

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 ARKANSAS

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Children/Other/Unknown	All	Aged	Disabled	Adults	Children/Other/Unknown	
All	76,763	33,820	42,063	866	9	806,435	344,816	453,990	7,549	50	30
Age											
5 and younger	9	0	9	0	0	94	0	94	0	0	0
6-14	20	0	18	0	0	226	0	203	0	23	0
15-20	198	0	191	4	0	2,193	0	2,140	26	27	0
21-44	12,860	0	12,250	609	1	139,448	0	133,769	5,658	0	1
45-64	16,698	0	16,463	232	3	174,113	0	172,316	1,784	0	13
65-74	16,049	7,894	8,136	16	3	169,379	79,137	90,168	63	0	11
75-84	16,895	12,983	3,905	5	2	179,131	135,665	43,443	18	0	5
85 and older	14,034	12,943	1,091	0	0	141,851	130,014	11,837	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	50,887	25,635	24,589	655	6	540,918	265,758	268,813	6,300	23	24
Male	25,864	8,185	17,462	211	3	265,426	79,058	185,086	1,249	27	6
Unknown	12	0	12	0	0	91	0	91	0	0	0
Race											
White	52,541	24,347	27,559	625	4	544,474	244,100	294,947	5,365	39	23
African American	19,903	7,755	11,923	223	2	215,330	82,035	131,243	2,047	0	5
Other/unknown	4,319	1,718	2,581	18	1	46,631	18,681	27,800	137	11	2
Use of Nursing Facilities^c											
Entire year	12,907	11,384	1,523	0	0	130,598	113,903	16,695	0	0	0
Part year	4,091	3,435	656	0	0	39,662	32,815	6,847	0	0	0
None	59,765	19,001	39,884	866	9	636,175	198,098	430,448	7,549	50	30
Maintenance Assistance Status											
Cash	43,437	12,229	30,998	201	9	487,607	136,909	348,813	1,855	0	30
Medically needy	2,424	454	1,730	240	0	11,574	1,703	8,674	1,197	0	0
Poverty-related	6,614	1,372	5,188	50	0	63,294	12,262	50,632	362	38	0
Other/unknown	24,288	19,765	4,147	375	0	243,960	193,942	45,871	4,135	12	0
Dual Medicare Status^d											
Full dual, all year	74,925	32,834	41,226	851	9	787,892	334,744	445,665	7,403	50	30
Full dual, part year	1,838	986	837	15	0	18,543	10,072	8,325	146	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	76,763	33,820	42,063	866	9	806,435	344,816	453,990	7,549	50	30
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

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	80.9 %	33.4	\$1,858	\$56	\$11,996	15.5 %	76,763
Age							
5 and younger	77.8	49.8	5,721	115	61,724	9.3	9
6-14	90.0	58.6	10,677	182	20,604	51.8	20
15-20	73.7	18.4	1,751	95	10,217	17.1	198
21-44	74.0	18.8	1,721	91	9,468	18.2	12,860
45-64	75.4	28.2	1,894	67	10,162	18.6	16,698
65-74	76.5	31.8	1,664	52	8,660	19.2	16,049
75-84	86.0	41.7	2,020	49	13,437	15.0	16,895
85 and older	92.9	44.9	1,954	44	18,554	10.5	14,034
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.2	42.8	2,025	47	15,910	12.7	33,820
Disabled	75.0	26.3	1,750	67	9,051	19.3	42,063
Adults	48.0	8.1	609	75	2,242	27.2	866
Children	100.0	29.4	4,953	169	21,107	23.5	5
Unknown	11.1	2.7	278	104	354	78.5	9
Gender							
Female	85.3	37.6	1,977	53	12,380	16.0	50,887
Male	72.4	25.0	1,624	65	11,240	14.5	25,864
Unknown	66.7	9.7	911	94	11,604	7.9	12
Race							
White	80.5	35.8	2,010	56	13,155	15.3	52,541
African American	82.0	28.0	1,501	54	10,168	14.8	19,903
Other/unknown	81.5	28.5	1,651	58	6,314	26.1	4,319
Use of Nursing Facilities^f							
Entire year	97.8	66.4	3,218	48	31,677	10.2	12,907
Part year	95.3	48.7	2,445	50	21,431	11.4	4,091
None	76.3	25.2	1,524	61	7,100	21.5	59,765
Maintenance Assistance Status							
Cash	86.6	29.7	1,765	59	6,743	26.2	43,437
Medically needy	60.8	8.8	821	93	4,998	16.4	2,424
Poverty related	13.2	2.2	139	63	825	16.8	6,614
Other/unknown	91.3	50.8	2,596	51	25,130	10.3	24,288

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of					Number of Rx, Percentage with:					Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			All Medicaid FFS ^c	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	Beneficiaries					
All	3.2	\$177	15.5 %	19.1 %	16.2 %	12.7 %	33.6 %	15.8 %	2.6 %	\$1,142	76,763	806,435			
