

# 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 D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>76,037</b>	<b>34,755</b>	<b>40,606</b>	<b>674</b>	<b>2</b>	<b>0</b>	<b>776,364</b>	<b>351,249</b>	<b>419,375</b>	<b>5,720</b>	<b>20</b>	<b>0</b>
<b>Age</b>												
5 and younger	8	0	8	0	0	0	74	0	74	0	0	0
6-14	20	0	18	0	2	0	208	0	188	0	20	0
15-20	168	0	163	5	0	0	1,800	0	1,755	45	0	0
21-44	12,309	0	11,808	501	0	0	127,261	0	122,726	4,535	0	0
45-64	15,768	0	15,611	157	0	0	157,257	0	156,166	1,091	0	0
65-74	15,727	7,708	8,011	8	0	0	161,992	76,535	85,420	37	0	0
75-84	17,431	13,497	3,931	3	0	0	181,443	139,545	41,886	12	0	0
85 and older	14,606	13,550	1,056	0	0	0	146,329	135,169	11,160	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	50,751	26,459	23,781	511	0	0	526,331	271,805	249,764	4,762	0	0
Male	25,279	8,296	16,818	163	2	0	249,966	79,444	169,544	958	20	0
Unknown	7	0	7	0	0	0	67	0	67	0	0	0
<b>Race</b>												
White	52,019	25,011	26,497	509	2	0	523,908	248,542	271,047	4,299	20	0
African American	19,835	8,021	11,659	155	0	0	209,728	84,823	123,589	1,316	0	0
Other/unknown	4,183	1,723	2,450	10	0	0	42,728	17,884	24,739	105	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,458	11,913	1,545	0	0	0	133,236	116,345	16,891	0	0	0
Part year	4,026	3,402	624	0	0	0	38,957	32,342	6,615	0	0	0
None	58,553	19,440	38,437	674	2	0	604,171	202,562	395,869	5,720	20	0
<b>Maintenance Assistance Status</b>												
Cash	44,125	13,245	30,716	164	0	0	478,258	145,606	331,257	1,395	0	0
Medically needy	1,925	327	1,430	168	0	0	7,909	1,084	6,050	775	0	0
Poverty-related	5,552	842	4,661	48	1	0	47,818	7,351	40,127	329	11	0
Other/unknown	24,435	20,341	3,799	294	1	0	242,379	197,208	41,941	3,221	9	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
<b>Managed Care Status</b>												
FFS all year	76,037	34,755	40,606	674	2	0	776,364	351,249	419,375	5,720	20	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 D2

Dual Eligible 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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. 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 D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	81.5 %	32.4	\$1,675	\$52	\$11,263	14.9 %	76,037
<b>Age</b>							
5 and younger	87.5	43.9	6,983	159	51,166	13.6	8
6-14	90.0	66.9	9,209	138	21,661	42.5	20
15-20	76.2	20.8	2,344	113	11,914	19.7	168
21-44	73.4	18.1	1,523	84	9,118	16.7	12,309
45-64	75.6	27.4	1,688	62	9,528	17.7	15,768
65-74	77.6	31.1	1,526	49	8,092	18.9	15,727
75-84	86.7	40.2	1,839	46	12,391	14.8	17,431
85 and older	92.8	41.9	1,735	41	16,967	10.2	14,606
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	89.7	40.7	1,823	45	14,649	12.4	34,755
Disabled	75.0	25.6	1,567	61	8,512	18.4	40,606
Adults	48.8	8.4	585	70	2,335	25.0	674
Children	100.0	27.0	4,218	156	12,264	34.4	2
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	85.8	36.5	1,789	49	11,583	15.4	50,751
Male	72.9	24.1	1,447	60	10,616	13.6	25,279
Unknown	57.1	15.6	1,998	128	25,817	7.7	7
<b>Race</b>							
White	81.0	34.8	1,813	52	12,378	14.6	52,019
African American	82.5	27.0	1,349	50	9,419	14.3	19,835
Other/unknown	82.9	28.1	1,512	54	6,134	24.7	4,183
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	96.0	60.3	2,758	46	28,740	9.6	13,458
Part year	95.5	44.6	2,119	48	19,267	11.0	4,026
None	77.2	25.1	1,396	56	6,695	20.9	58,553
<b>Maintenance Assistance Status</b>							
Cash	86.2	28.8	1,585	55	6,256	25.3	44,125
Medically needy	64.6	8.9	737	83	5,032	14.7	1,925
Poverty related	10.7	1.7	116	70	701	16.6	5,552
Other/unknown	90.5	47.6	2,266	48	23,194	9.8	24,435

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 D.3 includes beneficiaries represented by Cell G of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
All	3.2	\$164	14.9 %	18.5 %	16.4 %	13.1 %	34.4 %	15.4 %	2.2 %	\$1,103	76,037	776,364
<b>Age</b>												
5 and younger	4.7	755	13.6	12.5	0.0	12.5	50.0	25.0	0.0	5,531	8	74
6-14	6.4	886	42.5	10.0	10.0	0.0	25.0	45.0	10.0	2,083	20	208
15-20	1.9	219	19.7	23.8	38.1	11.9	18.5	7.7	0.0	1,112	168	1,800
21-44	1.8	147	16.7	26.6	30.1	15.0	23.6	4.5	0.1	882	12,309	127,261
45-64	2.8	169	17.7	24.4	16.0	13.3	33.8	11.5	0.9	955	15,768	157,257
65-74	3.0	148	18.9	22.4	14.6	12.7	34.9	13.4	1.9	786	15,727	161,992
75-84	3.9	177	14.8	13.3	12.4	11.7	38.2	20.3	4.1	1,190	17,431	181,443
85 and older	4.2	173	10.2	7.2	11.7	13.2	39.5	25.0	3.5	1,694	14,606	146,329
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.0	180	12.4	10.3	13.0	12.6	37.6	22.2	4.3	1,450	34,755	351,249
Disabled	2.5	152	18.4	25.0	19.2	13.6	32.0	9.7	0.5	824	40,606	419,375
Adults	1.0	69	25.0	51.2	20.0	11.3	14.4	3.1	0.0	275	674	5,720
Children	2.7	422	34.4	0.0	50.0	0.0	50.0	0.0	0.0	1,226	2	20
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	3.5	173	15.4	14.2	14.2	13.2	38.1	17.8	2.6	1,117	50,751	526,331
Male	2.4	146	13.6	27.1	20.8	12.9	27.2	10.4	1.5	1,074	25,279	249,966
Unknown	1.6	209	7.7	42.9	14.3	14.3	28.6	0.0	0.0	2,697	7	67
<b>Race</b>												
White	3.5	180	14.6	19.0	13.9	11.6	34.4	18.1	3.0	1,229	52,019	523,908
African American	2.6	128	14.3	17.5	22.2	16.4	34.0	9.2	0.7	891	19,835	209,728
Other/unknown	2.7	148	24.7	17.1	19.5	15.8	36.7	10.4	0.4	601	4,183	42,728
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	6.1	279	9.6	4.0	5.6	6.7	31.9	40.4	11.4	2,903	13,458	133,236
Part year	4.6	219	11.0	4.5	10.2	11.8	41.1	28.7	3.7	1,991	4,026	38,957
None	2.4	135	20.9	22.8	19.3	14.6	34.6	8.7	0.0	649	58,553	604,171
<b>Maintenance Assistance Status</b>												
Cash	2.7	146	25.3	13.8	21.8	16.4	38.1	9.8	0.1	577	44,125	478,258
Medically needy	2.2	179	14.7	35.4	14.7	16.3	29.0	4.6	0.0	1,225	1,925	7,909
Poverty related	0.2	14	16.6	89.3	5.8	2.4	2.3	0.2	0.0	81	5,552	47,818
Other/unknown	4.8	229	9.8	9.5	9.2	9.4	35.6	29.7	6.7	2,338	24,435	242,379

