

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

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

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

## **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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

## **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, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	644,566 (A)	94,752 (E)	549,814 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	623,866 (B)	76,037 (F)	547,829 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	623,866 (C)	76,037 (G)	547,829 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	14,830 (D)	13,458 (H)	1,372 (L)

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$289,314,218, of which \$3,060,185 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 4.6 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 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 ARKANSAS, 2002

Beneficiary Characteristics	No. of Benef							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>623,866</b>	<b>38,023</b>	<b>112,240</b>	<b>145,646</b>	<b>327,957</b>	<b>0</b>	<b>5,913,505</b>	<b>382,779</b>	<b>1,120,127</b>	<b>1,380,499</b>	<b>3,030,100</b>	<b>0</b>		
<b>Age</b>														
5 and younger	138,301	0	5,694	71	132,536	0	1,222,015	0	56,430	508	1,165,077	0		
6-14	160,668	0	11,753	197	148,718	0	1,561,463	0	125,361	1,489	1,434,613	0		
15-20	87,719	0	7,837	33,587	46,295	0	812,601	0	81,660	301,848	429,093	0		
21-44	141,969	0	33,501	108,074	394	0	1,380,119	0	332,775	1,046,072	1,272	0		
45-64	42,503	0	38,807	3,694	2	0	397,558	0	367,077	30,464	17	0		
65-74	17,642	8,466	9,159	17	0	0	181,735	83,503	98,153	79	0	0		
75-84	18,895	14,606	4,284	5	0	0	195,931	150,099	45,796	36	0	0		
85 and older	16,157	14,951	1,205	1	0	0	162,055	149,177	12,875	3	0	0		
Unknown	12	0	0	0	12	0	28	0	0	0	28	0		
<b>Gender</b>														
Female	388,805	28,610	60,400	138,243	161,552	0	3,746,344	292,773	615,658	1,327,860	1,510,053	0		
Male	234,374	9,383	51,798	7,339	165,854	0	2,161,753	89,741	504,114	52,251	1,515,647	0		
Unknown	687	30	42	64	551	0	5,408	265	355	388	4,400	0		
<b>Race</b>														
White	385,454	27,011	66,152	95,162	197,129	0	3,658,856	267,503	653,119	913,428	1,824,806	0		
African American	198,492	9,005	34,870	46,158	108,459	0	1,900,354	94,455	360,237	433,951	1,011,711	0		
Other/unknown	39,920	2,007	11,218	4,326	22,369	0	354,295	20,821	106,771	33,120	193,583	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	14,830	12,513	2,317	0	0	0	147,091	122,174	24,917	0	0	0		
Part year	4,541	3,577	962	2	0	0	43,849	33,868	9,966	15	0	0		
None	604,495	21,933	108,961	145,644	327,957	0	5,722,565	226,737	1,085,244	1,380,484	3,030,100	0		
<b>Maintenance Assistance Status</b>														
Cash	167,386	14,618	94,079	20,930	37,759	0	1,651,139	161,240	965,030	172,952	351,917	0		
Medically needy	11,844	440	3,744	5,037	2,623	0	61,003	1,481	15,096	25,068	19,358	0		
Poverty-related	235,343	978	5,203	28,319	200,843	0	2,093,473	8,325	44,350	198,370	1,842,428	0		
Other/unknown	209,293	21,987	9,214	91,360	86,732	0	2,107,890	211,733	95,651	984,109	816,397	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	70,817	33,532	36,639	644	2	0	722,709	338,279	379,016	5,394	20	0		
Full dual, part year	5,220	1,223	3,967	30	0	0	53,655	12,970	40,359	326	0	0		
Non-dual, all year	547,829	3,268	71,634	144,972	327,955	0	5,137,141	31,530	700,752	1,374,779	3,030,080	0		
<b>Managed Care Status</b>														
FFS all year	623,866	38,023	112,240	145,646	327,957	0	5,913,505	382,779	1,120,127	1,380,499	3,030,100	0		
FFS part year, with Rx claims	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		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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<sup>a, b</sup>  
 ARKANSAS, 2002

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	59.3 %	8.8	\$459	\$52	\$3,309	13.9 %	623,866
<b>Age</b>							
5 and younger	70.2	5.0	183	37	2,229	8.2	138,301
6-14	61.4	4.7	257	55	1,624	15.8	160,668
15-20	50.1	4.1	233	57	2,150	10.9	87,719
21-44	40.1	5.5	375	68	2,553	14.7	141,969
45-64	71.6	23.6	1,411	60	7,497	18.8	42,503
65-74	75.6	30.1	1,480	49	7,941	18.6	17,642
75-84	83.7	38.7	1,772	46	12,040	14.7	18,895
85 and older	86.8	39.2	1,626	42	15,959	10.2	16,157
Unknown	0.0	0.0	0	0	4	0.0	12
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	86.0	39.0	1,748	45	14,099	12.4	38,023
Disabled	72.9	20.2	1,366	68	8,432	16.2	112,240
Adults	32.3	2.4	90	38	886	10.2	145,646
Children	63.6	4.2	163	39	1,381	11.8	327,957
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	56.5	9.3	454	49	3,130	14.5	388,805
Male	64.1	7.9	468	60	3,608	13.0	234,374
Unknown	54.3	5.5	279	51	2,821	9.9	687
<b>Race</b>							
White	61.0	9.8	519	53	3,579	14.5	385,454
African American	56.4	6.8	334	49	2,747	12.1	198,492
Other/unknown	58.0	8.4	500	60	3,495	14.3	39,920
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	95.6	60.6	2,820	47	29,384	9.6	14,830
Part year	95.3	44.6	2,176	49	20,113	10.8	4,541
None	58.2	7.2	388	54	2,543	15.3	604,495

