

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 ARKANSAS

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	73,016	38,829	33,741	442	2	2	776,251	401,509	371,379	3,315	24	24
Age												
5 and younger	9	1	8	0	0	0	98	10	88	0	0	0
6-14	17	0	16	0	1	0	193	0	181	0	12	0
15-20	172	0	167	4	1	0	1,923	0	1,873	38	12	0
21-44	10,788	41	10,426	320	0	1	117,109	414	114,047	2,636	0	12
45-64	12,112	110	11,891	110	0	1	128,437	974	126,839	612	0	12
65-74	15,712	8,678	7,027	7	0	0	169,846	89,505	80,315	26	0	0
75-84	18,060	14,793	3,267	0	0	0	192,995	155,527	37,468	0	0	0
85 and older	16,145	15,205	939	1	0	0	165,641	155,070	10,568	3	0	0
Unknown	1	1	0	0	0	9	0	9	0	0	0	0
Gender												
Female	49,995	29,601	20,092	301	1	0	538,109	310,837	224,599	2,661	12	0
Male	23,020	9,228	13,648	141	1	2	238,130	90,672	146,768	654	12	24
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Race												
White	48,427	27,031	21,063	331	1	1	506,662	273,981	230,283	2,374	12	12
African American	19,876	9,371	10,399	104	1	1	218,149	100,830	116,416	879	12	12
Other/unknown	4,713	2,427	2,279	7	0	0	51,440	26,698	24,680	62	0	0
Use of Nursing Facilities												
All year	12,201	10,769	1,432	0	0	0	120,036	104,214	15,822	0	0	0
Part year	6,271	5,407	864	0	0	0	64,980	55,441	9,539	0	0	0
None	54,544	22,653	31,445	442	2	2	591,235	241,854	346,018	3,315	24	24
Maintenance Assistance Status												
Cash	45,777	16,723	28,974	80	0	0	515,575	188,070	326,878	627	0	0
Medically needy	1,773	311	1,279	182	1	0	8,354	1,152	6,267	923	12	0
Poverty-related	809	393	383	32	1	0	7,196	3,503	3,470	211	12	0
Other/unknown	24,657	21,402	3,105	148	0	2	245,126	208,784	34,764	1,554	0	24
Dual Medicare Status^c												
Full dual, all year	71,545	37,882	33,222	437	2	2	761,242	391,613	366,326	3,255	24	24
Full dual, part year	1,471	947	519	5	0	0	15,009	9,896	5,053	60	0	0
Managed Care Status												
FFS all year	73,015	38,829	33,740	442	2	2	776,240	401,509	371,368	3,315	24	24
FFS part year, with Rx claims	1	0	1	0	0	0	11	0	11	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 1999. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benefes
All	87.9 %	31.6	\$1,322	\$42	\$7,876	16.8 %	\$19	73,016
Age								
5 and younger	100.0	32.2	3,942	122	13,730	28.7	37	9
6-14	100.0	61.8	6,673	108	17,834	37.4	50	17
15-20	71.5	15.1	2,649	176	7,840	33.8	10	172
21-44	75.4	16.9	1,196	71	7,489	16.0	11	10,788
45-64	84.4	28.2	1,385	49	7,375	18.8	26	12,112
65-74	87.7	31.4	1,283	41	5,937	21.6	33	15,712
75-84	92.5	37.3	1,408	38	8,022	17.6	19	18,060
85 and older	93.9	37.9	1,278	34	10,219	12.5	6	16,145
Unknown	100.0	24.0	1,714	71	11,186	15.3	0	1
Basis of Eligibility								
Aged	90.9	36.1	1,331	37	8,700	15.3	13	38,829
Disabled	84.8	26.7	1,322	50	7,009	18.9	26	33,741
Adults	52.7	7.3	406	55	1,641	24.7	5	442
Children	100.0	52.5	7,907	151	8,725	90.6	3	2
Unknown	100.0	23.5	387	17	2,351	16.5	0	2
Gender								
Female	91.3	34.9	1,382	40	7,922	17.4	22	49,995
Male	80.4	24.4	1,190	49	7,775	15.3	12	23,020
Unknown	100.0	34.0	584	17	16,992	3.4	0	1
Race								
White	88.6	34.3	1,439	42	8,586	16.8	15	48,427
African American	86.5	25.8	1,055	41	6,785	15.6	28	19,876
Other/unknown	86.6	28.4	1,238	44	5,180	23.9	21	4,713
Use of Nursing Facilities								
Entire year	97.1	52.2	1,890	36	15,817	11.9	0	12,201
Part year	93.7	47.0	1,804	38	13,615	13.3	5	6,271
None	85.1	25.2	1,139	45	5,439	20.9	25	54,544
Maintenance Assistance Status								
Cash	87.8	26.8	1,184	44	4,817	24.6	25	45,777
Medically needy	62.7	8.2	781	96	5,343	14.6	8	1,773
Poverty related	64.0	9.1	681	75	3,452	19.7	10	809
Other/unknown	90.6	42.8	1,638	38	13,881	11.8	8	24,657

