

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 ARKANSAS

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ARKANSAS, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	568,614 (A)	90,630 (E)	477,984 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	545,491 (B)	69,902 (F)	475,589 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	545,491 (C)	69,902 (G)	475,589 (K)
4. Benes who were all-year nursing facility residents ^f	14,733 (D)	13,350 (H)	1,383 (L)

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Arkansas in 2001 was \$256,157,998, of which \$3,101,037 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 0.9 percent were restricted benefit months without a pharmacy benefit in Arkansas, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

Table 1

All Medicaid Beneficiaries

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 ARKANSAS, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	545,491	38,065	95,918	125,082	286,426	0	5,226,542	391,495	1,019,519	1,200,565	2,614,963	0	5,226,542	391,495	1,019,519	1,200,565	2,614,963	0	
Age																			
5 and younger	120,873	0	4,704	70	116,099	0	1,057,869	0	48,651	539	1,008,679	0	1,057,869	0	48,651	539	1,008,679	0	
6-14	139,817	0	10,717	224	128,876	0	1,343,592	0	117,334	1,591	1,224,667	0	1,343,592	0	117,334	1,591	1,224,667	0	
15-20	77,429	0	7,389	28,620	41,420	0	725,365	0	78,905	265,104	381,356	0	725,365	0	78,905	265,104	381,356	0	
21-44	122,703	0	29,463	93,215	25	0	1,222,730	0	313,907	908,618	205	0	1,222,730	0	313,907	908,618	205	0	
45-64	34,703	0	31,764	2,933	6	0	350,655	0	326,001	24,598	56	0	350,655	0	326,001	24,598	56	0	
65-74	15,734	8,219	7,503	12	0	0	169,241	84,281	84,920	40	0	0	169,241	84,281	84,920	40	0	0	
75-84	17,992	14,643	3,345	4	0	0	191,108	152,899	38,179	30	0	0	191,108	152,899	38,179	30	0	0	
85 and older	16,239	15,203	1,032	4	0	0	165,979	154,315	11,619	45	0	0	165,979	154,315	11,619	45	0	0	
Unknown	1	0	1	0	0	0	3	0	3	0	0	0	3	0	3	0	0	0	
Gender																			
Female	343,624	28,855	52,039	120,640	142,090	0	3,340,840	300,912	562,766	1,168,258	1,308,904	0	3,340,840	300,912	562,766	1,168,258	1,308,904	0	
Male	201,728	9,207	43,861	4,417	144,243	0	1,884,537	90,558	456,565	32,104	1,305,310	0	1,884,537	90,558	456,565	32,104	1,305,310	0	
Unknown	139	3	18	25	93	0	1,165	25	188	203	749	0	1,165	25	188	203	749	0	
Race																			
White	335,393	26,564	55,030	81,255	172,544	0	3,209,733	268,717	581,102	787,474	1,572,440	0	3,209,733	268,717	581,102	787,474	1,572,440	0	
African American	179,955	9,149	31,230	40,724	98,852	0	1,737,858	97,508	338,858	388,043	913,449	0	1,737,858	97,508	338,858	388,043	913,449	0	
Other/unknown	30,143	2,352	9,658	3,103	15,030	0	278,951	25,270	99,559	25,048	129,074	0	278,951	25,270	99,559	25,048	129,074	0	
Use of Nursing Facilities^c																			
