8,838	0.4	4	628	9.9	6,851	0.3	1
85 and older	395	5.1	4,035	0.5	2	781	10.0	8,387	0.5	5	333	4.3	3,499	0.3	2
Male															
All Males	1,723	9.3	19,084	0.5	8	1,821	9.8	20,830	0.5	6	1,397	7.5	15,529	0.4	8
Male, Disabled															
All Ages	990	8.9	11,382	0.5	10	1,172	10.5	13,766	0.5	6	791	7.1	9,070	0.3	10
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	0	1	33.3	12	0.5	35
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	1.7	12	0.3	28	7	11.9	84	0.3	11	17	28.8	204	0.3	26
21-44	240	5.0	2,788	0.5	15	483	10.0	5,686	0.5	6	229	4.8	2,662	0.3	9
45-64	729	11.7	8,354	0.5	9	678	10.9	7,959	0.5	6	529	8.5	6,054	0.4	9
65-74	20	41.7	228	0.4	7	3	6.3	25	0.7	5	15	31.3	138	0.4	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	733	9.8	7,702	0.5	5	649	8.7	7,064	0.5	5	606	8.1	6,459	0.4	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	12	0.8	61	0	0.0	0	0.0	0
21-44	4	8.0	10	0.6	33	1	2.0	2	0.5	7	5	10.0	11	0.5	16
45-64	0	0.0	0	0.0	0	1	3.4	11	0.2	1	6	20.7	24	0.4	23
65-74	384	12.8	4,217	0.5	7	262	8.7	3,002	0.5	5	316	10.5	3,544	0.4	7
75-84	233	8.8	2,433	0.5	4	234	8.8	2,489	0.4	4	205	7.7	2,134	0.4	3
85 and older	112	6.5	1,042	0.5	2	150	8.7	1,548	0.5	5	74	4.3	746	0.4	2
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE						
	Number of Users	Users as % of Dual Benes	Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	7,098	14.0	78,369	0.4	\$4	5,057	10.0	57,423	0.4	\$5	50,538	519,632
Female												
All Females	5,134	16.1	56,701	0.4	3	3,288	10.3	37,363	0.4	5	31,944	329,620
Female, Disabled												
All Ages	2,453	19.7	28,145	0.3	4	1,280	10.3	15,011	0.4	7	12,444	135,286
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	14	36.8	168	0.1	0	1	2.6	12	1.1	90	38	436
21-44	673	15.6	7,695	0.3	7	187	4.3	2,200	0.4	8	4,310	47,425
45-64	1,753	21.8	20,128	0.4	3	1,082	13.5	12,679	0.4	7	8,036	86,877
65-74	13	23.6	154	0.3	2	10	18.2	120	0.6	24	55	489
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	2,681	13.7	28,556	0.4	2	2,008	10.3	22,352	0.5	3	19,500	194,334
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	10	0.1	1	1	100.0	10	0.2	1	1	10
15-20	3	27.3	27	0.2	1	1	9.1	10	0.1	4	11	85
21-44	58	34.7	268	0.7	18	3	1.8	15	0.3	16	167	792
45-64	28	65.1	113	0.4	10	4	9.3	19	0.6	59	43	139
65-74	1,010	19.5	11,339	0.4	4	800	15.5	9,102	0.4	5	5,173	53,857
75-84	881	14.0	9,731	0.4	1	814	12.9	9,081	0.5	2	6,315	64,463
85 and older	700	9.0	7,068	0.4	1	385	4.9	4,115	0.5	2	7,790	74,988
Male												
All Males	1,964	10.6	21,668	0.4	6	1,769	9.5	20,060	0.5	6	18,594	190,012
Male, Disabled												
All Ages	1,261	11.3	14,297	0.4	6	1,058	9.5	12,318	0.4	7	11,145	119,521
5 and younger	1	33.3	12	0.1	0	0	0.0	0	0.0	0	3	22
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
15-20	16	27.1	192	0.2	2	2	3.4	24	0.2	7	59	671
21-44	401	8.3	4,583	0.3	7	282	5.9	3,345	0.5	7	4,818	52,771
45-64	829	13.3	9,383	0.4	6	757	12.2	8,761	0.4	6	6,215	65,645
65-74	14	29.2	127	0.4	8	17	35.4	188	0.5	29	48	399
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	703	9.4	7,371	0.4	6	711	9.5	7,742	0.5	4	7,449	70,491
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	20
21-44	16	32.0	82	0.8	21	3	6.0	15	0.2	13	50	216
45-64	16	55.2	83	0.8	112	3	10.3	10	0.6	23	29	122
65-74	350	11.7	3,899	0.4	7	402	13.4	4,460	0.5	6	2,997	29,831
75-84	209	7.9	2,206	0.3	1	233	8.8	2,542	0.4	2	2,652	25,119