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	3.0	\$124	16.8 %	12.1 %	20.8 %	16.1 %	36.3 %	13.2 %	1.6 %	\$741	73,016	776,251
Age												
5 and younger	3.0	362	28.7	0.0	33.3	11.1	33.3	22.2	0.0	1,261	9	98
6-14	5.4	588	37.4	0.0	17.6	11.8	11.8	58.8	0.0	1,571	17	193
15-20	1.4	237	33.8	28.5	37.8	15.1	12.8	5.8	0.0	701	172	1,923
21-44	1.6	110	16.0	24.6	35.0	16.0	21.5	2.9	0.1	690	10,788	117,109
45-64	2.7	131	18.8	15.6	21.8	16.4	35.6	9.8	0.8	696	12,112	128,437
65-74	2.9	119	21.6	12.3	20.1	16.7	37.9	11.7	1.4	549	15,712	169,846
75-84	3.5	132	17.6	7.5	16.3	15.9	40.9	17.0	2.5	751	18,060	192,995
85 and older	3.7	125	12.5	6.1	15.9	15.5	40.5	19.6	2.4	996	16,145	165,641
Unknown	2.7	190	15.3	0.0	0.0	0.0	100.0	0.0	0.0	1,243	1	9
Basis of Eligibility												
Aged	3.5	129	15.3	9.1	17.0	15.4	38.3	17.6	2.6	841	38,829	401,509
Disabled	2.4	120	18.9	15.2	24.9	16.9	34.4	8.2	0.4	637	33,741	371,379
Adults	1.0	54	24.7	47.3	27.6	10.0	13.8	1.4	0.0	219	442	3,315
Children	4.4	659	90.6	0.0	0.0	50.0	0.0	50.0	0.0	727	2	24
Unknown	2.0	32	16.5	0.0	50.0	0.0	50.0	0.0	0.0	196	2	24
Gender												
Female	3.2	128	17.4	8.7	18.3	16.3	40.2	14.9	1.7	736	49,995	538,109
Male	2.4	115	15.3	19.6	26.1	15.6	28.0	9.4	1.3	752	23,020	238,130
Unknown	2.8	49	3.4	0.0	0.0	0.0	100.0	0.0	0.0	1,416	1	12
Race												
White	3.3	138	16.8	11.4	18.2	14.6	37.5	16.1	2.2	821	48,427	506,662
African American	2.3	96	15.6	13.5	26.4	19.3	33.6	6.8	0.4	618	19,876	218,149
Other/unknown	2.6	113	23.9	13.4	23.3	17.4	35.7	9.8	0.4	475	4,713	51,440
Use of Nursing Facilities												
Entire year	5.3	192	11.9	2.9	8.2	9.3	37.8	34.8	7.1	1,608	12,201	120,036
Part year	4.5	174	13.3	6.3	10.9	11.8	38.0	28.5	4.4	1,314	6,271	64,980
None	2.3	105	20.9	14.9	24.7	18.1	35.8	6.5	0.0	502	54,544	591,235
Maintenance Assistance Status												
Cash	2.4	105	24.6	12.2	25.5	18.8	36.3	7.1	0.1	428	45,777	515,575
Medically needy	1.7	166	14.6	37.3	21.3	16.2	22.9	2.3	0.1	1,134	1,773	8,354
Poverty related	1.0	77	19.7	36.0	39.6	12.5	11.5	0.5	0.0	388	809	7,196
Other/unknown	4.3	165	11.8	9.4	11.2	11.1	38.2	25.6	4.5	1,396	24,657	245,126

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	3.0	\$124	\$42	1.0	\$73	\$75	0.5	\$24	\$46	1.3	\$22	\$17
Age												
5 and younger	3.0	362	122	1.6	322	200	0.2	25	113	1.0	12	13
6-14	5.4	588	108	2.0	417	208	0.7	89	125	2.4	35	15
15-20	1.4	237	176	0.4	85	204	0.3	136	490	0.6	16	26
21-44	1.6	110	71	0.6	76	134	0.2	17	77	0.7	15	21
45-64	2.7	131	49	1.0	81	83	0.4	23	57	1.2	21	18
65-74	2.9	119	41	1.0	69	68	0.5	23	45	1.3	22	17
75-84	3.5	132	38	1.1	73	66	0.6	27	42	1.6	25	16
85 and older	3.7	125	34	1.0	65	65	0.7	27	38	1.8	26	15
Unknown	2.7	190	71	1.3	131	98	0.1	1	11	0.7	12	18
Basis of Eligibility												
Aged	3.5	129	37	1.1	72	66	0.7	27	41	1.6	25	16
Disabled	2.4	120	50	0.8	74	87	0.4	22	56	1.1	20	18
Adults	1.0	54	55	0.4	35	91	0.1	10	72	0.4	7	17
Children	4.4	659	151	2.4	620	256	0.3	24	94	1.6	11	7
Unknown	2.0	32	17	0.2	10	59	0.0	0	0	1.7	22	13
Gender												
Female	3.2	128	40	1.1	74	69	0.6	25	44	1.5	23	16
Male	2.4	115	49	0.7	69	94	0.4	23	54	1.1	20	18
Unknown	2.8	49	17	1.1	29	27	0.1	3	31	1.7	17	10
Race												
White	3.3	138	42	1.1	80	75	0.6	27	46	1.5	25	17
African American	2.3	96	41	0.8	57	75	0.4	19	45	1.1	17	16
Other/unknown	2.6	113	44	0.9	65	72	0.5	25	55	1.1	19	17
Use of Nursing Facilities												
Entire year	5.3	192	36	1.5	106	71	1.0	39	41	2.6	39	15
Part year	4.5	174	38	1.4	100	72	0.8	34	41	2.1	33	16
None	2.3	105	45	0.8	63	77	0.4	20	50	1.0	18	18
Maintenance Assistance Status												
Cash	2.4	105	44	0.8	62	76	0.4	21	50	1.0	18	17
Medically needy	1.7	166	96	0.7	122	174	0.2	21	87	0.7	19	27
Poverty related	1.0	77	75	0.4	55	146	0.2	10	63	0.4	9	21
Other/unknown	4.3	165	38	1.3	93	72	0.8	33	42	2.0	32	16

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 14 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.