Table D4

Dual Eligible 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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

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
<b>All</b>	<b>3.2</b>	<b>\$164</b>	<b>\$52</b>	<b>1.3</b>	<b>\$122</b>	<b>\$93</b>	<b>0.2</b>	<b>\$10</b>	<b>\$41</b>	<b>1.6</b>	<b>\$32</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	4.7	755	159	2.4	495	209	0.6	236	416	1.8	24	13
6-14	6.4	886	138	2.9	697	236	0.7	127	195	2.8	62	22
15-20	1.9	219	113	0.9	183	212	0.2	15	83	0.9	21	23
21-44	1.8	147	84	0.8	117	154	0.1	9	66	0.9	22	26
45-64	2.8	169	62	1.2	128	107	0.2	10	53	1.4	31	23
65-74	3.0	148	49	1.3	110	84	0.2	9	39	1.5	30	20
75-84	3.9	177	46	1.6	129	81	0.3	11	36	2.0	37	19
85 and older	4.2	173	41	1.5	122	79	0.4	12	32	2.3	39	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.0	180	45	1.6	131	81	0.3	11	34	2.1	38	18
Disabled	2.5	152	61	1.1	115	108	0.2	9	51	1.2	28	22
Adults	1.0	69	70	0.4	52	123	0.1	4	59	0.5	12	25
Children	2.7	422	156	0.7	118	169	0.5	147	294	1.5	156	104
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.5	173	49	1.5	127	87	0.3	11	39	1.8	35	20
Male	2.4	146	60	1.0	111	114	0.2	8	47	1.3	27	21
Unknown	1.6	209	128	0.9	122	132	0.2	37	228	0.5	49	92
<b>Race</b>												
White	3.5	180	52	1.4	134	94	0.3	11	41	1.7	35	20
African American	2.6	128	50	1.0	95	91	0.2	7	41	1.3	26	19
Other/unknown	2.7	148	54	1.2	111	94	0.2	9	43	1.4	28	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.1	279	46	2.3	202	87	0.5	17	35	3.3	60	18
Part year	4.6	219	48	1.8	162	88	0.4	13	36	2.4	44	18
None	2.4	135	56	1.0	102	97	0.2	8	45	1.2	25	21
<b>Maintenance Assistance Status</b>												
Cash	2.7	146	55	1.1	110	97	0.2	9	45	1.3	28	21
Medically needy	2.2	179	83	1.0	143	148	0.1	8	64	1.1	28	27
Poverty related	0.2	14	70	0.1	10	123	0.0	1	53	0.1	2	26
Other/unknown	4.8	229	48	1.9	167	88	0.4	14	37	2.5	47	19

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$16	\$13	\$1	\$2	\$59	\$100	\$69	\$16	106,735	\$6,275,255	35,907	47.2 %	394,820
Biologics	0.1	0.0	0.1	0.0	40	0	40	0	483	0	483	0	1	483	1	0.0	12
Antineoplastic Agents	0.5	0.2	0.0	0.3	75	45	5	25	146	273	192	78	16,929	2,473,087	3,191	4.2	32,883
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	34	27	3	4	40	60	22	16	254,391	10,293,049	27,509	36.2	299,026
Cardiovascular Agents	1.5	0.5	0.1	0.9	48	31	4	14	32	59	28	16	707,622	22,766,985	43,757	57.5	470,444
Respiratory Agents	0.5	0.3	0.0	0.2	29	21	2	5	54	77	64	24	105,439	5,693,167	18,248	24.0	198,517
Gastrointestinal Agents	0.6	0.3	0.0	0.4	41	33	1	6	63	120	91	17	175,709	11,022,731	25,018	32.9	272,117
Genitourinary Agents	0.5	0.4	0.0	0.1	30	27	0	2	62	73	44	21	49,084	3,019,909	9,326	12.3	101,492
CNS Drugs	1.0	0.5	0.0	0.5	80	65	3	12	78	127	79	25	364,903	28,611,837	33,576	44.2	358,659
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	43	29	5	9	86	138	92	38	2,138	184,159	402	0.5	4,265
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	87	86	0	1	125	134	27	24	30,669	3,847,878	4,223	5.6	43,993
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	31	20	3	8	51	123	78	21	221,685	11,334,612	33,824	44.5	368,435
Neuromuscular Agents	0.8	0.3	0.1	0.4	49	33	5	11	63	111	53	29	150,394	9,499,867	17,683	23.3	192,305
Nutritional Products	0.6	0.0	0.0	0.6	11	0	1	10	18	29	27	17	91,525	1,634,050	14,483	19.0	154,481
Hematological Agents	0.7	0.3	0.1	0.4	47	39	2	7	66	146	17	18	98,786	6,506,396	13,034	17.1	138,091
Topical Products	0.3	0.2	0.0	0.1	14	10	1	3	41	58	49	19	77,658	3,177,867	20,526	27.0	228,348
Miscellaneous Products	0.4	0.2	0.1	0.2	104	71	19	14	242	434	281	70	3,981	961,959	868	1.1	9,208
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	20	0	0	0	4,192	83,907	1,546	2.0	17,149
<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.	n.a.	n.a.	2,461,841	127,387,198	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 D.6 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 2002. 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](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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

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	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$15,846,810	14,376	18.9 %	154,735	0.6	\$164	\$102
ANTIDEPRESSANTS	9,903,070	26,358	34.7	283,836	0.6	60	35
ULCER DRUGS	9,410,925	26,726	35.1	295,807	0.5	70	32
ANTICONVULSANT	7,114,061	13,044	17.2	142,535	0.7	73	50
ANTIHYPERTENSIVE	6,621,304	26,864	35.3	293,847	0.6	35	23
ANTIDIABETIC	6,248,800	16,896	22.2	186,128	0.6	52	34
ANALGESICS - Narcotic	6,027,091	34,321	45.1	376,520	0.3	47	16
ANTHYPERLIPIDEMIC	5,548,440	9,517	12.5	106,574	0.6	83	52
CALCIUM BLOCKERS	5,346,286	14,400	18.9	157,887	0.7	46	34
ANALGESICS - ANTI-INFLAMMATORY	4,272,796	17,174	22.6	193,394	0.4	60	22
Total	76,339,583	199,676		2,191,263	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.7A  
 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	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 \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>1,186,880</b>	<b>\$76,339,583</b>	<b>14,376</b>	<b>18.9 %</b>	<b>154,735</b>	<b>0.6</b>	<b>\$102</b>	<b>26,358</b>	<b>34.7 %</b>	<b>283,836</b>	<b>0.6</b>	<b>\$35</b>					
<b>Female</b>	875,963	53,771,009	8,964	17.7	96,903	0.6	90	19,834	39.1	214,852	0.6	35					
<b>Disabled</b>	373,872	25,738,589	3,727	15.7	41,836	0.6	102	9,191	38.6	102,838	0.5	32					
5 and younger	9	218	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	110	6,891	0	0.0	0	0.0	0	1	14.3	9	0.9	7					
15-20	660	54,900	9	13.8	108	0.6	91	26	40.0	309	0.4	19					
21-44	60,774	5,309,637	1,329	25.0	14,916	0.5	98	2,588	48.7	28,837	0.4	31					
45-64	153,675	11,141,305	1,569	17.5	17,367	0.6	111	4,387	48.8	48,480	0.5	34					
65-74	96,174	5,838,703	452	8.2	5,190	0.6	98	1,438	26.0	16,574	0.5	28					
75-84	49,671	2,728,339	265	8.8	3,069	0.7	87	593	19.7	6,830	0.5	28					
85 and older	12,799	658,596	103	12.0	1,186	0.6	69	158	18.4	1,799	0.6	30					
<b>Other Eligibles</b>	502,091	28,032,420	5,237	19.4	55,067	0.7	81	10,643	39.5	112,014	0.7	38					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	17	797	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,229	100,045	26	6.2	273	0.3	42	93	22.0	861	0.3	24					
45-64	634	41,618	5	6.3	31	0.5	55	32	40.0	254	0.4	30					
65-74	89,230	5,445,267	812	16.1	8,578	0.7	104	1,781	35.4	18,871	0.6	35					
75-84	214,066	12,160,743	2,030	19.8	21,680	0.7	81	4,293	41.8	45,882	0.7	38					
85 and older	196,915	10,283,950	2,364	21.2	24,505	0.6	73	4,444	39.8	46,146	0.7	38					
<b>Male</b>	310,836	22,558,349	5,408	21.4	57,802	0.6	123	6,522	25.8	68,969	0.6	36					
<b>Disabled</b>	187,489	15,729,266	3,645	21.7	40,526	0.6	141	3,856	22.9	42,471	0.5	34					
5 and younger	42	2,968	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	163	8,244	1	9.1	12	0.3	137	2	18.2	23	0.4	19					
15-20	826	97,133	25	25.5	299	0.6	159	30	30.6	355	0.5	34					
21-44	64,185	6,756,152	1,900	29.3	21,102	0.6	148	1,825	28.1	20,310	0.5	35					
45-64	82,272	6,559,482	1,402	21.2	15,552	0.7	142	1,562	23.6	16,801	0.6	34					
65-74	28,822	1,704,405	205	8.3	2,311	0.6	109	305	12.3	3,520	0.5	23					
75-84	9,162	497,744	84	9.1	942	0.7	84	103	11.2	1,148	0.6	35					
85 and older	2,017	103,138	28	14.3	308	0.7	86	29	14.8	314	0.7	41					
<b>Other Eligibles</b>	123,347	6,829,083	1,763	20.8	17,276	0.6	81	2,666	31.5	26,498	0.7	39					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	2	20	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					
21-44	658	50,219	13	16.5	126	0.3	55	35	44.3	272	0.4	31					
45-64	532	44,240	1	1.3	12	0.4	68	16	20.8	149	0.3	28					
65-74	37,140	2,173,040	451	16.8	4,581	0.7	99	694	25.8	7,054	0.6	38					
75-84	50,548	2,801,811	745	23.0	7,248	0.6	80	1,049	32.4	10,537	0.7	41					
85 and older	34,467	1,759,753	553	23.3	5,309	0.6	69	872	36.7	8,486	0.7	37					
<b>Unknown</b>	81	10,225	4	57.1	30	0.9	139	2	28.6	15	1.2	60					