85 and older	112	6.5	1,101	0.4	1	70	4.1	715	0.5	2	1,716	15,169
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$5	0.4	8,298	84,240
Age				
0-64	17	0.8	646	7,073
65-74	10	0.6	945	10,102
75-84	4	0.4	2,492	25,229
85 and older	3	0.4	4,215	41,836
Unknown	0	0.0	0	0
Gender				
Female	4	0.4	6,128	62,587
Male	7	0.5	2,170	21,653
Unknown	0	0.0	0	0
Race				
White	5	0.4	7,542	76,535
African American	7	0.4	363	3,817
Other/unknown	7	0.6	393	3,888
Basis of Eligibility^c				
Aged	4	0.4	7,648	77,106
Disabled	18	0.8	650	7,134
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Kansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	\$ per Rx					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$12	\$9	\$0	\$2	\$41	\$128	\$4	\$11	496	\$20,356	219	2.6	1,764
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	5	5	0	0	3	15	3	0.0	29
Antineoplastic Agents	0.3	0.0	0.0	0.3	3	1	0	2	9	49	0	5	72	629	30	0.4	219
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	6	4	0	2	10	17	6	6	1,388	13,699	306	3.7	2,314
Cardiovascular Agents	0.9	0.1	0.1	0.8	8	2	1	5	9	22	16	6	3,322	29,378	458	5.5	3,584
Respiratory Agents	0.4	0.1	0.0	0.3	4	2	0	2	9	16	5	6	756	7,003	202	2.4	1,800
Gastrointestinal Agents	0.5	0.1	0.0	0.4	7	4	0	3	14	50	6	7	1,463	20,239	346	4.2	2,958
Genitourinary Agents	0.4	0.2	0.0	0.2	5	3	0	2	11	13	5	8	399	4,378	121	1.5	923
CNS Drugs	0.7	0.1	0.0	0.6	7	2	0	5	11	34	9	8	15,262	160,524	2,274	27.4	23,170
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.0	0.3	5	4	0	2	13	46	0	5	73	935	18	0.2	182
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	21	19	0	2	41	39	0	90	724	29,787	178	2.1	1,432
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	7	1	0	6	12	21	4	11	1,287	15,372	260	3.1	2,134
Neuromuscular Agents	0.9	0.1	0.0	0.8	10	4	0	6	11	51	29	7	4,659	53,526	528	6.4	5,296
Nutritional Products	0.4	0.0	0.0	0.3	3	1	0	3	9	15	16	8	1,165	10,203	333	4.0	2,993
Hematological Agents	0.7	0.0	0.0	0.6	6	2	0	4	8	38	5	6	5,633	46,643	814	9.8	8,426
Topical Products	0.2	0.1	0.0	0.2	3	1	0	2	13	21	28	9	583	7,394	259	3.1	2,464
Miscellaneous Products	0.3	0.2	0.0	0.1	2	1	0	0	7	8	5	5	49	333	19	0.2	180
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	21	0	0	0	66	0	0	0	43	2,837	16	0.2	138
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	37,377	423,251	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- 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.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Number of Users	Users				Among Users	
			As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIANKXIETY AGENTS	\$94,558	1,914	23.1	20,043	0.6	\$8	\$5	
ANALGESICS - NonNarcotic	82,444	2,379	28.7	25,255	0.7	5	3	
ANTIHISTAMINES	67,055	1,039	12.5	11,387	0.5	12	6	
ULCER DRUGS	58,292	538	6.5	5,221	0.6	20	11	
OPHTHALMIC	52,706	1,347	16.2	14,927	0.4	10	4	
ANTICONVULSANT	47,248	518	6.2	5,327	0.8	11	9	
HEMATOPOIETIC AGENTS	46,877	798	9.6	8,605	0.6	9	5	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	31,440	252	3.0	2,011	0.4	40	16	
HYPNOTICS	30,759	236	2.8	2,496	0.8	16	12	
ANTIPSYCHOTICS	19,377	211	2.5	1,691	0.5	25	11	
Total	530,756	9,232	n.a.	96,963	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.10A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIANKXIETY AGENTS					ANALGESICS - NonNarcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	56,686	\$530,756	1,914	23.1	20,043	0.6	\$5	2,379	28.7	25,255	0.7	\$3