Age															
5 and younger	4.8	548	9.3	22.2	11.1	11.1	11.1	44.4	0.0	5,910	9	94			
6-14	5.2	945	51.8	10.0	5.0	5.0	45.0	30.0	5.0	1,823	20	226			
15-20	1.7	158	17.1	26.3	37.9	12.1	16.7	6.1	1.0	923	198	2,193			
21-44	1.7	159	18.2	26.0	30.5	14.9	23.7	4.8	0.1	873	12,860	139,448			
45-64	2.7	182	18.6	24.6	16.8	13.0	32.5	11.9	1.2	975	16,698	174,113			
65-74	3.0	158	19.2	23.5	14.0	12.2	34.2	14.0	2.1	821	16,049	169,379			
75-84	3.9	191	15.0	14.0	11.4	11.6	37.5	20.8	4.7	1,267	16,895	179,131			
85 and older	4.4	193	10.5	7.1	10.5	12.1	38.8	26.8	4.7	1,836	14,034	141,851			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Basis of Eligibility^e															
Aged	4.2	199	12.7	10.8	12.2	12.1	36.6	23.2	5.1	1,561	33,820	344,816			
Disabled	2.4	162	19.3	25.0	19.4	13.2	31.6	10.2	0.7	839	42,063	453,990			
Adults	0.9	70	27.2	52.0	20.0	11.1	15.0	2.0	0.0	257	866	7,549			
Children	2.9	495	23.5	0.0	20.0	20.0	40.0	20.0	0.0	2,111	5	50			
Unknown	0.8	83	78.5	88.9	0.0	0.0	11.1	0.0	0.0	106	9	30			
Gender															
Female	3.5	186	16.0	14.7	13.9	12.8	37.2	18.3	3.1	1,165	50,887	540,918			
Male	2.4	158	14.5	27.6	20.7	12.5	26.4	11.0	1.8	1,095	25,864	265,426			
Unknown	1.3	120	7.9	33.3	25.0	0.0	41.7	0.0	0.0	1,530	12	91			
Race															
White	3.5	194	15.3	19.5	14.0	11.2	33.4	18.5	3.4	1,270	52,541	544,474			
African American	2.6	139	14.8	18.0	21.4	16.1	33.7	9.8	1.0	940	19,903	215,330			
Other/unknown	2.6	153	26.1	18.5	19.7	14.9	35.9	10.4	0.5	585	4,319	46,631			
use of nursing Facilities^f															
Entire year	6.6	318	10.2	2.2	4.7	6.3	30.2	43.2	13.5	3,131	12,907	130,598			
Part year	5.0	252	11.4	4.7	9.1	10.2	39.1	30.9	6.0	2,211	4,091	39,662			
None	2.4	143	21.5	23.7	19.2	14.2	34.0	8.9	0.0	667	59,765	636,175			
Maintenance Assistance Status															
Cash	2.6	157	26.2	13.4	21.7	16.0	38.2	10.5	0.2	601	43,437	487,607			
Medically needy	1.9	172	16.4	39.2	18.2	16.0	24.1	2.6	0.0	1,047	2,424	11,574			
Poverty related	0.2	15	16.8	86.8	7.2	2.9	2.9	0.2	0.0	86	6,614	63,294			
Other/unknown	5.1	258	10.3	8.7	8.7	9.0	34.7	30.9	7.9	2,502	24,288	243,960			

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.2	\$177	\$56	1.3	\$135	\$101	0.1	\$4	\$29	1.7	\$38	\$22
Age												
5 and younger	4.8	548	115	2.1	362	172	0.4	124	324	2.3	61	27
6-14	5.2	945	182	2.5	805	322	0.3	70	272	2.4	70	29
15-20	1.7	158	95	0.8	128	166	0.1	6	102	0.8	24	29
21-44	1.7	159	91	0.8	129	168	0.1	4	54	0.9	25	28
45-64	2.7	182	67	1.2	142	119	0.1	4	38	1.4	36	25
65-74	3.0	158	52	1.3	120	90	0.1	3	27	1.6	35	22
75-84	3.9	191	49	1.7	143	86	0.2	4	25	2.1	43	21
85 and older	4.4	193	44	1.7	139	82	0.2	5	22	2.5	49	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.2	199	47	1.7	148	86	0.2	5	24	2.3	46	20
Disabled	2.4	162	67	1.1	127	119	0.1	4	38	1.3	32	25
Adults	0.9	70	75	0.4	55	139	0.0	1	41	0.5	14	27
Children	2.9	495	169	1.3	393	293	0.2	65	271	1.4	38	28
Unknown	0.8	83	104	0.7	80	114	0.0	2	65	0.1	2	24
Gender												
Female	3.5	186	53	1.5	141	94	0.2	4	27	1.9	41	22
Male	2.4	158	65	1.0	123	122	0.1	4	38	1.3	32	24
Unknown	1.3	120	94	0.7	74	112	0.0	2	45	0.6	44	78
Race												
White	3.5	194	56	1.5	148	102	0.2	5	29	1.8	41	23
African American	2.6	139	54	1.1	106	98	0.1	3	30	1.4	30	21
Other/unknown	2.6	153	58	1.2	118	101	0.1	3	30	1.4	31	23
Use of Nursing Facilities^e												
Entire year	6.6	318	48	2.6	238	92	0.3	7	25	3.7	73	20
Part year	5.0	252	50	2.1	190	93	0.2	6	26	2.7	55	20
None	2.4	143	61	1.0	110	107	0.1	3	33	1.2	29	24
Maintenance Assistance Status												
Cash	2.6	157	59	1.1	121	105	0.1	3	32	1.4	33	23
Medically needy	1.9	172	93	0.8	140	173	0.1	2	45	1.0	30	30
Poverty related	0.2	15	63	0.1	11	115	0.0	0	33	0.1	3	23
Other/unknown	5.1	258	51	2.1	195	94	0.2	6	27	2.7	57	21