Entire year	14,733	12,455	2,278	0	0	0	147,994	123,337	24,657	0	0	0	147,994	123,337	24,657	0	0	0	
Part year	4,533	3,604	927	1	1	0	44,310	34,528	9,759	11	12	0	44,310	34,528	9,759	11	12	0	
None	526,225	22,006	92,713	125,081	286,425	0	5,034,238	233,630	985,103	1,200,554	2,614,951	0	5,034,238	233,630	985,103	1,200,554	2,614,951	0	
Maintenance Assistance Status																			
Cash	149,051	15,514	84,508	15,273	33,756	0	1,527,522	173,067	916,046	126,433	311,976	0	1,527,522	173,067	916,046	126,433	311,976	0	
Medically needy	20,611	316	2,810	8,454	9,031	0	156,242	1,227	12,674	61,166	81,175	0	156,242	1,227	12,674	61,166	81,175	0	
Poverty-related	173,645	187	385	20,033	153,040	0	1,499,150	1,785	3,370	136,756	1,357,239	0	1,499,150	1,785	3,370	136,756	1,357,239	0	
Other/unknown	202,184	22,048	8,215	81,322	90,599	0	2,043,628	215,416	87,429	876,210	864,573	0	2,043,628	215,416	87,429	876,210	864,573	0	
Dual Medicare Status^d																			
Full dual, all year	68,607	34,244	33,793	570	0	0	724,948	353,160	366,932	4,856	0	0	724,948	353,160	366,932	4,856	0	0	
Full dual, part year	1,295	729	556	10	0	0	13,092	7,715	5,278	99	0	0	13,092	7,715	5,278	99	0	0	
Non-dual, all year	475,589	3,092	61,569	124,502	286,426	0	4,488,502	30,620	647,309	1,195,610	2,614,963	0	4,488,502	30,620	647,309	1,195,610	2,614,963	0	
Managed Care Status																			
FFS all year	545,491	38,065	95,918	125,082	286,426	0	5,226,542	391,495	1,019,519	1,200,565	2,614,963	0	5,226,542	391,495	1,019,519	1,200,565	2,614,963	0	
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 ARKANSAS, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	60.3 %	9.2	\$464	\$51	\$3,362	13.8 %	545,491
Age							
5 and younger	70.0	4.8	165	35	2,211	7.5	120,873
6-14	58.8	4.3	229	54	1,588	14.4	139,817
15-20	47.4	3.7	202	55	1,948	10.4	77,429
21-44	43.0	5.9	384	66	2,748	14.0	122,703
45-64	81.5	26.7	1,537	58	8,022	19.2	34,703
65-74	86.9	34.0	1,644	48	8,392	19.6	15,734
75-84	90.1	40.0	1,824	46	11,630	15.7	17,992
85 and older	89.5	39.2	1,612	41	14,579	11.1	16,239
Unknown	100.0	7.0	136	19	5,903	2.3	1
Basis of Eligibility^c							
Aged	89.0	38.9	1,730	44	12,918	13.4	38,065
Disabled	80.5	22.0	1,411	64	8,851	15.9	95,918
Adults	32.7	2.4	90	37	899	10.0	125,082
Children	61.8	3.9	142	37	1,329	10.7	286,426
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	57.6	9.8	466	48	3,163	14.7	343,624
Male	64.9	8.1	461	57	3,700	12.5	201,728
Unknown	56.8	4.5	180	40	2,617	6.9	139
Race							
White	62.2	10.2	527	51	3,652	14.4	335,393
African American	56.7	7.0	330	47	2,735	12.1	179,955
Other/unknown	60.9	10.2	565	55	3,869	14.6	30,143
Use of Nursing Facilities^d							
Entire year	95.9	58.4	2,655	46	26,101	10.2	14,733
Part year	95.9	43.4	2,113	49	18,349	11.5	4,533
None	59.0	7.5	388	52	2,596	15.0	526,225