Female												
All Females	42,808	383,194	1,426	23.3	15,093	0.6	5	1,813	29.6	19,301	0.7	3
Female, Disabled												
All Ages	3,244	42,859	100	31.3	1,107	0.8	7	52	16.3	578	0.7	3
64 or younger	3,217	42,721	99	31.0	1,097	0.8	7	52	16.3	578	0.7	3
65-74	27	138	1	100.0	10	0.3	2	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	39,564	340,335	1,326	22.8	13,986	0.6	4	1,761	30.3	18,723	0.7	3
64 or younger	8	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,371	54,828	149	27.6	1,666	0.6	5	139	25.8	1,511	0.7	3
75-84	12,555	108,438	404	23.0	4,251	0.6	5	524	29.9	5,662	0.7	3
85 and older	22,630	177,017	773	22.0	8,069	0.5	4	1,098	31.2	11,550	0.7	3
Male												
All Males	13,878	147,562	488	22.5	4,950	0.5	5	566	26.1	5,954	0.7	3
Male, Disabled												
All Ages	2,760	42,976	94	28.5	1,037	0.7	8	62	18.8	697	0.7	4
64 or younger	2,669	41,855	93	28.6	1,028	0.7	8	61	18.8	685	0.7	4
65-74	91	1,121	1	20.0	9	1.1	40	1	20.0	12	0.8	1
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	11,118	104,586	394	21.4	3,913	0.5	4	504	27.4	5,257	0.7	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,947	40,904	102	25.5	1,065	0.6	6	88	22.0	999	0.7	3
75-84	4,181	35,606	161	21.8	1,619	0.5	4	196	26.5	2,032	0.7	3
85 and older	3,990	28,076	131	18.7	1,229	0.5	3	220	31.4	2,226	0.7	3
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	ANTIHISTAMINES					ULCER DRUGS					OPHTHALMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,039	12.5	11,387	0.5	\$6	538	6.5	5,221	0.6	\$11	1,347	16.2	14,927	0.4	\$4
Female															
All Females	769	12.5	8,451	0.5	6	403	6.6	3,894	0.6	11	1,069	17.4	11,860	0.4	4
Female, Disabled															
All Ages	63	19.7	714	0.6	7	23	7.2	248	0.6	15	36	11.3	418	0.3	3
64 or younger	63	19.7	714	0.6	7	23	7.2	248	0.6	15	36	11.3	418	0.3	3
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	706	12.2	7,737	0.5	6	380	6.5	3,646	0.6	10	1,033	17.8	11,442	0.4	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	97	18.0	1,088	0.5	7	47	8.7	459	0.6	19	77	14.3	865	0.3	3
75-84	240	13.7	2,666	0.5	6	112	6.4	1,140	0.5	9	276	15.7	3,124	0.4	4
85 and older	369	10.5	3,983	0.5	6	221	6.3	2,047	0.6	9	680	19.4	7,453	0.4	4
Male															
All Males	270	12.4	2,936	0.5	5	135	6.2	1,327	0.5	13	278	12.8	3,067	0.3	3
Male, Disabled															
All Ages	42	12.7	469	0.5	5	21	6.4	214	0.6	15	23	7.0	267	0.4	3
64 or younger	42	12.9	469	0.5	5	19	5.8	196	0.5	15	23	7.1	267	0.4	3
65-74	0	0.0	0	0.0	0	2	40.0	18	1.1	13	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	228	12.4	2,467	0.5	6	114	6.2	1,113	0.5	13	255	13.9	2,800	0.3	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	63	15.8	714	0.5	6	33	8.3	330	0.5	19	41	10.3	453	0.5	5
75-84	84	11.4	899	0.5	5	41	5.5	385	0.5	11	109	14.7	1,227	0.3	3
85 and older	81	11.6	854	0.5	6	40	5.7	398	0.5	9	105	15.0	1,120	0.3	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	518	6.2	5,327	0.8	\$9	798	9.6	8,605	0.6	\$5	252	3.0	2,011	0.4	\$16
Female															
All Females	374	6.1	3,795	0.8	9	569	9.3	6,068	0.6	6	167	2.7	1,295	0.4	8
Female, Disabled															
All Ages	67	20.9	718	0.9	16	30	9.4	342	0.6	5	10	3.1	85	0.4	35
64 or younger	65	20.4	698	0.9	17	30	9.4	342	0.6	5	8	2.5	65	0.5	45
65-74	2	200.0	20	0.8	4	0	0.0	0	0.0	0	2	200.0	20	0.1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	307	5.3	3,077	0.8	7	539	9.3	5,726	0.6	6	157	2.7	1,210	0.4	6