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.1	\$17	\$14	\$0	\$3	\$63	\$108	\$58	\$24	111,239	\$7,040,825	36,442	47.5 %	404,061
Biologics	0.1	0.0	0.0	0.1	84	1	0	83	738	85	0	831	8	5,903	6	0.0	70
Antineoplastic Agents	0.5	0.1	0.0	0.4	71	42	1	28	146	357	123	78	16,453	2,409,501	3,302	4.3	34,084
Endocrine/Metabolic Drugs	0.8	0.5	0.1	0.3	40	33	2	5	47	72	19	18	258,538	12,199,025	27,767	36.2	304,855
Cardiovascular Agents	1.5	0.6	0.1	0.9	53	36	1	16	35	63	15	18	720,406	25,122,542	43,917	57.2	477,942
Respiratory Agents	0.5	0.3	0.0	0.2	31	25	1	5	60	86	54	25	107,133	6,436,336	19,067	24.8	209,340
Gastrointestinal Agents	0.7	0.2	0.0	0.5	35	24	0	10	53	117	125	23	178,260	9,366,193	24,708	32.2	271,317
Genitourinary Agents	0.5	0.4	0.0	0.1	33	30	0	2	67	77	40	25	52,457	3,493,095	9,686	12.6	106,684
CNS Drugs	1.0	0.6	0.0	0.5	90	76	1	13	86	137	74	27	391,720	33,692,251	34,409	44.8	373,548
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	49	39	1	8	104	149	66	44	2,586	267,728	493	0.6	5,504
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	101	100	0	1	138	145	0	23	38,337	5,288,996	4,974	6.5	52,516
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	31	21	1	10	51	145	84	21	227,490	11,668,957	33,770	44.0	371,665
Neuromuscular Agents	0.8	0.3	0.1	0.4	55	39	3	13	71	121	45	34	167,204	11,798,755	19,363	25.2	213,713
Nutritional Products	0.6	0.0	0.0	0.6	11	0	0	10	18	32	22	18	91,072	1,648,937	14,336	18.7	155,098
Hematological Agents	0.7	0.3	0.1	0.4	51	44	1	6	69	149	13	17	106,329	7,334,159	13,405	17.5	143,738
Topical Products	0.3	0.2	0.0	0.1	16	12	1	3	46	63	56	21	82,029	3,753,983	21,007	27.4	234,941
Miscellaneous Products	0.4	0.1	0.0	0.2	87	66	7	14	233	518	295	63	3,329	775,064	841	1.1	8,941
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	54	0	0	0	5,989	320,550	2,161	2.8	24,591
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,560,579	142,622,800	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.5 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$19,619,904	15,786	20.6 %	172,967	0.6	\$185
ANTIDEPRESSANTS	11,256,392	28,066	36.6	306,927	0.6	62
ANTICONVULSANT	9,019,808	14,663	19.1	161,904	0.7	82
ANTIHYPERTENSIVE	7,420,147	27,873	36.3	307,630	0.6	38
ULCER DRUGS	7,274,286	23,515	30.6	260,865	0.5	55
ANTIDIABETIC	7,256,532	17,646	23.0	195,231	0.6	58
ANALGESICS - Narcotic	6,757,526	36,227	47.2	400,076	0.3	48
ANTHYPERLIPIDEMIC	6,640,454	10,945	14.3	123,051	0.6	88
CALCIUM BLOCKERS	5,299,456	13,936	18.2	153,349	0.7	48
NEUROLOGICAL	5,288,996	4,983	6.5	52,636	0.7	138
Total	85,833,501	193,640		2,134,636	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month			
																		15,786	20.6 %	172,967
All	1,217,162	\$85,833,501	15,786	20.6 %	172,967	0.6	\$113	28,066	36.6 %	306,927	0.6	\$37								
Female	891,247	59,599,152	9,862	19.4	107,980	0.6	100	21,045	41.4	231,392	0.6	37								
Disabled	377,874	28,570,919	4,204	17.1	47,714	0.5	116	9,926	40.4	112,888	0.5	33								
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
6-14	97	6,923	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	651	56,681	14	15.9	168	0.4	116	26	29.5	309	0.5	34								
21-44	63,899	6,360,339	1,463	26.4	16,691	0.5	112	2,776	50.0	31,759	0.4	33								
45-64	158,553	12,648,988	1,827	19.4	20,532	0.6	127	4,849	51.4	54,339	0.5	35								
65-74	94,932	6,011,568	489	8.7	5,621	0.6	104	1,517	27.0	17,712	0.5	30								
75-84	47,041	2,776,540	292	9.8	3,353	0.6	94	609	20.4	7,063	0.5	29								
85 and older	12,701	709,880	119	13.2	1,349	0.7	96	149	16.6	1,706	0.6	38								
Other Eligibles	513,373	31,028,233	5,658	21.5	60,266	0.6	87	11,119	42.3	118,504	0.7	40								
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
6-14	2	123	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	27	1,057	0	0.0	0	0.0	0	1	25.0	12	0.3	2								
21-44	1,538	148,434	28	5.5	254	0.3	68	132	26.0	1,160	0.4	31								