Table 14

Dual Eligible Beneficiaries

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 Arkansas, 4.4 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$13	\$11	\$0	\$2	\$51	\$86	\$51	\$16	108,942	\$5,513,360	37,582	51.5 %	417,106
Biologics	0.1	0.0	0.1	0.0	309	0	309	0	2629	13	3,501	0	4	10,515	3	0.0	34
Antineoplastic Agents	0.5	0.2	0.1	0.2	65	37	20	8	137	208	166	45	10,861	1,488,618	2,158	3.0	22,844
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.2	24	18	2	3	32	48	17	13	202,024	6,364,000	24,244	33.2	266,955
Cardiovascular Agents	1.4	0.4	0.3	0.6	42	20	13	9	30	50	39	14	666,392	20,259,249	44,660	61.2	486,711
Respiratory Agents	0.5	0.2	0.0	0.3	18	13	1	5	37	57	36	19	94,690	3,502,463	17,297	23.7	189,791
Gastrointestinal Agents	0.6	0.3	0.1	0.2	38	25	8	5	62	101	68	19	165,791	10,270,543	24,545	33.6	270,276
Genitourinary Agents	0.4	0.2	0.0	0.2	16	12	0	3	42	57	41	20	36,408	1,515,097	8,628	11.8	95,883
CNS Drugs	0.9	0.3	0.1	0.5	55	36	10	9	60	105	102	19	320,796	19,179,461	31,946	43.8	347,495
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	19	4	5	9	40	57	70	29	1,388	55,610	274	0.4	2,981
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.2	63	59	0	4	100	124	114	28	16,745	1,667,187	2,462	3.4	26,355
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	20	12	2	6	36	89	73	15	195,661	7,057,736	32,565	44.6	360,905
Neuromuscular Agents	0.7	0.2	0.2	0.4	35	19	7	8	48	97	43	23	123,555	5,872,839	15,418	21.1	170,170
Nutritional Products	0.6	0.0	0.2	0.3	11	0	7	4	19	26	27	13	99,654	1,870,986	15,662	21.5	168,940
Hematological Agents	0.6	0.1	0.3	0.3	33	16	11	6	52	178	37	25	77,655	4,043,876	11,226	15.4	120,974
Topical Products	0.3	0.2	0.1	0.1	12	8	2	2	35	50	38	16	81,439	2,858,625	21,565	29.5	241,866
Miscellaneous Products	0.4	0.2	0.1	0.2	90	54	27	8	201	342	251	45	4,619	927,064	965	1.3	10,307
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	40	0	0	0	100,122	4,045,832	23,124	31.7	257,513
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.	2,306,746	96,503,061	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 15 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 therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Arkansas, 4.4 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/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$8,772,799	12,774	17.5 %	138,997	0.6	\$105
ULCER DRUGS	8,198,095	23,262	31.9	257,875	0.5	69
ANTIDEPRESSANTS	7,108,684	22,604	31.0	246,616	0.5	53
ANTIHYPERTENSIVE	6,097,627	24,690	33.8	271,997	0.6	35
CALCIUM BLOCKERS	5,787,128	15,616	21.4	172,654	0.7	47
ANTIDIABETIC	4,187,591	14,552	19.9	162,256	0.6	41
ANTICONVULSANT	4,148,189	10,025	13.7	110,463	0.7	56
ANALGESICS - Narcotic	3,525,431	29,897	40.9	330,477	0.3	34
ANTHYPERLIPIDEMIC	3,182,503	6,412	8.8	72,419	0.6	72
ANALGESICS - ANTI-INFLAMMATORY	3,155,301	18,569	25.4	212,646	0.3	44