64 or younger	1	50.0	1	1.0	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	65	12.1	669	0.8	15	36	6.7	365	0.6	5	19	3.5	175	0.3	13
75-84	108	6.2	1,066	0.8	5	198	11.3	2,140	0.6	5	60	3.4	416	0.4	6
85 and older	133	3.8	1,341	0.7	4	305	8.7	3,221	0.6	6	78	2.2	619	0.4	4
Male															
All Males	144	6.6	1,532	0.8	9	229	10.6	2,537	0.6	5	85	3.9	716	0.4	30
Male, Disabled															
All Ages	53	16.1	617	1.1	10	38	11.5	430	0.6	6	9	2.7	85	0.2	171
64 or younger	49	15.1	579	1.1	10	37	11.4	421	0.6	6	9	2.8	85	0.2	171
65-74	4	80.0	38	1.1	12	1	20.0	9	1.0	7	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	91	4.9	915	0.7	9	191	10.4	2,107	0.6	5	76	4.1	631	0.4	11
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	34	8.5	371	0.7	18	42	10.5	465	0.6	5	24	6.0	200	0.4	21
75-84	34	4.6	333	0.7	4	77	10.4	859	0.6	5	29	3.9	256	0.4	9
85 and older	23	3.3	211	0.5	3	72	10.3	783	0.6	5	23	3.3	175	0.3	2
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	HYPNOTICS					ANTIPSYCHOTICS					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	236	2.8	2,496	0.8	\$12	211	2.5	1,691	0.5	\$12	8,298	84,240
Female												
All Females	168	2.7	1,755	0.8	14	152	2.5	1,224	0.4	11	6,128	62,587
Female, Disabled												
All Ages	29	9.1	319	1.2	6	13	4.1	122	0.5	41	320	3,509
64 or younger	28	8.8	309	1.3	6	12	3.8	112	0.6	45	319	3,499
65-74	1	100.0	10	0.3	2	1	100.0	10	0.3	2	1	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	139	2.4	1,436	0.6	16	139	2.4	1,102	0.4	7	5,808	59,078
64 or younger	0	0.0	0	0.0	0	2	100.0	2	3.5	24	2	2
65-74	24	4.5	262	0.8	10	20	3.7	194	0.5	31	539	5,834
75-84	49	2.8	510	0.7	21	56	3.2	489	0.3	2	1,753	17,949
85 and older	66	1.9	664	0.5	14	61	1.7	417	0.5	3	3,514	35,293
Male												
All Males	68	3.1	741	0.8	8	59	2.7	467	0.5	13	2,170	21,653
Male, Disabled												
All Ages	17	5.2	204	0.9	11	7	2.1	70	0.2	1	330	3,625
64 or younger	17	5.2	204	0.9	11	7	2.2	70	0.2	1	325	3,572
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	53
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	51	2.8	537	0.7	8	52	2.8	397	0.5	16	1,840	18,028
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	14	3.5	156	1.1	10	17	4.2	145	0.7	30	400	4,205
75-84	19	2.6	194	0.6	9	14	1.9	113	0.5	13	739	7,280
85 and older	18	2.6	187	0.6	4	21	3.0	139	0.5	3	701	6,543
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,304 beneficiaries who were in nursing facilities for part of their enrollment and their 49,970 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
KANSAS, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	19,584	38.8	3.5	174,477	\$27	\$1,386,190	\$8	18.4	50,538	
Age										
5 and younger	4	66.7	7.3	44	187	1,123	26	6.5	6	
6-14	2	28.6	2.9	20	15	108	5	1.2	7	
15-20	31	27.9	1.4	155	25	2,750	18	1.3	111	
21-44	2,659	28.5	2.3	21,736	22	202,283	9	8.2	9,345	
45-64	5,436	38.0	3.6	50,847	28	405,179	8	14.8	14,323	
65-74	2,901	35.1	3.2	26,332	25	210,355	8	16.9	8,273	
75-84	3,840	42.8	3.7	33,346	28	251,662	8	52.6	8,967	
85 and older	4,711	49.6	4.4	41,997	33	312,730	7	82.0	9,506	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	11,414	42.8	3.8	101,325	29	767,458	8	37.5	26,639	
Disabled	8,087	34.3	3.1	72,924	26	617,160	8	11.6	23,589	
Adults	72	25.3	0.7	204	4	1,267	6	1.2	285	
Children	9	47.4	1.0	19	11	201	11	0.4	19	
Unknown	2	33.3	0.8	5	17	104	21	0.9	6	