45-64	703	58,435	5	3.6	60	0.3	125	37	26.8	379	0.4	35								
65-74	90,687	5,900,546	884	17.3	9,707	0.7	111	1,890	37.0	20,476	0.6	38								
75-84	213,440	13,147,909	2,158	22.0	23,340	0.7	88	4,380	44.6	47,312	0.7	40								
85 and older	206,976	11,771,729	2,583	24.1	26,905	0.6	77	4,679	43.6	49,165	0.7	41								
Male	325,832	26,226,319	5,919	22.9	64,937	0.6	136	7,013	27.1	75,495	0.6	37								
Disabled	196,821	18,272,594	4,069	23.3	46,194	0.6	155	4,189	24.0	47,053	0.5	35								
5 and younger	101	4,201	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
6-14	152	8,017	1	7.7	12	0.3	144	1	7.7	12	0.2	7								
15-20	733	79,868	37	35.9	435	0.5	91	28	27.2	327	0.5	35								
21-44	66,683	7,858,454	2,072	31.0	23,607	0.6	162	1,889	28.2	21,474	0.5	37								
45-64	89,303	7,872,445	1,637	23.3	18,395	0.7	156	1,766	25.2	19,464	0.6	35								
65-74	29,026	1,816,396	213	8.5	2,452	0.6	119	368	14.6	4,171	0.5	27								
75-84	8,892	524,551	82	8.9	969	0.7	110	103	11.2	1,208	0.7	35								
85 and older	1,931	108,662	27	14.1	324	0.7	92	34	17.8	397	0.6	34								
Other Eligibles	129,011	7,953,725	1,850	22.0	18,743	0.7	90	2,824	33.6	28,442	0.7	40								
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	4	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
21-44	771	72,026	6	5.8	70	0.2	37	30	29.1	283	0.3	23								
45-64	541	36,162	1	1.0	10	0.1	1	30	30.9	273	0.3	25								
65-74	39,436	2,534,894	529	18.9	5,588	0.7	100	760	27.1	7,895	0.7	41								
75-84	53,768	3,304,189	732	23.0	7,500	0.7	92	1,121	35.3	11,510	0.7	40								
85 and older	34,491	2,006,414	582	26.3	5,575	0.6	77	883	39.9	8,481	0.7	40								
Unknown	83	8,030	5	41.7	50	0.6	67	8	66.7	40	0.6	32								

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	14,663	19.1 %	161,904	0.7	\$56	27,873	36.3 %	307,630	0.6	\$24	23,515	30.6 %	260,865	0.5	\$28
Female	9,645	19.0	106,840	0.7	53	20,667	40.6	229,672	0.6	25	17,459	34.3	194,954	0.5	28
Disabled	5,312	21.6	60,362	0.6	60	8,676	35.3	99,580	0.6	24	7,371	30.0	85,030	0.4	30
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	1	20.0	12	1.4	221	3	60.0	36	0.5	7	1	20.0	12	0.9	8
15-20	19	21.6	220	0.7	74	4	4.5	42	0.2	4	13	14.8	156	0.6	35
21-44	1,755	31.6	20,118	0.6	74	791	14.2	9,104	0.5	19	1,297	23.4	15,039	0.3	27
45-64	2,509	26.6	28,186	0.6	57	3,340	35.4	37,705	0.6	24	3,000	31.8	34,245	0.4	32
65-74	675	12.0	7,823	0.6	49	2,762	49.1	32,186	0.6	25	1,837	32.7	21,438	0.4	32
75-84	278	9.3	3,175	0.6	39	1,394	46.7	16,196	0.6	25	948	31.8	11,036	0.5	28
85 and older	75	8.3	828	0.6	40	382	42.4	4,311	0.7	23	275	30.6	3,104	0.6	30
Other Eligibles	4,333	16.5	46,478	0.7	43	11,991	45.6	130,092	0.7	25	10,088	38.4	109,924	0.6	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	11	0.2	11
15-20	1	25.0	12	0.5	7	2	50.0	24	0.3	20	1	25.0	12	0.2	2
21-44	62	12.2	586	0.4	62	34	6.7	343	0.3	12	39	7.7	347	0.3	19
45-64	15	10.9	156	0.4	37	28	20.3	254	0.5	27	11	8.0	104	0.3	43
65-74	923	18.1	10,051	0.7	49	2,276	44.6	24,891	0.6	25	1,566	30.7	17,177	0.5	28
75-84	1,773	18.1	19,151	0.7	45	5,026	51.2	55,535	0.7	26	4,045	41.2	44,950	0.6	27
85 and older	1,559	14.5	16,522	0.7	37	4,625	43.1	49,045	0.7	25	4,425	41.2	47,323	0.6	25
Male	5,014	19.4	55,029	0.7	61	7,204	27.9	77,946	0.6	22	6,055	23.4	65,904	0.5	27
Disabled	3,629	20.8	40,968	0.7	67	3,936	22.5	43,909	0.6	23	3,433	19.7	39,139	0.5	29
5 and younger	0	0.0	0	0.0	0	4	57.1	48	0.7	7	6	85.7	66	0.4	40
6-14	2	15.4	24	0.6	10	6	46.2	70	0.7	16	3	23.1	36	0.3	7
15-20	21	20.4	239	0.7	65	16	15.5	189	0.3	11	11	10.7	132	0.3	33
21-44	1,707	25.5	19,414	0.7	74	909	13.6	10,213	0.5	20	1,118	16.7	12,904	0.4	29
45-64	1,563	22.3	17,433	0.8	64	1,876	26.7	20,497	0.6	23	1,514	21.6	17,019	0.5	30
65-74	260	10.3	2,970	0.7	45	842	33.5	9,623	0.6	24	564	22.4	6,488	0.5	30
75-84	62	6.7	720	0.7	41	232	25.2	2,698	0.7	24	172	18.7	2,002	0.5	26