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
<b>Maintenance Assistance Status</b>							
Cash	72.1	16.1	967	60	5,223	18.5	167,386
Medically needy	54.5	5.6	360	65	3,541	10.2	11,844
Poverty related	63.2	4.2	154	37	1,454	10.6	235,343
Other/unknown	45.1	8.3	401	48	3,852	10.4	209,293

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

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<sup>a,b</sup>  
 ARKANSAS, 2002

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
<b>All</b>	<b>0.9</b>	<b>\$48</b>	<b>13.9 %</b>	<b>40.7 %</b>	<b>42.1 %</b>	<b>6.4 %</b>	<b>8.0 %</b>	<b>2.5 %</b>	<b>0.3 %</b>	<b>\$349</b>	<b>623,866</b>	<b>5,913,505</b>
<b>Age</b>												
5 and younger	0.6	21	8.2	29.8	62.0	6.0	2.1	0.2	0.0	252	138,301	1,222,015
6-14	0.5	27	15.8	38.6	54.0	4.5	2.6	0.3	0.0	167	160,668	1,561,463
15-20	0.4	25	10.9	49.9	43.0	4.3	2.5	0.4	0.0	232	87,719	812,601
21-44	0.6	39	14.7	59.9	27.1	6.0	6.1	0.8	0.0	263	141,969	1,380,119
45-64	2.5	151	18.8	28.4	17.8	13.5	30.4	9.2	0.6	802	42,503	397,558
65-74	2.9	144	18.6	24.4	14.5	12.4	33.9	12.9	1.9	771	17,642	181,735
75-84	3.7	171	14.7	16.3	12.1	11.4	36.7	19.6	4.0	1,161	18,895	195,931
85 and older	3.9	162	10.2	13.2	10.9	12.3	37.0	23.3	3.3	1,591	16,157	162,055
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2	12	28
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.9	174	12.4	14.0	12.6	12.1	36.0	21.2	4.1	1,401	38,023	382,779
Disabled	2.0	137	16.2	27.1	27.7	13.5	24.8	6.6	0.4	845	112,240	1,120,127
Adults	0.3	10	10.2	67.7	27.1	3.3	1.7	0.1	0.0	94	145,646	1,380,499
Children	0.5	18	11.8	36.4	57.2	4.6	1.8	0.1	0.0	149	327,957	3,030,100
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.0	47	14.5	43.5	38.4	6.1	8.6	3.0	0.4	325	388,805	3,746,344
Male	0.9	51	13.0	35.9	48.3	6.8	7.0	1.7	0.2	391	234,374	2,161,753
Unknown	0.7	35	9.9	45.7	43.8	4.7	3.9	1.7	0.1	358	687	5,408
<b>Race</b>												
White	1.0	55	14.5	39.0	41.9	6.6	8.8	3.2	0.5	377	385,454	3,658,856
African American	0.7	35	12.1	43.6	42.9	5.8	6.3	1.3	0.1	287	198,492	1,900,354
Other/unknown	0.9	56	14.3	42.0	40.7	6.5	8.6	2.1	0.1	394	39,920	354,295
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.1	284	9.6	4.4	5.6	6.6	31.5	40.1	11.7	2,963	14,830	147,091
Part year	4.6	225	10.8	4.7	10.3	11.9	40.8	28.5	3.9	2,083	4,541	43,849
None	0.8	41	15.3	41.8	43.3	6.3	7.2	1.4	0.0	269	604,495	5,722,565

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 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
<b>Maintenance Assistance Status</b>												
Cash	1.6	98	18.5	27.9	36.3	11.8	19.4	4.5	0.1	530	167,386	1,651,139
Medically needy	1.1	70	10.2	45.5	27.5	12.0	13.7	1.4	0.0	688	11,844	61,003
Poverty related	0.5	17	10.6	36.8	56.6	4.8	1.7	0.1	0.0	163	235,343	2,093,473
Other/unknown	0.8	40	10.4	54.9	31.4	3.4	5.6	3.8	0.9	382	209,293	2,107,890