Gender										
Female	13,523	42.3	3.8	122,719	30	970,963	8	20.5	31,944	
Male	6,061	32.6	2.8	51,758	22	415,227	8	14.8	18,594	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	17,017	41.8	3.8	155,951	30	1,237,686	8	19.9	40,688	
African American	1,433	26.2	1.9	10,269	16	85,165	8	11.4	5,478	
Other/unknown	1,134	25.9	1.9	8,257	14	63,339	8	10.6	4,372	
Use of Nursing Facilities^d										
Entire year	4,854	58.5	5.9	49,289	49	405,227	8	95.7	8,298	
Part year	3,096	58.4	4.1	21,706	33	172,645	8	39.1	5,304	
None	11,634	31.5	2.8	103,482	22	808,318	8	12.1	36,936	
Maintenance Assistance Status										
Cash	5,227	29.9	2.4	42,400	19	340,466	8	9.1	17,497	
Medically needy	401	19.2	0.9	1,851	6	12,179	7	3.0	2,094	
Poverty related	288	9.8	0.4	1,121	5	13,332	12	3.9	2,949	
Other/unknown	13,668	48.8	4.6	129,105	36	1,020,213	8	33.3	27,998	

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
KANSAS, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$3	\$8	\$0	\$1	519,632
Age						
5 and younger	0.9	24	26	0	0	47
6-14	0.3	2	5	0	0	71
15-20	0.1	2	18	0	1	1,212
21-44	0.2	2	9	0	1	101,204
45-64	0.3	3	8	0	1	152,783
65-74	0.3	2	8	0	1	84,576
75-84	0.4	3	8	0	1	89,582
85 and older	0.5	3	7	0	1	90,157
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	3	8	0	1	263,368
Disabled	0.3	2	8	0	1	254,807
Adults	0.2	1	6	0	1	1,240
Children	0.1	1	11	0	0	166
Unknown	0.1	2	21	0	0	51
Gender						
Female	0.4	3	8	0	1	329,620
Male	0.3	2	8	0	1	190,012
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	3	8	0	1	417,903
African American	0.2	1	8	0	1	56,971
Other/unknown	0.2	1	8	0	1	44,758
Use of Nursing Facilities^d						
Entire year	0.6	5	8	0	2	84,240
Part year	0.4	3	8	0	1	49,970
None	0.3	2	8	0	1	385,422
Maintenance Assistance Status						
Cash	0.2	2	8	0	1	193,963
Medically needy	0.1	1	7	0	0	19,875
Poverty related	0.0	1	12	0	0	25,337
Other/unknown	0.5	4	8	0	1	280,457

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
KANSAS, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	
All	25,523	\$54	\$1,386,190	100.0	174,477	\$8	100.0
Anorexia or weight loss/gain	5	17	86	0.0	5	17	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	2	1	2	0.0	2	1	0.0
Cough and cold medications	198	11	2,127	0.2	455	5	0.3
Vitamins and minerals	3,124	23	70,325	5.1	13,919	5	8.0
Non-prescription drugs	10,815	63	679,684	49.0	80,011	8	45.9
Barbiturates	400	71	28,520	2.1	4,610	6	2.6
Benzodiazepines	10,564	53	554,869	40.0	73,770	8	42.3
Other Part D Excl Rx Drugs	415	122	50,577	3.6	1,705	30	1.0

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 KANSAS, 2007

Total Number of Dual Eligible Beneficiaries: 50,538
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$7,549,793
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$149

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,570	56.5	\$0	0.0
1-500	20,048	39.7	1,833,230	24.3
501-1,000	775	1.5	532,701	7.1
1,001-1,500	235	0.5	285,255	3.8
1,501-2,000	157	0.3	274,518	3.6
2,001-2,500	137	0.3	307,201	4.1
2,501-3,000	103	0.2	284,284	3.8
3,001-3,500	64	0.1	208,728	2.8
3,501-4,000	39	0.1	146,533	1.9
4,001-4,500	59	0.1	250,229	3.3
4,501-5,000	43	0.1	203,772	2.7
5,001-5,500	35	0.1	183,730	2.4
5,501-6,000	28	0.1	160,271	2.1
6,001-6,500	30	0.1	187,141	2.5
6,501-7,000	18	0.0	122,066	1.6
7,001-7,500	19	0.0	137,738	1.8
7,501-8,000	26	0.1	201,886	2.7
8,001-8,500	16	0.0	131,255	1.7