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 D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](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 D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	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 \$
<b>All</b>	<b>26,726</b>	<b>35.1 %</b>	<b>295,807</b>	<b>0.5</b>	<b>\$32</b>	<b>13,044</b>	<b>17.2 %</b>	<b>142,535</b>	<b>0.7</b>	<b>\$50</b>	<b>26,864</b>	<b>35.3 %</b>	<b>293,947</b>	<b>0.6</b>	<b>\$23</b>
<b>Female</b>	19,984	39.4	222,221	0.5	32	8,557	16.9	93,818	0.7	47	20,014	39.4	220,509	0.6	23
<b>Disabled</b>	8,280	34.8	94,477	0.4	32	4,624	19.4	51,885	0.6	54	8,192	34.4	93,293	0.6	23
5 and younger	1	50.0	12	0.8	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	71.4	54	0.4	14	1	14.3	12	0.8	187	3	42.9	30	0.4	5
15-20	18	27.7	216	0.4	26	21	32.3	252	0.7	80	8	12.3	96	0.3	6
21-44	1,410	26.6	15,990	0.3	29	1,579	29.7	17,861	0.6	65	697	13.1	7,940	0.5	18
45-64	3,368	37.5	37,798	0.4	34	2,117	23.6	23,313	0.6	51	3,152	35.1	35,054	0.6	22
65-74	2,080	37.5	24,152	0.4	33	596	10.8	6,863	0.6	42	2,591	46.8	30,007	0.6	24
75-84	1,075	35.7	12,519	0.4	30	249	8.3	2,899	0.6	36	1,385	46.0	16,129	0.6	23
85 and older	323	37.6	3,736	0.5	33	61	7.1	685	0.6	33	356	41.4	4,137	0.7	21
<b>Other Eligibles</b>	11,704	43.4	127,744	0.5	32	3,933	14.6	41,933	0.7	39	11,822	43.8	127,216	0.7	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	29	6.9	269	0.3	25	50	11.8	502	0.4	50	25	5.9	193	0.4	21
45-64	7	8.8	67	0.3	45	20	25.0	182	0.3	17	11	13.8	110	0.6	30
65-74	1,846	36.7	20,369	0.4	32	878	17.5	9,478	0.7	45	2,187	43.5	23,479	0.6	23
75-84	4,730	46.1	52,441	0.5	33	1,618	15.8	17,375	0.7	40	5,001	48.7	54,619	0.7	24
85 and older	5,092	45.6	54,598	0.5	30	1,367	12.2	14,396	0.7	33	4,598	41.2	48,815	0.7	23
<b>Male</b>	6,741	26.7	73,574	0.5	32	4,486	17.7	48,705	0.7	56	6,848	27.1	73,314	0.6	21
<b>Disabled</b>	3,731	22.2	42,012	0.4	33	3,210	19.1	35,990	0.7	61	3,716	22.1	40,846	0.6	21
5 and younger	6	100.0	53	0.3	37	1	16.7	12	0.1	15	2	33.3	17	0.7	6
6-14	2	18.2	24	0.5	15	2	18.2	24	1.1	17	5	45.5	60	0.6	8
15-20	13	13.3	146	0.3	22	27	27.6	319	0.7	89	17	17.3	196	0.4	8
21-44	1,149	17.7	13,054	0.4	33	1,576	24.3	17,778	0.7	68	854	13.2	9,491	0.6	19
45-64	1,638	24.7	18,142	0.4	33	1,319	19.9	14,633	0.8	57	1,714	25.9	18,358	0.6	21
65-74	682	27.6	7,869	0.4	32	215	8.7	2,437	0.6	38	809	32.7	9,195	0.6	21
75-84	185	20.1	2,110	0.5	30	57	6.2	648	0.7	47	262	28.5	2,978	0.7	22
85 and older	56	28.6	614	0.5	31	13	6.6	139	0.6	22	53	27.0	551	0.7	20
<b>Other Eligibles</b>	3,010	35.6	31,562	0.5	30	1,276	15.1	12,715	0.8	41	3,132	37.0	32,468	0.7	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	14	17.7	110	0.3	21	15	19.0	114	0.6	62	15	19.0	116	0.4	12
45-64	13	16.9	121	0.4	37	11	14.3	100	0.4	45	15	19.5	103	0.5	20
65-74	756	28.1	8,161	0.5	29	439	16.3	4,575	0.8	45	965	35.9	10,116	0.7	21
75-84	1,267	39.1	13,385	0.5	30	545	16.8	5,416	0.8	40	1,262	39.0	13,166	0.7	21
85 and older	960	40.4	9,785	0.6	32	266	11.2	2,510	0.7	34	875	36.8	8,967	0.7	18
<b>Unknown</b>	1	14.3	12	0.1	3	1	14.3	12	1.0	44	2	28.6	24	0.3	14