85 and older	14	7.3	168	0.6	35	51	26.7	571	0.6	19	45	23.6	492	0.7	28
Other Eligibles	1,385	16.5	14,061	0.7	45	3,268	38.9	34,037	0.7	22	2,622	31.2	26,765	0.6	25
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	1	33.3	12	0.3	3
21-44	21	20.4	154	0.6	75	15	14.6	105	0.5	23	14	13.6	140	0.3	28
45-64	10	10.3	107	0.4	54	25	25.8	215	0.4	15	13	13.4	121	0.4	46
65-74	485	17.3	5,092	0.7	46	1,057	37.7	11,202	0.6	22	706	25.2	7,375	0.6	26
75-84	571	18.0	5,841	0.8	47	1,305	41.0	13,821	0.7	23	1,073	33.7	11,094	0.6	23
85 and older	298	13.5	2,867	0.7	36	866	39.1	8,694	0.7	21	815	36.8	8,023	0.6	26
Unknown	4	33.3	35	0.6	10	2	16.7	12	0.2	5	1	8.3	7	0.1	15

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	17,646	23.0 %	195,231	\$37	0.6	36,227	47.2 %	400,076	0.3	\$17	10,945	14.3 %	123,051	0.6	\$54
Female	13,230	26.0	147,744	37	0.6	26,495	52.1	294,711	0.4	16	8,085	15.9	91,669	0.6	54
Disabled	6,605	26.9	75,592	40	0.6	14,091	57.3	160,752	0.3	18	4,219	17.2	48,779	0.6	51
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	1	20.0	12	0.8	69
15-20	5	5.7	60	23	0.5	57	64.8	670	0.2	3	1	1.1	12	0.7	56
21-44	593	10.7	6,685	36	0.5	3,811	68.7	43,726	0.3	16	301	5.4	3,466	0.4	37
45-64	2,762	29.3	31,138	38	0.6	5,966	63.2	67,073	0.4	23	1,856	19.7	21,149	0.5	48
65-74	2,123	37.8	24,721	42	0.7	2,637	46.9	30,618	0.3	14	1,403	25.0	16,432	0.6	57
75-84	944	31.6	10,967	41	0.7	1,287	43.1	14,829	0.3	12	579	19.4	6,806	0.6	56
85 and older	178	19.8	2,021	33	0.7	333	37.0	3,836	0.3	10	78	8.7	902	0.7	59
Other Eligibles	6,625	25.2	72,152	35	0.7	12,404	47.2	133,959	0.4	14	3,866	14.7	42,890	0.7	57
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	2	50.0	24	0.1	1	0	0.0	0	0.0	0
21-44	29	5.7	287	20	0.3	135	26.6	1,277	0.3	30	8	1.6	68	0.2	18
45-64	12	8.7	107	78	0.7	61	44.2	604	0.3	9	8	5.8	75	0.5	58
65-74	1,603	31.4	17,461	38	0.7	2,254	44.1	24,467	0.4	17	1,095	21.4	12,110	0.6	55
75-84	3,024	30.8	33,362	36	0.7	4,843	49.4	53,339	0.4	15	1,896	19.3	21,261	0.7	58
85 and older	1,957	18.2	20,935	31	0.7	5,109	47.6	54,248	0.4	13	859	8.0	9,376	0.7	60
Male	4,416	17.1	47,487	37	0.6	9,729	37.6	105,353	0.3	19	2,860	11.1	31,382	0.6	53
Disabled	2,611	15.0	28,916	37	0.6	6,592	37.8	73,699	0.3	21	1,862	10.7	20,918	0.6	52
5 and younger	0	0.0	0	0	0.0	3	42.9	36	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	2	15.4	24	0.1	1	3	23.1	35	0.5	38
15-20	0	0.0	0	0	0.0	29	28.2	339	0.2	3	1	1.0	12	0.3	23
21-44	603	9.0	6,800	37	0.6	2,714	40.5	30,694	0.3	21	374	5.6	4,266	0.5	44
45-64	1,237	17.6	13,362	37	0.6	2,705	38.5	29,623	0.4	26	960	13.7	10,582	0.6	52
65-74	610	24.3	6,948	38	0.6	862	34.3	9,788	0.3	14	419	16.7	4,792	0.6	57
75-84	138	15.0	1,555	40	0.7	229	24.9	2,668	0.3	9	95	10.3	1,112	0.7	62
85 and older	23	12.0	251	23	0.6	48	25.1	527	0.2	6	10	5.2	119	0.8	70
Other Eligibles	1,805	21.5	18,571	37	0.7	3,137	37.3	31,654	0.3	13	998	11.9	10,464	0.7	56
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	20	19.4	163	53	0.7	86	83.5	686	0.5	46	11	10.7	59	0.3	27
45-64	16	16.5	126	47	0.6	53	54.6	449	0.3	11	9	9.3	78	0.3	29
65-74	687	24.5	7,160	40	0.7	938	33.4	9,787	0.3	15	404	14.4	4,199	0.6	57
75-84	707	22.2	7,421	35	0.7	1,157	36.4	11,826	0.4	12	434	13.6	4,740	0.7	57
85 and older	375	16.9	3,701	33	0.7	903	40.8	8,906	0.3	10	140	6.3	1,388	0.7	54
Unknown	0	0.0	0	0	0.0	3	25.0	12	0.8	240	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	CALCIUM BLOCKERS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Month
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Users as % of Dual Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Month			
All	13,936	18.2 %	153,349	0.7	4,983	6.5 %	52,636	0.7	76,763	\$101	806,435
Female	10,804	21.2	119,682	0.7	3,907	7.7	41,801	0.7	50,887	100	540,918
Disabled	4,137	16.8	47,411	0.7	540	2.2	6,178	0.6	24,589	120	268,813
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	2	0	16