8,501-9,000	11	0.0	95,529	1.3
9,001-9,500	18	0.0	168,107	2.2
9,501-10,000	14	0.0	135,914	1.8
10,001+	93	0.2	1,699,705	22.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 KANSAS, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 23,486
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$5,273,246
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$224

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,961	55.2	\$0	0.0
1-500	9,235	39.3	858,991	16.3
501-1,000	413	1.8	293,403	5.6
1,001-1,500	175	0.7	213,439	4.0
1,501-2,000	115	0.5	201,204	3.8
2,001-2,500	99	0.4	222,279	4.2
2,501-3,000	82	0.3	226,353	4.3
3,001-3,500	51	0.2	167,074	3.2
3,501-4,000	28	0.1	105,561	2.0
4,001-4,500	50	0.2	212,805	4.0
4,501-5,000	30	0.1	141,359	2.7
5,001-5,500	28	0.1	146,741	2.8
5,501-6,000	24	0.1	137,091	2.6
6,001-6,500	23	0.1	143,193	2.7
6,501-7,000	16	0.1	108,630	2.1
7,001-7,500	16	0.1	115,840	2.2
7,501-8,000	22	0.1	170,628	3.2
8,001-8,500	12	0.1	98,287	1.9
8,501-9,000	6	0.0	51,907	1.0
9,001-9,500	14	0.1	130,828	2.5
9,501-10,000	11	0.0	107,032	2.0
10,001+	75	0.3	1,420,601	26.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 KANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 26,746
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,105,130
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$78

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	15,476	57.9	\$0	0.0
1-500	10,700	40.0	957,598	45.5
501-1,000	337	1.3	222,309	10.6
1,001-1,500	50	0.2	59,964	2.8
1,501-2,000	38	0.1	66,086	3.1
2,001-2,500	35	0.1	78,105	3.7
2,501-3,000	18	0.1	49,564	2.4
3,001-3,500	11	0.0	35,486	1.7
3,501-4,000	11	0.0	40,972	1.9
4,001-4,500	7	0.0	29,060	1.4
4,501-5,000	10	0.0	48,000	2.3
5,001-5,500	6	0.0	31,811	1.5
5,501-6,000	2	0.0	11,464	0.5
6,001-6,500	7	0.0	43,948	2.1
6,501-7,000	2	0.0	13,436	0.6
7,001-7,500	3	0.0	21,898	1.0
7,501-8,000	4	0.0	31,258	1.5
8,001-8,500	4	0.0	32,968	1.6
8,501-9,000	4	0.0	35,089	1.7
9,001-9,500	4	0.0	37,279	1.8
9,501-10,000	2	0.0	19,196	0.9
10,001+	15	0.1	239,639	11.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 KANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 8,273
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,244,793
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$150

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,784	57.8	\$0	0.0
1-500	3,165	38.3	324,301	26.1
501-1,000	139	1.7	91,323	7.3
1,001-1,500	30	0.4	36,580	2.9
1,501-2,000	28	0.3	49,142	3.9
2,001-2,500	25	0.3	55,332	4.4
2,501-3,000	13	0.2	35,471	2.8
3,001-3,500	9	0.1	29,089	2.3
3,501-4,000	11	0.1	40,972	3.3
4,001-4,500	7	0.1	29,060	2.3
4,501-5,000	10	0.1	48,000	3.9
5,001-5,500	6	0.1	31,811	2.6
5,501-6,000	2	0.0	11,464	0.9
6,001-6,500	7	0.1	43,948	3.5
6,501-7,000	2	0.0	13,436	1.1
7,001-7,500	3	0.0	21,898	1.8
7,501-8,000	4	0.0	31,258	2.5
8,001-8,500	4	0.0	32,968	2.6
8,501-9,000	4	0.0	35,089	2.8
9,001-9,500	4	0.0	37,279	3.0
9,501-10,000	2	0.0	19,196	1.5
10,001+	14	0.2	227,176	18.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 KANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,967
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$476,750
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$53

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,091	56.8	\$0	0.0
1-500	3,745	41.8	344,769	72.0
501-1,000	101	1.1	66,913	14.0