Table D7B

Dual Eligible 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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - Narcotic				ANTIHYPERLIPIDEMIC						
	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 \$
<b>All</b>	<b>16,896</b>	<b>22.2 %</b>	<b>186,128</b>	<b>0.6</b>	<b>\$34</b>	<b>34,321</b>	<b>45.1 %</b>	<b>376,520</b>	<b>0.3</b>	<b>\$16</b>	<b>9,517</b>	<b>12.5 %</b>	<b>106,574</b>	<b>0.6</b>	<b>\$52</b>
<b>Female</b>	12,881	25.4	143,024	0.6	33	25,274	49.8	279,254	0.3	16	7,110	14.0	80,447	0.6	52
<b>Disabled</b>	6,334	26.6	71,957	0.6	36	13,095	55.1	147,850	0.3	17	3,629	15.3	41,572	0.6	50
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	2	28.6	15	0.1	1	1	14.3	12	1.0	77
15-20	1	1.5	12	0.3	6	42	64.6	487	0.1	2	1	1.5	12	0.1	7
21-44	566	10.7	6,318	0.5	32	3,450	65.0	38,842	0.3	16	268	5.0	3,004	0.5	40
45-64	2,571	28.6	28,770	0.6	36	5,449	60.6	60,423	0.4	21	1,567	17.4	17,567	0.6	47
65-74	2,060	37.2	23,808	0.6	37	2,547	46.0	29,581	0.3	15	1,253	22.6	14,685	0.6	54
75-84	961	31.9	11,055	0.7	36	1,249	41.5	14,430	0.3	11	474	15.7	5,537	0.7	56
85 and older	175	20.3	1,994	0.6	29	356	41.4	4,072	0.3	9	65	7.6	755	0.6	49
<b>Other Eligibles</b>	6,547	24.3	71,067	0.7	31	12,179	45.2	131,404	0.4	14	3,481	12.9	38,875	0.7	54
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	20.0	8	1.4	91	4	80.0	40	0.1	1	0	0.0	0	0.0	0
21-44	25	5.9	250	0.3	22	102	24.2	1,004	0.3	18	2	0.5	23	0.3	20
45-64	21	26.3	200	0.6	45	47	58.8	387	0.4	17	5	6.3	50	0.5	47
65-74	1,536	30.5	16,532	0.6	34	2,176	43.3	23,598	0.4	16	969	19.3	10,683	0.6	54
75-84	3,058	29.8	33,871	0.7	32	4,920	48.0	54,181	0.4	14	1,758	17.1	19,823	0.7	55
85 and older	1,906	17.1	20,206	0.7	27	4,930	44.1	52,194	0.4	12	747	6.7	8,296	0.7	52
<b>Male</b>	4,015	15.9	43,104	0.7	34	9,045	35.8	97,242	0.3	17	2,407	9.5	26,127	0.6	52
<b>Disabled</b>	2,328	13.8	25,773	0.6	35	6,101	36.3	67,108	0.3	20	1,581	9.4	17,547	0.6	51
5 and younger	0	0.0	0	0.0	0	1	16.7	12	0.1	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	27.3	35	0.1	1	1	9.1	12	0.9	74
15-20	0	0.0	0	0.0	0	25	25.5	298	0.2	1	0	0.0	0	0.0	0
21-44	549	8.5	6,195	0.6	36	2,583	39.8	28,714	0.3	19	294	4.5	3,289	0.6	46
45-64	1,079	16.3	11,507	0.6	34	2,431	36.7	26,115	0.4	24	824	12.4	8,957	0.6	51
65-74	536	21.7	6,183	0.6	35	790	32.0	8,927	0.3	13	364	14.7	4,158	0.6	56
75-84	140	15.2	1,613	0.7	36	219	23.8	2,462	0.3	8	91	9.9	1,055	0.7	54
85 and older	24	12.2	275	0.7	21	49	25.0	545	0.3	9	7	3.6	76	0.8	70
<b>Other Eligibles</b>	1,687	19.9	17,331	0.7	34	2,944	34.8	30,134	0.3	12	826	9.8	8,580	0.7	53
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	19.0	125	0.6	44	58	73.4	447	0.5	33	8	10.1	57	0.3	32
45-64	15	19.5	132	0.6	48	37	48.1	282	0.6	62	10	13.0	94	0.4	29
65-74	595	22.2	6,224	0.7	37	877	32.7	9,093	0.3	14	333	12.4	3,427	0.7	56
75-84	686	21.2	7,038	0.7	31	1,120	34.6	11,704	0.3	11	373	11.5	3,929	0.7	52
85 and older	376	15.8	3,812	0.7	31	852	35.8	8,608	0.3	9	102	4.3	1,073	0.7	52
<b>Unknown</b>	0	0.0	0	0.0	0	2	28.6	24	0.7	177	0	0.0	0	0.0	0

Table D7C

Dual Eligible 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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	CALCIUM BLOCKERS				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	No. of Benes	No. of Benes Rx	Mean Rx \$	No. of Benes Rx	No. of Benes Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx						
<b>All</b>	<b>14,400</b>	<b>18.9 %</b>	<b>157,887</b>	<b>0.7</b>	<b>\$34</b>	<b>17,174</b>	<b>22.6 %</b>	<b>193,394</b>	<b>0.4</b>	<b>\$22</b>	<b>76,037</b>	<b>\$22</b>	<b>0.4</b>	<b>776,364</b>
<b>Female</b>	11,256	22.2	124,085	0.7	34	13,176	26.0	148,862	0.4	24	50,751	24	0.4	526,331
<b>Disabled</b>	4,272	18.0	48,618	0.7	33	6,060	25.5	69,781	0.3	22	23,781	22	0.3	249,764
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0	0.0	15
6-14	6	85.7	63	0.7	44	0	0.0	0	0.0	0	7	0	0.0	66
15-20	7	10.8	84	0.5	34	17	26.2	204	0.3	44	65	44	0.3	705
21-44	302	5.7	3,357	0.5	27	1,044	19.7	11,924	0.2	14	5,310	14	0.2	55,666
45-64	1,513	16.8	16,829	0.7	33	2,246	25.0	25,508	0.4	26	8,985	26	0.4	91,597
65-74	1,375	24.8	15,952	0.7	35	1,633	29.5	19,071	0.4	22	5,540	22	0.4	59,851
75-84	839	27.9	9,693	0.7	34	878	29.2	10,277	0.4	20	3,012	20	0.4	32,683
85 and older	230	26.7	2,640	0.8	36	242	28.1	2,797	0.4	22	860	22	0.4	9,181
<b>Other Eligibles</b>	6,984	25.9	75,467	0.8	34	7,116	26.4	79,081	0.4	25	26,970	25	0.4	276,567
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	20.0	12	0.2	3	5	3	0.2	45
21-44	15	3.6	152	0.4	22	30	7.1	248	0.3	17	422	17	0.3	4,031
45-64	7	8.8	56	0.6	29	19	23.8	167	0.3	18	80	18	0.3	670
65-74	1,210	24.1	13,153	0.7	33	1,235	24.6	13,769	0.4	24	5,030	24	0.4	51,027
75-84	2,864	27.9	31,482	0.8	35	3,036	29.6	34,315	0.4	26	10,260	26	0.4	108,051
85 and older	2,888	25.8	30,624	0.8	34	2,795	25.0	30,570	0.4	25	11,173	25	0.4	112,743
<b>Male</b>	3,144	12.4	33,802	0.7	34	3,998	15.8	44,532	0.3	17	25,279	17	0.3	249,966
<b>Disabled</b>	1,655	9.8	18,321	0.7	35	2,429	14.4	27,577	0.3	15	16,818	15	0.3	169,544
5 and younger	2	33.3	17	0.7	42	0	0.0	0	0.0	0	6	0	0.0	59
6-14	6	54.5	72	0.8	55	0	0.0	0	0.0	0	11	0	0.0	122
15-20	8	8.2	91	0.5	43	9	9.2	108	0.1	2	98	2	0.1	1,050
21-44	324	5.0	3,525	0.6	32	790	12.2	8,960	0.2	9	6,494	9	0.2	67,029
45-64	743	11.2	8,109	0.7	36	974	14.7	10,898	0.3	16	6,623	16	0.3	64,533
65-74	403	16.3	4,577	0.7	35	479	19.4	5,567	0.4	19	2,471	19	0.4	25,569
75-84	140	15.2	1,596	0.7	33	149	16.2	1,733	0.4	19	919	19	0.4	9,203
85 and older	29	14.8	334	0.8	32	28	14.3	311	0.3	14	196	14	0.3	1,979
<b>Other Eligibles</b>	1,489	17.6	15,481	0.8	33	1,569	18.5	16,955	0.4	21	8,461	21	0.4	80,422
5 and younger	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	1	50.0	9	0.1	1	2	1	0.1	20
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0
21-44	5	6.3	49	0.5	32	9	11.4	67	0.4	9	79	9	0.4	504
45-64	7	9.1	57	0.6	26	5	6.5	39	0.2	7	77	7	0.2	421
65-74	435	16.2	4,576	0.7	33	444	16.5	4,882	0.4	19	2,686	19	0.4	25,545
75-84	614	19.0	6,424	0.8	33	625	19.3	6,857	0.4	19	3,240	19	0.4	31,506
85 and older	428	18.0	4,375	0.8	33	485	20.4	5,101	0.4	25	2,377	25	0.4	22,426
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	0	0.0	67

