

Medicaid Pharmacy Administrators State Report

STATE: **Kansas**

Time Period: *(specify CY 2011, SFY 2011, SFY 2012)*

SFY2011

State Medicaid Program Overview

| | |
|---|---|
| Total # of Medicaid Eligibles <i>(unduplicated)</i> | 305,178 |
| Total Medicaid Program Expenditures <i>(annual)</i> | \$ 2,580,732,201 |
| Medicaid MCO's? <i>If yes, how many MCO's?</i> | Yes, two MCOs; pregnant women and children under 19 are primary benes |
| Pharmacy Carve-Out from Managed Care? | Anti-hemophilic drugs |
| # of FFS Unduplicated Recipients of Rx Services | 136,845 |
| Drug Program FFS Expenditures <i>(annual)</i> | \$ 173,508,678 |
| Total # of Rx Paid Claims <i>(annual)</i> | 2,169,847 |
| OBRA Rebates Collected including physician-administered drugs <i>(annual)</i> | \$ 88,325,314 |
| Supplemental Rebates Collected <i>(annual)</i> | \$ 2,616,849 |
| Generic Dispense Rate % | %70.4 |
| Contractor name and start date/contract period for following: | HP |
| 1) MMIS | HP |
| 2) Pharmacy Clams Processor/POS | HP |
| 3) MAC Program | HP |
| 4) Rebates | HP |
| 5) PDL / Supplemental Rebates | HP |
| 6) Prior Authorization | HP & Xerox (formerly ACS, began 8/11) |
| 7) Rx claims auditing/Program Integrity | HP |

Prescription Reimbursement

| | |
|---|---|
| Prescription Co-Payment(s) | \$3.00 |
| Source of Drug File Pricing <i>(FDB, MediSpan)</i> | FDB |
| Reimb. formula, disp. fee, and effective date for following: | |
| 1) Brands | AWP – 13%; \$3.40; eff 2/18/2003(changed to WAC + 4.6% eff 9/16/2011) |
| 2) Generics | AWP – 27%; \$3.40; eff 2/18/2003(changed to WAC – 8.6% eff 9/16/2011) |
| 3) Maximum Allowable Cost (MAC) drugs | Variable, based on drug and market factors; \$3.40 |
| 4) Compounds | AWP – 27%; \$3.40; eff 2/18/2003(changed to WAC – 8.6% eff 9/16/2011) |
| 5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i> | Anti-hemophiliac: AWP-30% (WAC-16% eff 9/16/11); Sterile irrigation solutions, SVP, LVP: AWP-50% (WAC-40% eff 9/16/11). |

Descriptions of Programs/Benefit Designs Within Medicaid Pharmacy Program *(If State has programs that are listed or additional programs, respond "yes" and include brief descriptions. If more space is needed, overflow automatically continues down & over to next page)*

| | |
|---|---------------------------|
| Monthly Rx Limits | Yes, 4 brand RX per month |
| Days' Supply <i>(e.g., for routine meds, maintenance meds, other)</i> | 31 days supply limit |

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OTC

Most OTCs were non-covered with a February 2011 policy

Supplies/DME
(Coverage through pharmacy program? POS? Rebates?)

Supplies & DME are covered through the DME program, but can be run through the POS. No Rebating.

Prior Authorization

Yes, SmartPA from Xerox; HP for Hospice and out-of-state claims.

PDL

Yes, approved by PDL Board

P&T Committee

Yes, also known as PDL Board

DUR Board

Yes, approve PA criteria and other drug limitations. HID provides DUR support.

e-Prescribing

Yes

Academic Detailing

Yes, through HID

Specialty Drugs

No, considering policy

Mail Order

No

340B

Use HRSA file to exclude 340b providers from drug rebate

Lock-In

Yes, specific to provider, pharmacy, and occasionally hospital. Program managed by HP.

Other