1,001-1,500	10	0.1	11,665	2.4
1,501-2,000	6	0.1	10,424	2.2
2,001-2,500	8	0.1	17,860	3.7
2,501-3,000	4	0.0	11,564	2.4
3,001-3,500	1	0.0	3,092	0.6
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	12,463	2.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 KANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 9,506
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$381,587
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$40

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,601	58.9	\$0	0.0
1-500	3,790	39.9	288,528	75.6
501-1,000	97	1.0	64,073	16.8
1,001-1,500	10	0.1	11,719	3.1
1,501-2,000	4	0.0	6,520	1.7
2,001-2,500	2	0.0	4,913	1.3
2,501-3,000	1	0.0	2,529	0.7
3,001-3,500	1	0.0	3,305	0.9
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	50,826	26,793	23,625	383	19	6	524,760	265,187	255,758	3,580	184	51
Age												
5 and younger	6	0	5	0	1	0	57	0	50	0	7	0
6-14	7	0	5	0	2	0	73	0	49	0	24	0
15-20	111	0	97	3	11	0	1,230	0	1,107	20	103	0
21-44	9,412	0	9,128	278	5	1	103,136	0	100,515	2,561	50	10
45-64	14,390	3	14,287	97	0	3	154,130	4	153,149	948	0	29
65-74	8,315	8,206	103	4	0	2	85,148	84,209	888	39	0	12
75-84	9,031	9,030	0	1	0	0	90,237	90,225	0	12	0	0
85 and older	9,554	9,554	0	0	0	0	90,749	90,749	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	32,162	19,397	12,468	280	11	6	333,377	194,677	135,914	2,620	115	51
Male	18,664	7,396	11,157	103	8	0	191,383	70,510	119,844	960	69	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	40,902	21,689	18,916	277	16	4	421,696	213,249	205,638	2,614	166	29
African American	5,529	2,208	3,248	72	1	0	57,897	22,646	34,593	646	12	0
Other/unknown	4,395	2,896	1,461	34	2	2	45,167	29,292	15,527	320	6	22
Use of Nursing Facilities^c												
Entire year	8,298	7,648	650	0	0	0	84,240	77,106	7,134	0	0	0
Part year	5,304	4,754	550	0	0	0	49,987	44,230	5,757	0	0	0
None	37,224	14,391	22,425	383	19	6	390,533	143,851	242,867	3,580	184	51
Maintenance Assistance Status												
Cash	17,615	6,057	11,246	312	0	0	196,826	67,961	125,796	3,069	0	0
Medically needy	2,094	652	1,440	2	0	0	19,909	5,582	14,321	6	0	0
Poverty related	2,951	1,008	1,883	48	6	6	25,542	7,957	17,160	325	49	51
Other/unknown	28,166	19,076	9,056	21	13	0	282,483	183,687	98,481	180	135	0
Dual Status^d												
Full dual, all year	47,154	25,322	21,433	374	19	6	487,298	250,452	233,133	3,478	184	51
Full dual, part year	3,672	1,471	2,192	9	0	0	37,462	14,735	22,625	102	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,200	26,598	23,475	105	16	6	518,189	263,182	254,091	712	153	51
FFS part year, with Rx claims	193	6	55	130	2	0	2,113	72	637	1,380	24	0
FFS part year, no Rx claims	145	35	59	50	1	0	1,437	326	638	466	7	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	288	154	36	98	0	0	3,021	1,607	392	1,022	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
DUAL ELIGIBLE BENEFICIARIES, KANSAS, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	50,826	524,760	50,538	519,632	0	5,128
Fee-for-service (FFS) all year	50,200	518,189	50,200	518,189	0	0
FFS part year, with Rx claims	193	2,113	193	774	0	1,339
FFS part year, with no Rx claims	145	1,437	145	669	0	768
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	288	3,021	0	0	0	3,021

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

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