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 16 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,027,973	\$54,163,348	12,774	0.6	17.5 %	138,997	0.6	\$63	23,262	31.9 %	257,875	0.5	\$32
Female	764,702	38,595,622	7,966	0.6	15.9	86,910	0.6	54	17,377	34.8	193,997	0.5	32
Disabled	306,151	17,162,379	2,893	0.6	14.4	33,190	0.6	73	6,764	33.7	78,483	0.4	28
5 and younger	15	467	0	0.0	0.0	0	0.0	0	1	20.0	12	0.8	29
6-14	40	1,697	0	0.0	0.0	0	0.0	0	5	83.3	54	0.3	16
15-20	340	25,669	7	0.5	11.3	72	0.5	76	9	14.5	94	0.2	7
21-44	44,809	3,276,914	920	0.5	20.4	10,634	0.5	85	1,025	22.8	11,920	0.3	23
45-64	115,071	6,862,765	1,103	0.6	15.6	12,464	0.6	84	2,513	35.6	28,662	0.4	30
65-74	89,680	4,471,309	488	0.6	9.6	5,708	0.6	57	1,945	38.4	22,908	0.4	28
75-84	44,825	2,047,456	282	0.5	10.7	3,285	0.5	36	993	37.5	11,665	0.4	29
85 and older	11,371	476,102	93	0.4	12.4	1,027	0.4	23	273	36.3	3,168	0.5	31
Other Eligibles	458,544	21,432,558	5,073	0.6	17.0	53,720	0.6	42	10,612	35.5	115,505	0.5	34
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	1,012	0	0.0	0.0	0	0.0	0	1	100.0	12	0.3	38
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,037	72,002	25	0.3	9.1	252	0.3	38	22	8.0	244	0.2	17
45-64	937	53,571	11	0.3	10.8	114	0.3	15	25	24.5	268	0.3	27
65-74	90,391	4,619,663	842	0.7	14.5	9,124	0.7	58	1,820	31.3	20,132	0.4	32
75-84	190,319	8,992,985	1,936	0.6	17.1	20,453	0.6	44	4,222	37.2	46,587	0.5	34
85 and older	175,843	7,693,325	2,259	0.6	18.3	23,777	0.6	33	4,522	36.6	48,262	0.6	36
Male	263,251	15,567,523	4,807	0.6	20.9	52,075	0.6	79	5,885	25.6	63,878	0.5	32
Disabled	148,180	10,107,893	3,030	0.6	22.2	34,380	0.6	98	3,015	22.1	34,216	0.4	29
5 and younger	14	431	0	0.0	0.0	0	0.0	0	2	66.7	24	0.3	13
6-14	157	9,861	1	0.2	10.0	12	0.2	2	3	30.0	28	0.9	38
15-20	670	40,755	18	0.4	17.1	210	0.4	47	14	13.3	153	0.4	17
21-44	52,587	4,632,579	1,672	0.6	28.2	19,005	0.6	111	924	15.6	10,579	0.4	28
45-64	58,816	3,693,393	1,049	0.7	21.7	11,782	0.7	90	1,231	25.5	13,741	0.4	30
65-74	25,446	1,255,999	174	0.7	8.8	2,038	0.7	68	583	29.6	6,708	0.4	28
75-84	7,997	360,220	83	0.7	13.3	976	0.7	51	183	29.4	2,099	0.5	31
85 and older	2,493	114,655	33	0.5	17.6	357	0.5	27	75	40.1	884	0.5	31
Other Eligibles	115,071	5,459,630	1,777	0.6	19.0	17,695	0.6	42	2,870	30.6	29,662	0.5	35
5 and younger	2	60	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
15-20	4	274	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	628	51,365	20	0.4	23.3	197	0.4	60	10	11.6	109	0.4	36
45-64	599	33,474	12	0.5	10.1	131	0.5	59	22	18.5	173	0.4	35
65-74	34,318	1,695,497	462	0.7	16.1	4,819	0.7	51	751	26.2	7,837	0.5	34
75-84	46,951	2,246,788	710	0.6	20.6	7,070	0.6	42	1,164	33.8	12,267	0.5	36
85 and older	32,569	1,432,172	573	0.6	20.0	5,478	0.6	32	923	32.3	9,276	0.6	35
Unknown	27	888	1	0.8	50.0	12	0.8	5	1	50.0	9	0.4	53