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 ARKANSAS, 2002

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 \$
All	0.9	\$48	0.4	\$36	0.1	\$3	0.5	\$9
		\$52		\$93		\$45		\$19
<b>Age</b>								
5 and younger	0.6	21	0.2	16	0.0	2	0.3	4
6-14	0.5	27	0.2	20	0.0	3	0.2	4
15-20	0.4	25	0.2	19	0.0	2	0.2	4
21-44	0.6	39	0.2	30	0.0	2	0.3	6
45-64	2.5	151	1.1	114	0.2	9	1.2	28
65-74	2.9	144	1.3	106	0.2	8	1.5	29
75-84	3.7	171	1.5	125	0.3	10	1.9	36
85 and older	3.9	162	1.4	114	0.3	11	2.1	37
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.9	174	1.6	126	0.3	11	2.0	37
Disabled	2.0	137	0.9	106	0.1	8	1.0	22
Adults	0.3	10	0.1	6	0.0	1	0.1	2
Children	0.5	18	0.2	13	0.0	2	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.0	47	0.4	35	0.1	3	0.5	9
Male	0.9	51	0.4	39	0.1	3	0.4	8
Unknown	0.7	35	0.3	26	0.1	3	0.3	7
<b>Race</b>								
White	1.0	55	0.4	41	0.1	4	0.5	10
African American	0.7	35	0.3	26	0.1	2	0.4	7
Other/unknown	0.9	56	0.4	43	0.1	4	0.5	9
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.1	284	2.3	207	0.5	17	3.3	60
Part year	4.6	225	1.8	166	0.4	14	2.4	45
None	0.8	41	0.3	31	0.1	3	0.4	7

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 \$
<b>Maintenance Assistance Status</b>								
Cash	1.6	98	0.7	75	0.1	6	0.8	17
Medically needy	1.1	70	0.4	53	0.1	5	0.6	13
Poverty related	0.5	17	0.2	12	0.0	2	0.2	3
Other/unknown	0.8	40	0.3	29	0.1	3	0.4	8

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 0.2 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](http://www.Medi-Span.com/products/product_mddb.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 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 ARKANSAS, 2002

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. of Bene Mos	As % of All Bene	
Anti-infective Agents	0.2	0.1	0.0	\$11	\$8	\$1	\$44	\$70	\$67	\$14	\$29,809,534	259,603	41.6%	2,735,707
Biologics	0.3	0.3	0.0	471	433	12	1,466	1,425	1,075	4,228	5,087,499	1,189	0.2	10,796
Antineoplastic Agents	0.5	0.2	0.0	91	64	5	175	337	173	73	4,179,944	4,463	0.7	45,874
Endocrine/Metabolic Drugs	0.5	0.3	0.1	22	17	3	44	65	28	18	21,929,452	91,042	14.6	977,149
Cardiovascular Agents	1.3	0.4	0.1	42	27	3	33	60	30	17	31,895,442	71,627	11.5	762,050
Respiratory Agents	0.4	0.2	0.0	15	11	2	43	67	38	17	28,540,746	176,439	28.3	1,866,494
Gastrointestinal Agents	0.5	0.2	0.0	31	25	1	65	116	131	17	18,553,948	56,086	9.0	597,932
Genitourinary Agents	0.3	0.2	0.0	17	15	0	55	66	48	19	4,426,663	24,434	3.9	258,446
CNS Drugs	0.7	0.4	0.0	58	48	2	79	131	82	24	57,791,695	94,180	15.1	999,676
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	37	25	5	67	78	68	42	8,360,859	21,167	3.4	228,510
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	85	83	0	126	138	27	24	4,282,564	4,829	0.8	50,364
Analgesics and Anesthetics	0.4	0.1	0.0	15	9	1	42	126	70	17	20,689,874	128,541	20.6	1,361,824
Neuromuscular Agents	0.7	0.3	0.1	45	33	4	69	118	54	27	21,683,777	44,965	7.2	483,842
Nutritional Products	0.4	0.0	0.0	7	0	1	17	25	18	16	2,399,330	33,719	5.4	347,200
Hematological Agents	0.7	0.2	0.1	80	70	2	121	292	18	25	15,027,708	17,830	2.9	187,309
Topical Products	0.2	0.1	0.0	7	5	0	33	55	37	16	9,233,130	122,962	19.7	1,317,005
Miscellaneous Products	0.2	0.1	0.0	26	18	5	130	168	274	42	2,176,946	8,004	1.3	83,616
Unknown Therapeutic Category	0.2	0.0	0.0	4	0	0	21	0	0	0	184,922	4,440	0.7	49,110
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	286,254,033	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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](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, 0.2 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](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<sup>a, b, c</sup>  
 ARKANSAS, 2002

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	\$32,068,547	4.9 %	30,553	0.6	\$175	\$97	
ANTIDEPRESSANTS	20,503,748	10.9	68,084	0.5	60	28	
ANTICONVULSANT	17,536,821	5.0	31,079	0.6	82	52	
ULCER DRUGS	15,156,856	8.8	55,073	0.4	70	25	
ANTIASTHMATIC	14,820,694	14.7	91,453	0.3	55	15	
ANALGESICS - Narcotic	11,242,293	20.1	125,527	0.2	37	8	
MISC. HEMATOLOGICAL	10,866,750	1.3	8,236	0.6	212	123	
ANTIDIABETIC	10,007,487	4.4	27,365	0.6	54	34	
ANTIHYPERTENSIVE	9,604,307	7.1	44,073	0.6	33	20	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	8,360,859	3.9	24,136	0.5	67	32	
Total	150,168,362		505,579	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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.