Table D7D

Dual Eligible 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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

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
<b>All</b>	<b>\$279</b>	<b>6.1</b>	<b>13,458</b>	<b>133,236</b>
<b>Age</b>				
0-64	334	6.1	1,055	11,332
65-74	332	6.5	1,700	17,195
75-84	308	6.6	4,342	43,024
85 and older	233	5.6	6,361	61,685
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	279	6.2	9,965	99,677
Male	277	5.8	3,492	33,547
Unknown	0	0.0	1	12
<b>Race</b>				
White	285	6.3	11,225	110,151
African American	244	5.1	2,097	21,800
Other/unknown	277	6	136	1,285
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	274	6.1	11,913	116,345
Disabled	313	5.9	1,545	16,891
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 2002 file for Arkansas, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx			Total Rx \$			Users		
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$17	\$14	\$1	\$2	\$48	\$76	\$61	\$14	35,411	\$1,688,013	9,406	69.9 %	98,272
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	0.6	0.1	0.0	0.4	62	15	8	39	112	167	224	91	7,606	852,174	1,389	10.3	13,766
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	38	30	4	5	35	59	18	13	69,537	2,464,591	6,269	46.6	64,171
Cardiovascular Agents	2.0	0.5	0.2	1.4	47	24	4	19	23	52	22	14	201,936	4,665,518	9,932	73.8	99,625
Respiratory Agents	0.6	0.2	0.0	0.3	26	17	2	6	44	68	55	22	33,091	1,446,307	5,389	40.0	56,356
Gastrointestinal Agents	1.0	0.3	0.0	0.7	44	32	1	11	45	103	72	17	67,736	3,046,900	6,724	50.0	69,267
Genitourinary Agents	0.7	0.5	0.0	0.1	40	37	0	3	61	73	44	20	22,158	1,358,880	3,249	24.1	33,827
CNS Drugs	1.5	0.8	0.1	0.5	110	91	6	12	75	107	69	23	139,315	10,402,174	9,349	69.5	94,859
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	38	31	0	7	64	127	0	20	496	31,605	87	0.6	827
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	103	103	0	0	126	127	0	30	17,879	2,245,006	2,171	16.1	21,820
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	31	21	2	8	42	96	50	17	51,120	2,149,604	6,658	49.5	68,444
Neuromuscular Agents	1.2	0.5	0.1	0.6	63	39	5	19	54	84	49	32	51,154	2,759,659	4,218	31.3	43,961
Nutritional Products	0.8	0.0	0.0	0.8	13	0	1	12	16	33	22	16	39,565	642,506	4,926	36.6	49,618
Hematological Agents	1.0	0.3	0.1	0.5	52	42	2	8	52	137	12	15	43,752	2,289,681	4,318	32.1	43,695
Topical Products	0.4	0.2	0.0	0.2	14	10	1	3	35	54	51	17	28,827	1,018,086	6,642	49.4	71,172
Miscellaneous Products	0.2	0.0	0.0	0.2	6	2	0	5	32	80	0	26	717	22,701	352	2.6	3,694
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	18	0	0	0	1,608	29,192	555	4.1	6,068
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.	811,908	37,112,597	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 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 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.
- 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). 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.

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.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$5,780,133	5,563	41.3 %	58,880	0.8	\$128	\$98
ANTIDEPRESSANTS	3,850,081	7,895	58.7	81,599	0.8	58	47
ULCER DRUGS	2,543,434	7,445	55.3	79,421	0.6	52	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,245,006	2,087	15.5	21,407	0.8	126	105
ANTICONVULSANT	1,951,307	3,605	26.8	38,310	0.9	56	51
MISC. HEMATOLOGICAL	1,390,488	1,890	14.0	19,551	0.8	90	71
ANTIHYPERTENSIVE	1,335,045	5,192	38.6	53,571	0.8	30	25
ANTIDIABETIC	1,085,419	2,904	21.6	30,434	0.8	45	36
CALCIUM BLOCKERS	1,070,305	2,820	21.0	28,943	0.9	41	37
ANALGESICS - Narcotic	1,021,265	6,249	46.4	64,862	0.4	37	16
<b>Total</b>	<b>22,272,483</b>	<b>45,650</b>		<b>476,978</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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 benefit; \$ = Medicaid reimbursement.



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
			41.3 %	5,563	39.7												
<b>All</b>	<b>350,514</b>	<b>\$22,272,483</b>															<b>\$47</b>
<b>Female</b>	263,090	16,593,675															47
<b>Disabled</b>	26,180	1,904,743															51
64 or younger	15,971	1,213,128															53
65-74	3,184	229,480															51
75-84	4,752	318,232															43
85 and older	2,273	143,903															46
<b>Other Eligibles</b>	236,910	14,688,932															47
64 or younger	0	0															0
65-74	30,188	2,079,783															47
75-84	90,922	5,773,411															49
85 and older	115,800	6,835,738															45
<b>Male</b>	87,424	5,678,808															47
<b>Disabled</b>	21,239	1,557,613															49
64 or younger	17,146	1,259,318															49
65-74	1,708	139,009															42
75-84	1,760	124,036															56
85 and older	625	35,250															58
<b>Other Eligibles</b>	66,185	4,121,195															47
64 or younger	0	0															0
65-74	17,787	1,158,023															48
75-84	27,516	1,743,818															50
85 and older	20,882	1,219,354															43
<b>Unknown</b>	0	0															0

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	ULCER DRUGS						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTICONVULSANT					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx
<b>All</b>	<b>7,445</b>	<b>55.3 %</b>	<b>\$32</b>	<b>2,087</b>	<b>15.5 %</b>	<b>\$105</b>	<b>3,605</b>	<b>26.8 %</b>	<b>\$51</b>	<b>38,310</b>	<b>0.9</b>	<b>\$51</b>						
<b>Female</b>	5,601	56.2	32	1,611	16.2	105	2,471	24.8	49	26,447	0.9	49						
<b>Disabled</b>	462	55.3	33	65	7.8	116	384	46.0	67	4,289	1.0	67						
64 or younger	259	51.9	32	37	7.4	130	297	59.5	71	3,252	1.0	71						
65-74	51	49.5	37	3	2.9	119	33	32.0	61	396	1.1	61						
75-84	97	64.2	33	18	11.9	99	38	25.2	51	449	1.0	51						
85 and older	55	67.1	38	7	8.5	89	16	19.5	41	192	0.8	41						
<b>Other Eligibles</b>	5,139	56.3	32	1,546	16.9	105	2,087	22.9	46	22,158	0.9	46						
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
65-74	531	59.2	31	123	13.7	103	417	46.5	57	4,490	0.9	57						
75-84	1,830	60.3	33	610	20.1	106	824	27.1	48	8,780	0.9	48						
85 and older	2,778	53.4	31	813	15.6	104	846	16.3	38	8,888	0.8	38						
<b>Male</b>	1,844	52.8	32	476	13.6	104	1,134	32.5	55	11,863	0.9	55						
<b>Disabled</b>	376	53.0	31	34	4.8	113	407	57.4	66	4,611	1.0	66						
64 or younger	313	56.4	32	25	4.5	127	351	63.2	67	3,977	1.0	67						
65-74	24	36.9	32	2	3.1	16	29	44.6	66	320	0.9	66						
75-84	29	49.2	29	7	11.9	78	22	37.3	50	262	0.9	50						
85 and older	10	33.3	18	0	0.0	0	5	16.7	38	52	1.1	38						
<b>Other Eligibles</b>	1,468	52.7	32	442	15.9	103	727	26.1	48	7,252	0.9	48						
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
65-74	320	50.4	28	73	11.5	112	240	37.8	53	2,505	0.9	53						
75-84	631	57.5	32	191	17.4	104	329	30.0	48	3,279	0.9	48						
85 and older	517	49.2	33	178	16.9	99	158	15.0	42	1,468	0.9	42						
<b>Unknown</b>	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						