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 16A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					CALCIUM BLOCKERS				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	22,604	31.0 %	246,616	0.5	\$29	24,690	33.8 %	271,997	0.6	\$22	15,616	21.4 %	172,654	0.7	\$34
Female	17,089	34.2	187,701	0.5	29	18,358	36.7	203,809	0.6	22	12,257	24.5	136,364	0.7	34
Disabled	7,327	36.5	83,796	0.5	27	6,804	33.9	78,615	0.6	21	4,557	22.7	52,521	0.7	34
5 and younger	0	0.0	0	0.0	0	1	20.0	12	0.2	1	1	20.0	4	0.5	8
6-14	0	0.0	0	0.0	0	3	50.0	36	0.2	4	2	33.3	24	0.7	28
15-20	14	22.6	162	0.4	33	3	4.8	33	0.4	71	4	6.5	45	0.6	46
21-44	2,008	44.6	22,740	0.4	27	516	11.5	5,960	0.5	16	342	7.6	3,920	0.5	28
45-64	3,250	46.0	36,882	0.5	30	2,328	33.0	26,514	0.6	21	1,534	21.7	17,315	0.7	34
65-74	1,304	25.8	15,210	0.5	21	2,368	46.8	27,669	0.6	23	1,573	31.1	18,364	0.7	36
75-84	584	22.1	6,858	0.5	22	1,269	48.0	14,749	0.6	22	875	33.1	10,252	0.7	35
85 and older	167	22.2	1,944	0.5	21	316	42.0	3,642	0.6	22	226	30.1	2,597	0.7	34
Other Eligibles	9,762	32.6	103,905	0.6	30	11,554	38.6	125,194	0.7	23	7,700	25.8	83,843	0.7	33
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	1	100.0	12	1.0	46
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	75	27.2	733	0.4	32	15	5.4	138	0.4	18	5	1.8	59	0.5	26
45-64	41	40.2	411	0.4	24	28	27.5	270	0.4	21	16	15.7	149	0.5	30
65-74	1,782	30.6	19,356	0.6	31	2,246	38.6	24,480	0.6	23	1,485	25.5	16,204	0.7	34
75-84	3,871	34.1	41,395	0.6	30	4,806	42.3	52,802	0.7	23	3,243	28.6	35,683	0.7	34
85 and older	3,993	32.3	42,010	0.6	30	4,459	36.1	47,504	0.7	23	2,950	23.9	31,736	0.8	32
Male	5,514	24.0	58,903	0.5	30	6,332	27.5	68,188	0.6	23	3,359	14.6	36,290	0.7	33
Disabled	3,053	22.4	34,183	0.5	28	3,042	22.3	33,992	0.6	21	1,679	12.3	18,717	0.7	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.2	3
6-14	3	30.0	36	0.7	82	6	60.0	56	0.6	26	6	60.0	64	0.9	66
15-20	23	21.9	270	0.5	31	22	21.0	242	0.5	16	12	11.4	130	0.5	41
21-44	1,536	25.9	17,513	0.4	29	628	10.6	7,022	0.5	19	339	5.7	3,741	0.6	32
45-64	1,102	22.8	11,924	0.5	28	1,308	27.1	14,358	0.6	22	694	14.4	7,541	0.7	35
65-74	277	14.1	3,171	0.5	20	761	38.7	8,659	0.6	22	438	22.3	5,036	0.7	35
75-84	80	12.9	914	0.6	27	242	38.9	2,789	0.6	23	142	22.8	1,648	0.7	33
85 and older	32	17.1	355	0.6	31	75	40.1	866	0.6	23	46	24.6	533	0.8	39
Other Eligibles	2,461	26.3	24,720	0.6	32	3,290	35.1	34,196	0.7	24	1,680	17.9	17,573	0.7	32
5 and younger	0	0.0	0	0.0	0	1	100.0	10	0.1	5	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	1	100.0	12	0.3	23
21-44	22	25.6	210	0.4	38	13	15.1	94	0.8	30	3	3.5	26	0.7	38
45-64	25	21.0	162	0.4	15	27	22.7	211	0.5	18	8	6.7	69	0.6	23
65-74	671	23.4	6,846	0.6	30	972	34.0	10,241	0.6	22	514	18.0	5,377	0.7	34
75-84	999	29.0	10,154	0.6	33	1,317	38.2	13,794	0.7	25	662	19.2	6,996	0.7	33
85 and older	744	26.0	7,348	0.7	32	960	33.6	9,846	0.7	24	492	17.2	5,093	0.7	30
Unknown	1	50.0	12	0.9	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 16B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTICONVULSANT				ANALGESICS - Narcotic						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	14,552	19.9 %	162,256	0.6	\$26	10,025	13.7 %	110,463	0.7	\$38	29,897	40.9 %	330,477	0.3	\$11
Female	11,329	22.7	127,465	0.6	26	6,238	12.5	69,289	0.6	34	22,070	44.1	246,171	0.3	10
Disabled	5,381	26.8	62,109	0.6	28	3,327	16.6	37,927	0.6	38	10,389	51.7	119,969	0.3	11
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	9	0.1	1
15-20	2	3.2	21	0.8	28	14	22.6	168	0.5	39	24	38.7	266	0.1	2
21-44	391	8.7	4,496	0.5	25	1,228	27.3	14,075	0.6	47	2,545	56.6	29,354	0.3	11
45-64	1,977	28.0	22,470	0.6	30	1,366	19.3	15,389	0.6	38	3,896	55.2	44,308	0.3	13
65-74	2,036	40.2	23,810	0.6	29	468	9.3	5,434	0.6	26	2,407	47.6	28,304	0.3	8
75-84	797	30.1	9,282	0.6	27	206	7.8	2,388	0.6	23	1,178	44.5	13,825	0.3	8
85 and older	178	23.7	2,030	0.6	19	45	6.0	473	0.6	23	337	44.8	3,891	0.3	7
Other Eligibles	5,948	19.9	65,356	0.6	24	2,911	9.7	31,362	0.7	29	11,680	39.1	126,193	0.3	10
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	1	100.0	12	0.1	1
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	10	3.6	116	0.5	20	27	9.8	285	0.5	44	89	32.2	816	0.3	16
45-64	30	29.4	275	0.4	21	14	13.7	140	0.4	37	41	40.2	359	0.5	17
65-74	1,584	27.2	17,535	0.6	26	747	12.8	8,082	0.7	35	2,188	37.6	24,026	0.3	10
75-84	2,767	24.4	30,533	0.6	24	1,203	10.6	12,986	0.7	28	4,582	40.4	50,184	0.3	10
85 and older	1,557	12.6	16,897	0.7	21	920	7.5	9,869	0.7	25	4,779	38.7	50,796	0.3	9
Male	3,223	14.0	34,791	0.6	26	3,787	16.5	41,174	0.7	44	7,827	34.0	84,306	0.3	12
Disabled	1,740	12.7	19,472	0.6	27	2,751	20.2	30,764	0.7	48	4,771	35.0	53,546	0.3	14
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.2	4	1	33.3	12	0.2	2
6-14	0	0.0	0	0.0	0	1	10.0	12	0.8	12	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	19	18.1	206	0.6	43	21	20.0	252	0.2	2
21-44	415	7.0	4,700	0.6	28	1,504	25.4	16,920	0.7	51	2,043	34.5	23,253	0.3	14
45-64	746	15.5	8,124	0.6	27	975	20.2	10,759	0.8	46	1,732	35.9	18,957	0.3	15
65-74	447	22.7	5,142	0.7	30	181	9.2	2,055	0.7	34	703	35.7	7,997	0.3	11
75-84	104	16.7	1,206	0.6	20	53	8.5	618	0.7	33	184	29.6	2,064	0.3	10
85 and older	28	15.0	300	0.6	22	17	9.1	182	0.6	17	87	46.5	1,011	0.2	6
Other Eligibles	1,483	15.8	15,319	0.6	24	1,036	11.1	10,410	0.7	31	3,056	32.6	30,760	0.3	10
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	10	0.1	1
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	13	15.1	105	0.5	29	22	25.6	209	0.6	54	36	41.9	314	0.4	24
45-64	7	5.9	45	0.3	10	13	10.9	97	0.7	40	41	34.5	304	0.3	9
65-74	551	19.2	5,770	0.6	26	360	12.6	3,665	0.7	33	936	32.7	9,333	0.3	14
75-84	592	17.2	6,128	0.6	24	394	11.4	3,998	0.8	31	1,138	33.0	11,553	0.3	10
85 and older	320	11.2	3,271	0.6	21	247	8.6	2,441	0.7	26	904	31.6	9,246	0.3	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	9	0.3	23