6-14	4	80.0	48	0.9	0	0.0	0	0.0	5	0	60
15-20	3	3.4	29	0.8	0	0.0	0	0.0	88	0	983
21-44	350	6.3	3,956	0.5	53	1.0	618	0.5	5,551	383	61,129
45-64	1,437	15.2	16,127	0.7	172	1.8	1,884	0.6	9,435	145	100,412
65-74	1,351	24.0	15,788	0.7	125	2.2	1,451	0.5	5,623	52	63,003
75-84	762	25.5	8,855	0.7	138	4.6	1,618	0.6	2,985	70	33,420
85 and older	230	25.6	2,608	0.8	52	5.8	607	0.5	900	67	9,790
Other Eligibles	6,667	25.4	72,271	0.8	3,367	12.8	35,623	0.7	26,298	97	272,105
5 and younger	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	1	0	11
15-20	1	25.0	12	0.6	0	0.0	0	0.0	4	0	35
21-44	16	3.2	159	0.3	1	0.2	4	0.3	507	256	4,995
45-64	7	5.1	53	0.6	0	0.0	0	0.0	138	0	1,236
65-74	1,130	22.1	12,214	0.7	302	5.9	3,248	0.7	5,108	91	52,124
75-84	2,682	27.3	29,624	0.8	1,407	14.3	15,026	0.7	9,810	96	104,452
85 and older	2,831	26.4	30,209	0.8	1,657	15.4	17,345	0.8	10,730	99	109,252
Male	3,132	12.1	33,667	0.7	1,076	4.2	10,835	0.7	25,864	101	265,426
Disabled	1,657	9.5	18,437	0.7	176	1.0	1,943	0.6	17,462	101	185,086
5 and younger	5	71.4	60	0.6	0	0.0	0	0.0	7	0	78
6-14	6	46.2	70	0.8	0	0.0	0	0.0	13	0	143
15-20	7	6.8	79	0.6	1	1.0	12	0.1	103	85	1,157
21-44	335	5.0	3,706	0.6	22	0.3	251	0.5	6,694	119	72,636
45-64	735	10.5	7,975	0.7	90	1.3	972	0.7	7,021	125	71,837
65-74	408	16.2	4,698	0.7	29	1.2	319	0.6	2,513	56	27,165
75-84	130	14.1	1,482	0.8	27	2.9	313	0.5	920	64	10,023
85 and older	31	16.2	367	0.7	7	3.7	76	0.7	191	80	2,047
Other Eligibles	1,475	17.6	15,230	0.7	900	10.7	8,892	0.8	8,402	102	80,340
5 and younger	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	1	0	12
15-20	0	0.0	0	0.0	0	0.0	0	0.0	3	0	18
21-44	7	6.8	63	0.7	0	0.0	0	0.0	103	0	664
45-64	9	9.3	77	0.5	0	0.0	0	0.0	97	0	561
65-74	448	16.0	4,675	0.7	153	5.5	1,524	0.7	2,805	101	27,087
75-84	610	19.2	6,415	0.7	412	13.0	4,207	0.8	3,180	102	31,236
85 and older	401	18.1	4,000	0.8	335	15.1	3,161	0.8	2,213	101	20,762
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	12	0	91

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.6	12,907
All	\$318				130,598
Age					
0-64	417	7.0	1,039		11,243
65-74	384	7.1	1,607		16,971
75-84	344	7.0	4,109		41,965
85 and older	263	6.0	6,152		60,419
Unknown	0	0.0	0		0
Gender					
Female	315	6.6	9,601		98,034
Male	329	6.3	3,306		32,564
Unknown	0	0.0	0		0
Race					
White	324	6.7	10,755		107,846
African American	286	5.6	2,019		21,344
Other/unknown	317	6.5	133		1,408
Basis of Eligibility^c					
Aged	309	6.6	11,384		113,903
Disabled	383	6.7	1,523		16,695
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 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 = Centers for Medicare & 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$14	\$18	\$50	\$77	\$56	\$22	\$1,796,407	9,370	72.6 %	99,542
Biologicals	0.1	0.0	0.0	0.1	1	44	510	85	0	616	2,549	5	0.0	58
Antineoplastic Agents	0.5	0.1	0.0	0.5	12	55	102	212	130	89	796,510	1,458	11.3	14,476
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	35	44	40	67	17	15	2,953,555	6,369	49.3	66,467
Cardiovascular Agents	2.0	0.5	0.1	1.4	29	52	25	57	13	15	5,257,889	9,812	76.0	100,923
Respiratory Agents	0.6	0.3	0.0	0.3	21	28	49	77	42	22	1,617,093	5,465	42.3	57,842
Gastrointestinal Agents	1.0	0.2	0.0	0.8	19	34	34	87	64	19	2,461,958	6,909	53.5	72,425
Genitourinary Agents	0.7	0.5	0.0	0.2	40	44	65	77	38	24	1,515,402	3,273	25.4	34,637
CNS Drugs	1.5	0.9	0.0	0.6	105	121	80	114	66	26	11,816,644	9,332	72.3	97,512
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	39	45	80	147	12	19	41,028	90	0.7	919
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	114	114	134	134	0	25	3,144,942	2,659	20.6	27,667
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	20	30	39	107	40	16	2,050,284	6,608	51.2	69,238
Neuromuscular Agents	1.1	0.5	0.1	0.6	45	67	59	89	43	34	3,382,265	4,690	36.3	50,233