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

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table D10B

Dual Eligible Beneficiaries

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	MISC. HEMATOLOGICAL						ANTHYPERTENSIVE						ANTIDIABETIC						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>1,890</b>	<b>14.0 %</b>	<b>0.8</b>	<b>\$71</b>	<b>5,192</b>	<b>38.6 %</b>	<b>53,571</b>	<b>0.8</b>	<b>\$25</b>	<b>2,904</b>	<b>21.6 %</b>	<b>30,434</b>	<b>0.8</b>	<b>\$36</b>					
<b>Female</b>	1,392	14.0	0.8	72	3,875	38.9	40,111	0.8	25	2,135	21.4	22,552	0.8	35					
<b>Disabled</b>	76	9.1	0.8	71	302	36.2	3,370	0.8	26	228	27.3	2,535	0.8	39					
64 or younger	30	6.0	0.8	81	163	32.7	1,759	0.9	27	118	23.6	1,260	0.9	41					
65-74	14	13.6	0.8	81	39	37.9	462	0.8	28	35	34.0	408	0.8	31					
75-84	19	12.6	0.8	62	66	43.7	766	0.9	24	55	36.4	633	0.8	40					
85 and older	13	15.9	0.8	56	34	41.5	383	0.9	22	20	24.4	234	0.9	38					
<b>Other Eligibles</b>	1,316	14.4	0.8	72	3,573	39.1	36,741	0.8	25	1,907	20.9	20,017	0.8	34					
64 or younger	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	111	12.4	0.9	78	373	41.6	3,883	0.8	25	327	36.5	3,429	0.8	41					
75-84	482	15.9	0.8	73	1,294	42.6	13,457	0.8	27	770	25.4	8,252	0.8	36					
85 and older	723	13.9	0.8	70	1,906	36.7	19,401	0.8	25	810	15.6	8,336	0.7	30					
<b>Male</b>	498	14.3	0.8	69	1,317	37.7	13,460	0.8	23	769	22.0	7,882	0.8	38					
<b>Disabled</b>	67	9.4	0.8	64	256	36.1	2,821	0.8	24	125	17.6	1,411	0.8	46					
64 or younger	52	9.4	0.8	71	202	36.4	2,188	0.8	24	98	17.7	1,087	0.8	43					
65-74	3	4.6	1.0	53	27	41.5	314	0.8	25	10	15.4	120	0.8	90					
75-84	11	18.6	0.6	36	18	30.5	216	0.6	17	11	18.6	132	0.8	40					
85 and older	1	3.3	1.0	35	9	30.0	103	0.9	21	6	20.0	72	0.8	28					
<b>Other Eligibles</b>	431	15.5	0.8	69	1,061	38.1	10,639	0.8	23	644	23.1	6,471	0.8	36					
64 or younger	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	90	14.2	0.8	72	265	41.7	2,726	0.9	25	191	30.1	2,006	0.9	42					
75-84	182	16.6	0.8	71	457	41.7	4,630	0.8	24	247	22.5	2,496	0.8	33					
85 and older	159	15.1	0.8	66	339	32.3	3,283	0.8	21	206	19.6	1,969	0.8	33					
<b>Unknown</b>	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	CALCIUM BLOCKERS										ANALGESICS - Narcotic									
	Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Users	Residents	NF	Mean Rx	No. of Bene Mos among Users	No. of Rx	Mean Rx	No. of Users	Residents	NF	Mean Rx	No. of Bene Mos among Users	No. of Rx	Mean Rx	All-Year NF Residents	All-Year NF Residents	Bene Mos among All-Year NF Residents		
<b>All</b>	2,820	21.0 %	28,943	0.9	\$37	6,249	46.4 %	64,862	0.4	\$16	13,458	133,236								
<b>Female</b>	2,210	22.2	22,735	0.9	37	4,905	49.2	51,294	0.4	17	9,965	99,677								
<b>Disabled</b>	127	15.2	1,368	0.9	40	403	48.3	4,405	0.5	20	835	9,156								
64 or younger	65	13.0	677	1.0	42	263	52.7	2,788	0.5	22	499	5,333								
65-74	21	20.4	236	0.9	38	41	39.8	476	0.4	12	103	1,190								
75-84	24	15.9	266	0.9	44	58	38.4	667	0.4	25	151	1,696								
85 and older	17	20.7	189	0.8	30	41	50.0	474	0.4	13	82	937								
<b>Other Eligibles</b>	2,083	22.8	21,367	0.9	37	4,502	49.3	46,889	0.4	16	9,130	90,521								
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
65-74	195	21.7	2,040	0.9	40	491	54.7	5,111	0.5	22	897	9,132								
75-84	727	24.0	7,539	0.9	39	1,666	54.9	17,762	0.5	17	3,035	30,408								
85 and older	1,161	22.3	11,788	0.9	35	2,345	45.1	24,016	0.4	14	5,198	50,981								
<b>Male</b>	610	17.5	6,208	0.9	36	1,344	38.5	13,568	0.4	12	3,492	33,547								
<b>Disabled</b>	118	16.6	1,296	0.8	37	245	34.6	2,669	0.4	17	709	7,723								
64 or younger	84	15.1	916	0.8	38	205	36.9	2,213	0.4	19	555	5,987								
65-74	15	23.1	177	0.8	39	12	18.5	135	0.4	15	65	724								
75-84	15	25.4	155	0.8	31	18	30.5	216	0.4	11	59	661								
85 and older	4	13.3	48	1.2	47	10	33.3	105	0.3	5	30	351								
<b>Other Eligibles</b>	492	17.7	4,912	0.9	36	1,099	39.5	10,899	0.4	11	2,783	25,824								
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
65-74	124	19.5	1,274	0.9	37	248	39.1	2,502	0.4	12	635	6,149								
75-84	190	17.3	1,902	0.9	37	437	39.8	4,440	0.4	12	1,097	10,259								
85 and older	178	16.9	1,736	0.9	34	414	39.4	3,957	0.4	9	1,051	9,416								
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12								