Table 16C
 Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 16C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	No. of Benes	Users as % of Dual Benes	No. of Benes among Users	Mean No. of Rx	No. of Benes	No. of Benes Mos
	No. of Users	Users as % of Dual Benes	No. of Benes among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Benes among Users	Mean No. of Rx							
All	6,412	8.8 %	72,419	0.6	\$44	18,569	25.4 %	212,646	0.3	\$15	73,016	776,251			
Female	4,969	9.9	56,508	0.6	45	14,416	28.8	165,504	0.3	16	49,994	538,100			
Disabled	2,476	12.3	28,570	0.6	43	6,382	31.8	74,662	0.3	15	20,092	224,599			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	52			
6-14	1	16.7	9	0.1	2	0	0.0	0	0.0	0	6	69			
15-20	1	1.6	12	0.2	15	17	27.4	186	0.2	11	62	693			
21-44	132	2.9	1,490	0.5	34	914	20.3	10,588	0.2	12	4,500	49,801			
45-64	1,055	14.9	11,985	0.6	41	2,205	31.2	25,490	0.3	16	7,063	76,703			
65-74	933	18.4	10,913	0.6	46	1,947	38.5	23,074	0.3	15	5,059	58,356			
75-84	310	11.7	3,642	0.7	47	1,049	39.7	12,384	0.3	15	2,645	30,462			
85 and older	44	5.9	519	0.7	45	250	33.2	2,940	0.3	15	752	8,463			
Other Eligibles	2,493	8.3	27,938	0.6	46	8,034	26.9	90,842	0.4	17	29,902	313,501			
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	1	12			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38			
21-44	1	0.4	12	0.6	23	27	9.8	282	0.2	10	276	2,521			
45-64	11	10.8	113	0.3	24	26	25.5	282	0.3	17	102	887			
65-74	838	14.4	9,360	0.6	48	1,689	29.0	19,015	0.3	16	5,822	61,130			
75-84	1,219	10.7	13,805	0.7	46	3,381	29.8	38,607	0.4	16	11,349	121,373			
85 and older	424	3.4	4,648	0.6	42	2,911	23.6	32,656	0.4	18	12,348	127,540			
Male	1,443	6.3	15,911	0.6	41	4,153	18.0	47,142	0.3	12	23,020	238,130			
Disabled	926	6.8	10,419	0.6	41	2,420	17.7	27,971	0.3	10	13,648	146,768			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	112			
15-20	3	2.9	36	0.4	20	14	13.3	163	0.2	3	105	1,180			
21-44	203	3.4	2,313	0.5	34	771	13.0	8,858	0.2	6	5,926	64,246			
45-64	442	9.2	4,832	0.6	43	915	19.0	10,478	0.3	11	4,827	50,124			
65-74	236	12.0	2,745	0.6	43	526	26.7	6,200	0.3	12	1,968	21,959			
75-84	37	5.9	442	0.7	44	152	24.4	1,778	0.4	11	622	7,006			
85 and older	5	2.7	51	0.8	72	42	22.5	494	0.3	15	187	2,105			
Other Eligibles	517	5.5	5,492	0.6	41	1,733	18.5	19,171	0.4	15	9,372	91,362			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10			
6-14	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	1	12			
21-44	2	2.3	14	0.8	56	9	10.5	88	0.2	13	86	541			
45-64	15	12.6	113	0.5	33	12	10.1	99	0.3	11	119	711			
65-74	242	8.5	2,654	0.6	40	492	17.2	5,413	0.4	12	2,863	28,401			
75-84	199	5.8	2,122	0.6	44	677	19.7	7,589	0.4	17	3,444	34,154			
85 and older	59	2.1	589	0.6	38	543	19.0	5,982	0.4	14	2,858	27,533			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21			