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	74.9	16.9	971	58	5,260	18.5	149,051
Medically needy	66.3	6.6	358	54	2,765	13.0	20,611
Poverty related	63.5	3.9	136	34	1,446	9.4	173,645
Other/unknown	46.2	8.2	383	47	3,668	10.4	202,184

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARKANSAS, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Beneficiaries	Beneficiaries 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	1.0	\$48	13.8 %	39.7 %	42.1 %	6.5 %	8.6 %	2.7 %	0.3 %	\$351	545,491	5,226,542
Age												
5 and younger	0.5	19	7.5	30.0	62.1	5.8	2.0	0.1	0.0	253	120,873	1,057,869
6-14	0.4	24	14.4	41.2	52.1	3.9	2.4	0.3	0.0	165	139,817	1,343,592
15-20	0.4	22	10.4	52.6	41.1	3.8	2.1	0.3	0.0	208	77,429	725,365
21-44	0.6	39	14.0	57.0	29.2	6.4	6.5	0.9	0.0	276	122,703	1,222,730
45-64	2.6	152	19.2	18.5	20.3	15.7	35.0	9.9	0.7	794	34,703	350,655
65-74	3.2	153	19.6	13.1	16.9	14.6	38.9	14.7	1.7	780	15,734	169,241
75-84	3.8	172	15.7	9.9	13.6	12.9	40.2	19.9	3.5	1,095	17,992	191,108
85 and older	3.8	158	11.1	10.5	12.8	12.9	38.3	22.5	3.0	1,426	16,239	165,979
Unknown	2.3	45	2.3	0.0	0.0	100.0	0.0	0.0	0.0	1,968	1	3
Basis of Eligibility^c												
Aged	3.8	168	13.4	11.0	14.1	12.8	37.7	20.8	3.5	1,256	38,065	391,495
Disabled	2.1	133	15.9	19.5	31.2	14.9	27.1	6.9	0.4	833	95,918	1,019,519
Adults	0.3	9	10.0	67.3	27.5	3.3	1.8	0.1	0.0	94	125,082	1,200,565
Children	0.4	16	10.7	38.2	55.9	4.2	1.6	0.1	0.0	146	286,426	2,614,963
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	48	14.7	42.4	38.4	6.2	9.4	3.2	0.4	325	343,624	3,340,840
Male	0.9	49	12.5	35.1	48.5	7.0	7.4	1.8	0.2	396	201,728	1,884,537
Unknown	0.5	22	6.9	43.2	46.8	7.2	2.9	0.0	0.0	312	139	1,165
Race												
White	1.1	55	14.4	37.8	42.1	6.7	9.5	3.5	0.5	382	335,393	3,209,733
African American	0.7	34	12.1	43.3	42.7	5.9	6.7	1.3	0.1	283	179,955	1,737,858
Other/unknown	1.1	61	14.6	39.1	39.6	7.4	11.0	2.8	0.1	418	30,143	278,951
Use of Nursing Facilities^d												
Entire year	5.8	264	10.2	4.1	6.6	7.5	32.5	39.2	10.1	2,598	14,733	147,994
Part year	4.4	216	11.5	4.1	12.2	12.3	41.0	26.8	3.6	1,877	4,533	44,310
None	0.8	41	15.0	41.0	43.4	6.4	7.7	1.5	0.0	271	526,225	5,034,238

Table 4

All Medicaid Beneficiaries

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 2, but 5 or Less		More than 5, but 10 or Less				
						Less	More than 2, but 5 or Less	Less	More than 5, but 10 or Less			
Maintenance Assistance Status												
Cash	1.6	95	18.5	25.1	37.4	12.2	20.6	4.6	0.1	513	149,051	1,527,522
Medically needy	0.9	47	13.0	33.7	43.7	10.9	10.6	1.1	0.0	365	20,611	156,242
Poverty related	0.5	16	9.4	36.5	57.2	4.6	1.6	0.1	0.0	168	173,645	1,499,150
Other/unknown	0.8	38	10.4	53.8	32.5	3.4	5.7	3.8	0.8	363	202,184	2,043,628

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 ARKANSAS, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.0	\$48	0.4	\$37	0.1	\$44	0.4	\$19
Age								
5 and younger	0.5	19	0.2	15	0.0	21	0.3	12
6-14	0.4	24	0.2	19	0.0	46	0.2	18
15-20	0.4	22	0.2	17	0.0	58	0.2	16
21-44	0.6	39	0.3	30	0.0	65	0.3	21
45-64	2.6	152	1.2	114	0.2	57	1.2	22
65-74	3.2	153	1.5	113	0.3	42	1.4	20
75-84	3.8	172	1.7	125	0.4	38	1.8	19
85 and older	3.8	158	1.5	110	0.4	34	1.9	17
Unknown	2.3	45	0.3	15	0.0	0	2.0	15
Basis of Eligibility^d								
Aged	3.8	168	1.6	122	0.4	37	1.8	18
Disabled	2.1	133	1.0	102	0.2	59	0.9	22
Adults	0.3	9	0.1	7	0.0	44	0.1	15
Children	0.4	16	0.2	12	0.0	25	0.2	14
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.0	48	0.4	36	0.1	43	0.5	18
Male	0.9	49	0.4	38	0.1	49	0.4	20
Unknown	0.5	22	0.3	16	0.0	35	0.2	19
Race								
White	1.1	55	0.5	42	0.1	46	0.5	19
African American	0.7	34	0.3	26	0.1	40	0.4	17
Other/unknown	1.1	61	0.5	47	0.1	49	0.5	19
Use of Nursing Facilities^e								
Entire year	5.8	264	2.3	189	0.5	39	2.9	18
Part year	4.4	216	1.9	158	0.4	40	2.1	19
None	0.8	41	0.4	31	0.1	46	0.4	19

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.6	95	0.8	72	0.1	7	0.8	16
Medically needy	0.9	47	0.4	36	0.1	3	0.4	8
Poverty related	0.5	16	0.2	12	0.0	1	0.2	3
Other/unknown	0.8	38	0.4	28	0.1	3	0.4	7

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Arkansas, 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).
- 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit, \$ = Medicaid reimbursement.