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 4,026 beneficiaries who were in nursing facilities for part of their enrollment and their 38,957 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ARKANSAS, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx		Total No. of Benes
		23.9 %	1.3	Part D Excl Rx	Bene			Part D Excl Rx \$	2.9 %	
<b>All</b>	<b>18,155</b>	<b>23.9 %</b>	<b>1.3</b>	<b>97,563</b>	<b>\$49</b>	<b>\$3,740,059</b>	<b>\$38</b>	<b>2.9 %</b>	<b>76,037</b>	
<b>Age</b>										
5 and younger	5	62.5	2.3	18	66	529	29	0.9	8	
6-14	8	40.0	0.9	18	103	2,066	115	1.1	20	
15-20	38	22.6	1.1	178	165	27,763	156	7.0	168	
21-44	2,409	19.6	1.1	13,313	50	614,117	46	3.3	12,309	
45-64	3,524	22.3	1.3	20,970	58	914,812	44	3.4	15,768	
65-74	3,148	20.0	1.2	18,468	41	652,668	35	2.7	15,727	
75-84	4,531	26.0	1.4	24,322	48	838,757	34	2.6	17,431	
85 and older	4,492	30.8	1.4	20,276	47	689,347	34	2.7	14,606	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	9,910	28.5	1.4	49,875	50	1,737,658	35	2.7	34,755	
Disabled	8,141	20.0	1.2	47,240	49	1,978,617	42	3.1	40,606	
Adults	103	15.3	0.7	446	35	23,771	53	6.0	674	
Children	1	50.0	1.0	2	7	13	7	0.2	2	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	13,230	26.1	1.4	69,889	48	2,423,822	35	2.7	50,751	
Male	4,925	19.5	1.1	27,674	52	1,316,237	48	3.6	25,279	
Unknown	0	0.0	0.0	0	0	0	0	0.0	7	
<b>Race</b>										
White	14,399	27.7	1.5	79,303	57	2,968,565	37	3.1	52,019	
African American	2,935	14.8	0.7	13,972	31	609,977	44	2.3	19,835	
Other/unknown	821	19.6	1.0	4,288	39	161,517	38	2.6	4,183	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	6,033	44.8	2.5	33,097	81	1,093,518	33	2.9	13,458	
Part year	1,755	43.6	1.9	7,850	77	308,035	39	3.6	4,026	
None	10,367	17.7	1.0	56,616	40	2,338,506	41	2.9	58,553	
<b>Maintenance Assistance Status</b>										
Cash	8,783	19.9	1.1	49,333	42	1,864,549	38	2.7	44,125	
Medically needy	269	14.0	0.4	802	17	32,205	40	2.3	1,925	
Poverty related	140	2.5	0.1	480	20	108,729	227	16.9	5,552	
Other/unknown	8,963	36.7	1.9	46,948	71	1,734,576	37	3.1	24,435	

Table D11

Dual Eligible 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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ARKANSAS, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$5	\$38	\$0	\$2	776,364
<b>Age</b>						
5 and younger	0.2	7	29	0	0	74
6-14	0.1	10	115	0	0	208
15-20	0.1	15	156	0	0	1,800
21-44	0.1	5	46	0	2	127,261
45-64	0.1	6	44	0	2	157,257
65-74	0.1	4	35	0	2	161,992
75-84	0.1	5	34	0	2	181,443
85 and older	0.1	5	34	0	2	146,329
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.1	5	35	0	2	351,249
Disabled	0.1	5	42	0	2	419,375
Adults	0.1	4	53	0	1	5,720
Children	0.1	1	7	0	0	20
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.1	5	35	0	2	526,331
Male	0.1	5	48	0	2	249,966
Unknown	0.0	0	0	0	0	67
<b>Race</b>						
White	0.2	6	37	0	2	523,908
African American	0.1	3	44	0	1	209,728
Other/unknown	0.1	4	38	0	2	42,728
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	8	33	0	2	133,236
Part year	0.2	8	39	0	2	38,957
None	0.1	4	41	0	2	604,171
<b>Maintenance Assistance Status</b>						
Cash	0.1	4	38	0	2	478,258
Medically needy	0.1	4	40	0	2	7,909
Poverty related	0.0	2	227	0	0	47,818
Other/unknown	0.2	7	37	0	2	242,379

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
ARKANSAS, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>21,412</b>	<b>\$175</b>	<b>\$3,740,059</b>	<b>100.0 %</b>	<b>97,563</b>	<b>\$38</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	2,378	262	623,002	16.7	4,210	148	4.3
Fertility drugs	1	483	483	0.0	1	483	0.0
Drugs for cosmetic purposes	659	1,123	740,318	19.8	4,028	184	4.1
Cough and cold medications	624	206	128,430	3.4	1,542	83	1.6
Vitamins and minerals	252	27	6,741	0.2	325	21	0.3
Non-prescription drugs	4,646	141	654,110	17.5	16,103	41	16.5
Barbiturates	6	85	507	0.0	21	24	0.0
Benzodiazepines	12,812	111	1,427,749	38.2	71,181	20	73.0
Other Part D Excl Rx Drugs	34	4,668	158,719	4.2	152	1,044	0.2

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ARKANSAS, 2002

Total Number of Dual Eligible Beneficiaries 76,037  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$127,387,198  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,675

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,057	18.5 %	\$0	0.0 %
1-500	14,801	19.5	3,291,040	2.6
501-1,000	9,822	12.9	7,261,476	5.7
1,001-1,500	7,658	10.1	9,504,677	7.5
1,501-2,000	6,416	8.4	11,169,057	8.8
2,001-2,500	5,138	6.8	11,502,197	9.0
2,501-3,000	4,142	5.4	11,356,644	8.9
3,001-3,500	3,272	4.3	10,595,589	8.3
3,501-4,000	2,420	3.2	9,048,327	7.1
4,001-4,500	1,795	2.4	7,607,662	6.0
4,501-5,000	1,453	1.9	6,875,961	5.4
5,001-5,500	1,015	1.3	5,314,193	4.2
5,501-6,000	836	1.1	4,801,156	3.8
6,001-6,500	632	0.8	3,942,472	3.1
6,501-7,000	485	0.6	3,267,247	2.6
7,001-7,500	367	0.5	2,656,481	2.1
7,501-8,000	306	0.4	2,370,300	1.9
8,001-8,500	213	0.3	1,753,264	1.4
8,501-9,000	198	0.3	1,729,867	1.4
9,001-9,500	139	0.2	1,285,347	1.0
9,501-10,000	122	0.2	1,188,429	0.9
10,001+	750	1.0	10,865,812	8.5

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. 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 2002.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ARKANSAS, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65    27,608  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65                                      \$45,595,310  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65                                      \$1,652

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			24.7 %		
\$0	6,831			0	
1-500	6,287		22.8	1,273,281	2.8
501-1,000	3,129		11.3	2,294,881	5.0
1,001-1,500	2,211		8.0	2,743,272	6.0
1,501-2,000	1,757		6.4	3,066,462	6.7
2,001-2,500	1,352		4.9	3,023,844	6.6
2,501-3,000	1,109		4.0	3,036,106	6.7
3,001-3,500	912		3.3	2,953,999	6.5
3,501-4,000	738		2.7	2,759,163	6.1
4,001-4,500	529		1.9	2,239,851	4.9
4,501-5,000	479		1.7	2,265,801	5.0
5,001-5,500	337		1.2	1,759,951	3.9
5,501-6,000	300		1.1	1,721,935	3.8
6,001-6,500	228		0.8	1,423,548	3.1
6,501-7,000	197		0.7	1,324,270	2.9
7,001-7,500	169		0.6	1,223,607	2.7
7,501-8,000	142		0.5	1,100,077	2.4
8,001-8,500	114		0.4	937,396	2.1
8,501-9,000	107		0.4	934,943	2.1
9,001-9,500	77		0.3	712,025	1.6
9,501-10,000	68		0.2	661,464	1.5
10,001+	535		1.9	8,139,434	17.9

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. 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 2002.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 ARKANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 47,764  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$81,390,939  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,704

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,886	14.4 %	0	0.0 %
1-500	8,350	17.5	1,989,682	2.4
501-1,000	6,638	13.9	4,928,741	6.1
1,001-1,500	5,419	11.3	6,726,047	8.3
1,501-2,000	4,638	9.7	8,065,657	9.9
2,001-2,500	3,768	7.9	8,438,211	10.4
2,501-3,000	3,030	6.3	8,312,154	10.2
3,001-3,500	2,351	4.9	7,612,701	9.4
3,501-4,000	1,678	3.5	6,273,784	7.7
4,001-4,500	1,262	2.6	5,350,417	6.6
4,501-5,000	972	2.0	4,600,735	5.7
5,001-5,500	677	1.4	3,548,887	4.4
5,501-6,000	533	1.1	3,061,735	3.8
6,001-6,500	401	0.8	2,499,887	3.1
6,501-7,000	287	0.6	1,936,387	2.4
7,001-7,500	196	0.4	1,418,245	1.7
7,501-8,000	162	0.3	1,254,710	1.5
8,001-8,500	99	0.2	815,868	1.0
8,501-9,000	91	0.2	794,924	1.0
9,001-9,500	60	0.1	554,608	0.7
9,501-10,000	53	0.1	517,227	0.6
10,001+	213	0.4	2,690,332	3.3

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. 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 2002.