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 16D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$192	5.3	12,201	120,036
Age				
0-64	246	5.6	835	9,116
65-74	236	5.8	1,530	15,398
75-84	207	5.6	3,799	37,220
85 and older	163	4.9	6,036	58,293
Unknown	190	2.7	1	9
Gender				
Female	190	5.3	8,936	88,946
Male	197	5.2	3,265	31,090
Unknown	0	0.0	0	0
Race				
White	199	5.5	9,959	96,781
African American	159	4.4	1,967	20,376
Other/unknown	194	5.4	275	2,879
Basis of Eligibility				
Aged	189	5.3	10,769	104,214
Disabled	216	5.3	1,432	15,822
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 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 6,271 beneficiaries who were in nursing facilities for part of their enrollment and their 64,980 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 18
 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, ARKANSAS, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic									
		Brand-Name	Brand-Name	Brand-Name		Brand-Name	Brand-Name	Brand-Name									
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$13	\$0	\$2	\$46	\$14	\$49	\$14	30,459	\$1,397,232	8,582	70.3 %	88,846
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.1	0.2	0.2	57	17	32	8	120	151	169	47	3,113	374,925	659	5.4	6,572
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	24	17	3	4	24	43	14	11	43,601	1,064,887	4,384	35.9	44,405
Cardiovascular Agents	1.8	0.3	0.4	1.0	40	14	14	12	22	43	30	12	157,751	3,466,720	8,709	71.4	86,979
Respiratory Agents	0.6	0.2	0.0	0.4	16	9	1	7	29	49	23	19	26,576	769,842	4,666	38.2	48,128
Gastrointestinal Agents	0.9	0.3	0.2	0.4	51	29	14	8	54	91	63	19	53,558	2,896,539	5,580	45.7	56,987
Genitourinary Agents	0.5	0.3	0.0	0.3	21	16	0	5	40	59	44	20	13,741	552,414	2,443	20.0	25,867
CNS Drugs	1.3	0.6	0.2	0.6	71	49	13	9	52	88	83	14	108,400	5,673,967	7,866	64.5	80,381
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	12	0	1	10	22	23	71	20	367	7,891	68	0.6	685
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	86	82	0	4	109	119	59	37	6,798	741,289	857	7.0	8,643
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	20	11	2	6	29	72	57	13	37,464	1,087,432	5,455	44.7	55,472
Neuromuscular Agents	1.1	0.2	0.3	0.6	44	19	12	13	41	77	45	23	37,023	1,512,870	3,293	27.0	34,545
Nutritional Products	0.8	0.0	0.3	0.5	14	0	7	6	18	30	27	12	35,820	632,704	4,632	38.0	46,300
Hematological Agents	0.9	0.1	0.3	0.4	32	13	10	9	37	144	28	21	27,401	1,019,049	3,142	25.8	31,914
Topical Products	0.4	0.1	0.1	0.2	13	8	3	3	33	52	40	14	25,310	824,400	5,922	48.5	63,372
Miscellaneous Products	0.2	0.0	0.0	0.2	10	3	3	4	46	92	323	23	842	39,017	364	3.0	3,755
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	17	0	0	0	35	0	0	0	28,460	997,409	5,443	44.6	57,031
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.	636,664	23,058,587	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,271 beneficiaries who were in nursing facilities for part of their enrollment and their 64,980 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 1999. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). In Arkansas, 4.4 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 = Center for Medicare and 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.

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, ARKANSAS, 1999

Beneficiary Characteristics	No. of Benes				No. of Bene Mos							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	73,018	38,829	33,741	442	4	2	776,265	401,509	371,380	3,315	37	24
Age												
5 and younger	9	1	8	0	0	0	98	10	88	0	0	0
6-14	18	0	16	0	2	0	205	0	181	0	24	0
15-20	172	0	167	4	1	0	1,924	0	1,874	38	12	0
21-44	10,788	41	10,426	320	0	1	117,109	414	114,047	2,636	0	12
45-64	12,113	110	11,891	110	1	1	128,438	974	126,839	612	1	12
65-74	15,712	8,678	7,027	7	0	0	169,846	89,505	80,315	26	0	0
75-84	18,060	14,793	3,267	0	0	0	192,995	155,527	37,468	0	0	0
85 and older	16,145	15,205	939	1	0	0	165,641	155,070	10,568	3	0	0
Unknown	1	1	0	0	0	9		9	0	0	0	0
Gender												
Female	49,995	29,601	20,092	301	1	0	538,109	310,837	224,599	2,661	12	0
Male	23,022	9,228	13,648	141	3	2	238,144	90,672	146,769	654	25	24
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Race												
White	48,429	27,031	21,063	331	3	1	506,676	273,981	230,284	2,374	25	12
African American	19,876	9,371	10,399	104	1	1	218,149	100,830	116,416	879	12	12
Other/unknown	4,713	2,427	2,279	7	0	0	51,440	26,698	24,680	62	0	0
Use of Nursing Facilities												
All year	12,201	10,769	1,432	0	0	0	120,036	104,214	15,822	0	0	0
Part year	6,271	5,407	864	0	0	0	64,980	55,441	9,539	0	0	0
None	54,546	22,653	31,445	442	4	2	591,249	241,854	346,019	3,315	37	24
Maintenance Assistance Status												
Cash	45,777	16,723	28,974	80	0	0	515,576	188,070	326,879	627	0	0
Medically needy	1,773	311	1,279	182	1	0	8,354	1,152	6,267	923	12	0
Poverty related	809	393	383	32	1	0	7,196	3,503	3,470	211	12	0
Other/unknown	24,659	21,402	3,105	148	2	2	245,139	208,784	34,764	1,554	13	24
Dual Status^c												
Full dual, all year	71,547	37,882	33,222	437	4	2	761,256	391,613	366,327	3,255	37	24
Full dual, part year	1,471	947	519	5	0	0	15,009	9,896	5,053	60	0	0
Managed Care Status												
FFS all year	73,015	38,829	33,740	442	2	2	776,240	401,509	371,368	3,315	24	24
FFS part year, with Rx claims	1	0	1	0	0	0	12	0	12	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	1	0	0	0	1	0	12	0	0	0	12	0
MC all year, no Rx claims	1	0	0	0	1	1		0	0	0	1	0