Table 5

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 ARKANSAS, 2001

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.	As % of All Benes	No. of Bene Mos			
															Patented	Off-Patent	Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$9	\$0	\$2	\$42	\$68	\$36	\$13	585,123	\$24,502,738	226,464	41.5 %	2,360,300
Biologics	0.3	0.3	0.0	0.0	464	430	21	13	1440	1,442	1,339	1,529	2,928	4,215,209	1,011	0.2	9,088
Antineoplastic Agents	0.5	0.2	0.1	0.3	86	56	16	15	163	288	189	59	21,742	3,551,571	4,018	0.7	41,277
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.1	23	19	2	2	42	60	23	14	457,655	19,352,610	78,988	14.5	847,802
Cardiovascular Agents	1.3	0.5	0.1	0.7	42	26	4	13	33	55	32	18	948,830	31,172,815	68,775	12.6	737,904
Respiratory Agents	0.4	0.2	0.0	0.1	14	11	1	2	40	60	19	18	551,966	21,887,117	148,339	27.2	1,549,191
Gastrointestinal Agents	0.5	0.3	0.0	0.2	37	30	3	4	74	113	94	19	280,943	20,652,183	52,720	9.7	560,697
Genitourinary Agents	0.3	0.2	0.0	0.1	15	14	0	1	50	62	44	18	74,305	3,716,967	22,873	4.2	241,152
CNS Drugs	0.7	0.4	0.0	0.3	57	44	5	8	77	124	114	24	666,745	51,418,259	84,711	15.5	899,205
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	31	24	1	5	58	70	46	34	97,714	5,703,829	17,494	3.2	186,564
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	75	73	0	2	116	132	84	22	28,117	3,257,587	4,115	0.8	43,472
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	17	12	1	4	44	104	82	16	463,275	20,437,655	116,119	21.3	1,226,155
Neuromuscular Agents	0.7	0.3	0.1	0.3	41	30	4	7	62	109	43	24	291,264	18,019,199	41,052	7.5	442,730
Nutritional Products	0.4	0.0	0.1	0.3	8	0	4	4	18	19	28	13	142,017	2,547,439	32,422	5.9	333,682
Hematological Agents	0.6	0.2	0.1	0.3	72	61	3	8	112	307	25	24	111,415	12,507,137	16,485	3.0	174,088
Topical Products	0.2	0.1	0.0	0.1	7	4	0	2	31	50	34	16	253,846	7,868,892	109,721	20.1	1,161,684
Miscellaneous Products	0.4	0.2	0.1	0.2	80	58	13	9	186	369	250	41	10,665	1,980,916	2,501	0.5	24,861
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	26	0	0	0	10,279	264,838	5,105	0.9	55,393
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.	4,998,829	253,056,961	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/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, 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/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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 ARKANSAS, 2001

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$26,594,828	27,163	296,192	0.6	\$159	\$90	
ANTIDEPRESSANTS	19,244,180	59,355	635,272	0.5	64	30	
ULCER DRUGS	17,939,529	49,546	532,599	0.4	83	34	
ANTICONVULSANT	14,613,312	28,016	306,106	0.6	75	48	
ANTIASTHMATIC	11,578,457	78,449	836,695	0.3	49	14	
ANALGESICS - Narcotic	10,120,437	110,687	1,173,234	0.2	37	9	
ANTIDIABETIC	9,670,060	26,233	286,707	0.6	55	34	
ANTIHYPERTENSIVE	9,390,260	41,241	450,082	0.6	34	21	
MISC. HEMATOLOGICAL	8,532,170	7,087	76,701	0.6	197	111	
ANALGESICS - ANTI-INFLAMMATORY	8,276,850	51,508	562,047	0.3	53	15	
Total	135,960,083	479,285	5,155,635	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Arkansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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.