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

SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 ARKANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 15,727  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$23,994,954  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,526

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,523	22.4 %	0	0.0 %
1-500	2,719	17.3	609,814	2.5
501-1,000	1,963	12.5	1,455,945	6.1
1,001-1,500	1,565	10.0	1,948,689	8.1
1,501-2,000	1,312	8.3	2,276,146	9.5
2,001-2,500	1,130	7.2	2,529,918	10.5
2,501-3,000	927	5.9	2,541,725	10.6
3,001-3,500	655	4.2	2,124,887	8.9
3,501-4,000	473	3.0	1,765,577	7.4
4,001-4,500	386	2.5	1,637,109	6.8
4,501-5,000	269	1.7	1,271,846	5.3
5,001-5,500	177	1.1	929,171	3.9
5,501-6,000	152	1.0	870,953	3.6
6,001-6,500	119	0.8	742,257	3.1
6,501-7,000	78	0.5	528,546	2.2
7,001-7,500	46	0.3	333,308	1.4
7,501-8,000	41	0.3	317,819	1.3
8,001-8,500	26	0.2	214,785	0.9
8,501-9,000	30	0.2	261,853	1.1
9,001-9,500	21	0.1	194,198	0.8
9,501-10,000	19	0.1	184,693	0.8
10,001+	96	0.6	1,255,715	5.2

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. 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 2002.  
 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 75 TO 84<sup>a, b</sup>  
 ARKANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 17,431  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$32,052,146  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,839

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,312	13.3%	0	0.0%
1-500	2,752	15.8	655,228	2.0
501-1,000	2,329	13.4	1,739,635	5.4
1,001-1,500	2,044	11.7	2,536,178	7.9
1,501-2,000	1,741	10.0	3,031,219	9.5
2,001-2,500	1,391	8.0	3,120,516	9.7
2,501-3,000	1,150	6.6	3,153,291	9.8
3,001-3,500	958	5.5	3,099,858	9.7
3,501-4,000	654	3.8	2,443,875	7.6
4,001-4,500	496	2.8	2,100,494	6.6
4,501-5,000	389	2.2	1,842,777	5.7
5,001-5,500	301	1.7	1,581,812	4.9
5,501-6,000	211	1.2	1,213,998	3.8
6,001-6,500	168	1.0	1,046,812	3.3
6,501-7,000	138	0.8	930,509	2.9
7,001-7,500	95	0.5	688,441	2.1
7,501-8,000	81	0.5	626,460	2.0
8,001-8,500	47	0.3	386,839	1.2
8,501-9,000	39	0.2	340,519	1.1
9,001-9,500	22	0.1	204,217	0.6
9,501-10,000	27	0.2	264,190	0.8
10,001+	86	0.5	1,045,278	3.3

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. 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 2002.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ARKANSAS, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 14,606  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$25,343,839  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,735

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 7.2 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,051	7.2 %	0	0.0 %
1-500	2,879	19.7	724,640	2.9
501-1,000	2,346	16.1	1,733,161	6.8
1,001-1,500	1,810	12.4	2,241,180	8.8
1,501-2,000	1,585	10.9	2,758,292	10.9
2,001-2,500	1,247	8.5	2,787,777	11.0
2,501-3,000	953	6.5	2,617,138	10.3
3,001-3,500	738	5.1	2,387,956	9.4
3,501-4,000	551	3.8	2,064,332	8.1
4,001-4,500	380	2.6	1,612,814	6.4
4,501-5,000	314	2.1	1,486,112	5.9
5,001-5,500	199	1.4	1,037,904	4.1
5,501-6,000	170	1.2	976,784	3.9
6,001-6,500	114	0.8	710,818	2.8
6,501-7,000	71	0.5	477,332	1.9
7,001-7,500	55	0.4	396,496	1.6
7,501-8,000	40	0.3	310,431	1.2
8,001-8,500	26	0.2	214,244	0.8
8,501-9,000	22	0.2	192,552	0.8
9,001-9,500	17	0.1	156,193	0.6
9,501-10,000	7	0.0	68,344	0.3
10,001+	31	0.2	389,339	1.5

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. 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 2002.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>76,037</b>	<b>34,755</b>	<b>40,606</b>	<b>674</b>	<b>2</b>	<b>776,364</b>	<b>351,249</b>	<b>419,375</b>	<b>5,720</b>	<b>20</b>	<b>0</b>
<b>Age</b>											
5 and younger	8	0	8	0	0	74	0	74	0	0	0
6-14	20	0	18	0	2	208	0	188	0	20	0
15-20	168	0	163	5	0	1,800	0	1,755	45	0	0
21-44	12,309	0	11,808	501	0	127,261	0	122,726	4,535	0	0
45-64	15,768	0	15,611	157	0	157,257	0	156,166	1,091	0	0
65-74	15,727	7,708	8,011	8	0	161,992	76,535	85,420	37	0	0
75-84	17,431	13,497	3,931	3	0	181,443	139,545	41,886	12	0	0
85 and older	14,606	13,550	1,056	0	0	146,329	135,169	11,160	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	50,751	26,459	23,781	511	0	526,331	271,805	249,764	4,762	0	0
Male	25,279	8,296	16,818	163	2	249,966	79,444	169,544	958	20	0
Unknown	7	0	7	0	0	67	0	67	0	0	0
<b>Race</b>											
White	52,019	25,011	26,497	509	2	523,908	248,542	271,047	4,299	20	0
African American	19,835	8,021	11,659	155	0	209,728	84,823	123,589	1,316	0	0
Other/unknown	4,183	1,723	2,450	10	0	42,728	17,884	24,739	105	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	13,458	11,913	1,545	0	0	133,236	116,345	16,891	0	0	0
Part year	4,026	3,402	624	0	0	38,957	32,342	6,615	0	0	0
None	58,553	19,440	38,437	674	2	604,171	202,562	395,869	5,720	20	0
<b>Maintenance Assistance Status</b>											
Cash	44,125	13,245	30,716	164	0	478,258	145,606	331,257	1,395	0	0
Medically needy	1,925	327	1,430	168	0	7,909	1,084	6,050	775	0	0
Poverty related	5,552	842	4,661	48	1	47,818	7,351	40,127	329	11	0
Other/unknown	24,435	20,341	3,799	294	1	242,379	197,208	41,941	3,221	9	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	70,817	33,532	36,639	644	2	722,709	338,279	379,016	5,394	20	0
Full dual, part year	5,220	1,223	3,967	30	0	53,655	12,970	40,359	326	0	0
<b>Managed Care Status</b>											
FFS all year	76,037	34,755	40,606	674	2	776,364	351,249	419,375	5,720	20	0
FFS part year, with Rx claims	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
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0



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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2002. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) in Cell G of Table 1		Bene(s) in Cell H of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
<b>All</b>	<b>76,037</b>	<b>776,364</b>	<b>76,037</b>	<b>776,364</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
FFS all year	76,037	776,364	76,037	776,364	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0	0	0

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

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.