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	73,018	776,265	73,016	776,251	2	14		
FFS all year	73,015	776,240	73,015	776,240	0	0		
FFS part year, with Rx claims	1	12	1	11	0	1		
FFS part year, with no Rx claims	0	0	0	0	0	0		
MC all year, with Rx claims	1	12	0	0	1	12		
MC all year, with no Rx claims	1	1	0	0	1	1		

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ARKANSAS, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 22,508
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$29,913,757
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$1,329

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		19.3 %	0		0.0 %	0.0 %
\$0	4,336			0		
1-500	6,703	29.8		1,359,116	4.5	
501-1,000	3,205	14.2		2,339,352	7.8	
1,001-1,500	2,063	9.2		2,541,756	8.5	
1,501-2,000	1,501	6.7		2,608,918	8.7	
2,001-2,500	1,083	4.8		2,421,659	8.1	
2,501-3,000	820	3.6		2,247,144	7.5	
3,001-3,500	596	2.6		1,938,736	6.5	
3,501-4,000	473	2.1		1,768,654	5.9	
4,001-4,500	329	1.5		1,394,990	4.7	
4,501-5,000	256	1.1		1,212,394	4.1	
5,001-5,500	221	1.0		1,157,569	3.9	
5,501-6,000	136	0.6		782,244	2.6	
6,001-6,500	106	0.5		661,272	2.2	
6,501-7,000	111	0.5		748,285	2.5	
7,001-7,500	90	0.4		649,550	2.2	
7,501-8,000	84	0.4		652,869	2.2	
8,001-8,500	66	0.3		543,640	1.8	
8,501-9,000	44	0.2		385,742	1.3	
9,001-9,500	38	0.2		350,043	1.2	
9,501-10,000	32	0.1		312,041	1.0	
10,001+	215	1.0		3,837,783	12.8	

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 10/26/2004.

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 1999.

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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

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SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ARKANSAS, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 18,060
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$25,433,444
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,408

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,349	7.5 %	0	0.0 %
1-500	4,148	23.0	980,954	3.9
501-1,000	3,479	19.3	2,574,140	10.1
1,001-1,500	2,567	14.2	3,175,841	12.5
1,501-2,000	1,953	10.8	3,387,736	13.3
2,001-2,500	1,420	7.9	3,168,811	12.5
2,501-3,000	1,042	5.8	2,847,754	11.2
3,001-3,500	627	3.5	2,027,030	8.0
3,501-4,000	471	2.6	1,751,799	6.9
4,001-4,500	301	1.7	1,277,758	5.0
4,501-5,000	223	1.2	1,054,233	4.1
5,001-5,500	143	0.8	746,791	2.9
5,501-6,000	85	0.5	485,940	1.9
6,001-6,500	64	0.4	398,347	1.6
6,501-7,000	54	0.3	366,272	1.4
7,001-7,500	38	0.2	274,728	1.1
7,501-8,000	31	0.2	239,636	0.9
8,001-8,500	20	0.1	164,642	0.6
8,501-9,000	7	0.0	61,292	0.2
9,001-9,500	8	0.0	73,428	0.3
9,501-10,000	6	0.0	58,525	0.2
10,001+	24	0.1	317,787	1.2

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARKANSAS, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 16,145
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$20,624,587
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,278

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	992	6.1 %	0	0.0 %
1-500	4,426	27.4	1,066,767	5.2
501-1,000	3,239	20.1	2,396,832	11.6
1,001-1,500	2,315	14.3	2,858,714	13.9
1,501-2,000	1,621	10.0	2,813,762	13.6
2,001-2,500	1,148	7.1	2,563,740	12.4
2,501-3,000	838	5.2	2,290,400	11.1
3,001-3,500	536	3.3	1,735,332	8.4
3,501-4,000	331	2.1	1,232,832	6.0
4,001-4,500	243	1.5	1,031,208	5.0
4,501-5,000	159	1.0	751,938	3.6
5,001-5,500	101	0.6	527,243	2.6
5,501-6,000	67	0.4	382,362	1.9
6,001-6,500	41	0.3	255,245	1.2
6,501-7,000	27	0.2	181,066	0.9
7,001-7,500	22	0.1	158,351	0.8
7,501-8,000	11	0.1	84,390	0.4
8,001-8,500	8	0.0	65,342	0.3
8,501-9,000	2	0.0	17,373	0.1
9,001-9,500	4	0.0	37,201	0.2
9,501-10,000	3	0.0	29,389	0.1
10,001+	11	0.1	145,100	0.7

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 10/26/2004.

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 1999.

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