Nutritional Products	0.8	0.0	0.0	0.8	13	13	16	31	20	16	653,990	4,881	37.8	50,446
Hematological Agents	1.0	0.3	0.1	0.6	48	57	56	146	8	14	2,656,459	4,462	34.6	46,323
Topical Products	0.4	0.2	0.0	0.2	13	18	40	56	61	20	1,308,498	6,773	52.5	73,220
Miscellaneous Products	0.2	0.0	0.0	0.2	1	6	26	47	0	24	19,998	351	2.7	3,633
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	0	9	33	0	0	0	53,020	540	4.2	5,990
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.	41,528,491	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Arkansas, 0.5 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 = Centers for Medicare & 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			47.0 %	65.2				
ANTIPSYCHOTICS	\$6,889,933	6,065	47.0 %	65,299	0.7	\$143	\$106	
ANTIDEPRESSANTS	4,276,954	8,409	65.2	89,037	0.8	60	48	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,144,942	2,658	20.6	27,677	0.9	134	114	
ANTICONVULSANT	2,490,532	4,097	31.7	44,097	0.9	62	56	
ULCER DRUGS	1,744,150	6,738	52.2	71,544	0.7	34	24	
MISC. HEMATOLOGICAL	1,637,886	2,000	15.5	20,900	0.8	98	78	
ANTIHYPERTENSIVE	1,523,213	5,510	42.7	57,405	0.8	33	27	
ANTIDIABETIC	1,301,623	3,197	24.8	33,674	0.8	50	39	
ANTIASTHMATIC	1,180,180	4,635	35.9	48,572	0.4	60	24	
ANALGESICS - Narcotic	1,161,695	6,554	50.8	68,438	0.5	37	17	
Total	25,351,108	49,863		526,643	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	375,718	\$25,351,108	6,065	47.0 %	65,299	0.7	\$106	8,409	65.2 %	89,037	0.8	\$48
Female	279,040	18,534,845	4,299	44.8	46,555	0.7	102	6,400	66.7	68,212	0.8	48
Disabled	29,020	2,244,674	566	69.4	6,454	0.8	134	515	63.1	5,792	0.8	52
64 or younger	18,311	1,462,399	333	68.4	3,747	0.8	145	357	73.3	3,982	0.8	53
65-74	3,539	266,839	82	78.1	964	0.8	117	55	52.4	631	0.8	53
75-84	4,488	325,592	90	68.7	1,024	0.8	122	65	49.6	736	0.8	43
85 and older	2,682	189,844	61	65.6	719	0.8	117	38	40.9	443	0.9	60
Other Eligibles	250,020	16,290,171	3,733	42.5	40,101	0.7	97	5,885	67.0	62,420	0.8	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	32,744	2,381,373	525	62.0	5,885	0.8	132	687	81.1	7,496	0.8	50
75-84	96,779	6,477,555	1,416	48.9	15,499	0.7	99	2,209	76.3	23,607	0.8	49
85 and older	120,497	7,431,243	1,792	35.5	18,717	0.7	84	2,989	59.3	31,317	0.8	46
Male	96,678	6,816,263	1,766	53.4	18,744	0.8	115	2,009	60.8	20,825	0.8	47
Disabled	25,214	2,043,178	538	76.1	6,145	0.8	141	430	60.8	4,820	0.8	46
64 or younger	20,662	1,676,250	416	75.4	4,712	0.8	145	353	63.9	3,924	0.8	46
65-74	1,896	170,119	56	83.6	641	0.7	130	27	40.3	304	0.7	43
75-84	1,898	147,148	47	88.7	564	0.9	132	35	66.0	420	0.9	52
85 and older	758	49,661	19	54.3	228	0.8	116	15	42.9	172	0.7	37
Other Eligibles	71,464	4,773,085	1,228	47.2	12,599	0.8	102	1,579	60.8	16,005	0.8	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19,865	1,398,995	345	58.7	3,742	0.8	116	379	64.5	4,026	0.8	51
75-84	29,752	1,996,608	494	47.9	5,155	0.7	101	647	62.8	6,653	0.8	48
85 and older	21,847	1,377,482	389	39.7	3,702	0.7	89	553	56.4	5,326	0.8	45
Unknown	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 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,658	20.6 %	27,677	0.9	\$114	4,097	31.7 %	44,097	0.9	\$57	6,738	52.2 %	71,544	0.7	\$24
Female	2,053	21.4	21,711	0.8	113	2,825	29.4	30,573	0.9	54	5,030	52.4	53,958	0.7	25
Disabled	84	10.3	942	0.8	136	460	56.4	5,199	1.0	70	433	53.1	4,899	0.7	25
64 or younger	49	10.1	527	0.8	157	341	70.0	3,825	1.0	75	263	54.0	2,975	0.7	24
65-74	4	3.8	48	0.6	75	49	46.7	579	1.0	59	49	46.7	554	0.7	28
75-84	20	15.3	240	0.8	115	47	35.9	535	0.9	51	77	58.8	873	0.7	28
85 and older	11	11.8	127	0.9	115	23	24.7	260	0.9	63	44	47.3	497	0.8	25
Other Eligibles	1,969	22.4	20,769	0.9	112	2,365	26.9	25,374	0.9	50	4,597	52.3	49,059	0.7	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	152	17.9	1,629	0.9	109	447	52.8	4,914	0.9	62	476	56.2	5,162	0.7	26
75-84	795	27.5	8,447	0.9	112	956	33.0	10,277	0.9	53	1,646	56.9	17,807	0.7	26
85 and older	1,022	20.3	10,693	0.8	112	962	19.1	10,183	0.8	42	2,475	49.1	26,090	0.7	24
Male	605	18.3	5,966	0.9	117	1,272	38.5	13,524	0.9	63	1,708	51.7	17,586	0.7	24
Disabled	50	7.1	527	0.8	137	490	69.3	5,520	1.0	77	390	55.2	4,404	0.7	23
64 or younger	35	6.3	355	0.8	165	432	78.3	4,836	1.0	79	320	58.0	3,572	0.7	22
65-74	5	7.5	60	0.7	79	32	47.8	372	0.9	67	27	40.3	324	0.7	24
75-84	8	15.1	96	0.6	81	21	39.6	252	0.9	65	30	56.6	360	0.7	26
85 and older	2	5.7	16	0.6	73	5	14.3	60	0.8	37	13	37.1	148	0.9	17
Other Eligibles	555	21.4	5,439	0.9	115	782	30.1	8,004	0.9	54	1,318	50.7	13,182	0.7	24
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	92	15.6	906	0.9	119	252	42.9	2,722	0.9	57	323	54.9	3,321	0.7	26
75-84	256	24.8	2,569	0.9	115	342	33.2	3,498	0.9	56	541	52.5	5,486	0.7	21
85 and older	207	21.1	1,964	0.8	113	188	19.2	1,784	0.8	44	454	46.3	4,375	0.8	26
Unknown	0	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 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTHYPERTENSIVE					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,000	15.5 %	20,900	0.8	\$78	5,510	42.7 %	57,405	0.8	\$27	3,197	24.8 %	33,674	0.8	\$39
Female	1,459	15.2	15,277	0.8	80	4,092	42.6	42,845	0.8	27	2,306	24.0	24,499	0.8	38
Disabled	76	9.3	875	0.8	78	301	36.9	3,397	0.8	28	252	30.9	2,834	0.8	42
64 or younger	39	8.0	433	0.8	77	167	34.3	1,862	0.8	28	148	30.4	1,626	0.8	41
65-74	8	7.6	96	1.0	112	37	35.2	431	0.9	32	34	32.4	387	0.9	45
75-84	19	14.5	228	0.9	76	64	48.9	720	0.8	26	50	38.2	590	0.8	41
85 and older	10	10.8	118	0.8	59	33	35.5	384	0.9	23	20	21.5	231	0.9	43
Other Eligibles	1,383	15.7	14,402	0.8	80	3,791	43.2	39,448	0.8	27	2,054	23.4	21,665	0.8	38
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	123	14.5	1,313	0.8	78	420	49.6	4,485	0.8	28	327	38.6	3,522	0.8	46
75-84	503	17.4	5,318	0.8	80	1,374	47.5	14,538	0.8	28	875	30.2	9,314	0.8	39
85 and older	757	15.0	7,771	0.8	80	1,997	39.6	20,425	0.8	27	852	16.9	8,829	0.8	33
Male	541	16.4	5,623	0.8	74	1,418	42.9	14,560	0.8	25	891	27.0	9,175	0.8	40
Disabled	72	10.2	814	0.8	83	265	37.5	2,946	0.8	28	186	26.3	2,006	0.8	45
64 or younger	59	10.7	658	0.8	88	217	39.3	2,399	0.8	29	149	27.0	1,579	0.8	43
65-74	5	7.5	60	0.5	43	24	35.8	267	0.9	34	19	28.4	219	0.8	64
75-84	5	9.4	60	1.0	75	14	26.4	168	0.8	21	11	20.8	132	0.7	34
85 and older	3	8.6	36	1.0	62	10	28.6	112	0.8	15	7	20.0	76	0.8	38
Other Eligibles	469	18.0	4,809	0.8	73	1,153	44.4	11,614	0.8	24	705	27.1	7,169	0.8	39
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	107	18.2	1,132	0.8	77	302	51.4	3,197	0.8	25	230	39.1	2,395	0.8	44
75-84	200	19.4	2,053	0.7	69	461	44.7	4,718	0.8	24	277	26.9	2,880	0.8	37
85 and older	162	16.5	1,624	0.8	75	390	39.8	3,699	0.8	23	198	20.2	1,894	0.7	34
Unknown	0	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 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANALGESICS - Narcotic					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	All-Year Nursing Facility Residents
All	4,635	35.9 %	48,572	0.4	\$24	6,554	50.8 %	68,438	0.5	\$17	12,907	130,598
Female	3,277	34.1	34,836	0.4	24	5,139	53.5	54,184	0.5	18	9,601	98,034
Disabled	304	37.3	3,285	0.5	27	410	50.2	4,544	0.5	21	816	8,953
64 or younger	190	39.0	1,988	0.5	29	279	57.3	3,104	0.5	20	487	5,283
65-74	43	41.0	501	0.5	27	40	38.1	443	0.5	27	105	1,195
75-84	44	33.6	481	0.5	28	56	42.7	594	0.5	28	131	1,450
85 and older	27	29.0	315	0.3	9	35	37.6	403	0.6	19	93	1,025
Other Eligibles	2,973	33.8	31,551	0.4	23	4,729	53.8	49,640	0.5	17	8,785	89,081
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	330	39.0	3,514	0.5	29	514	60.7	5,568	0.5	22	847	9,004
75-84	1,057	36.5	11,334	0.4	28	1,723	59.5	18,431	0.5	18	2,894	29,947
85 and older	1,586	31.4	16,703	0.3	19	2,492	49.4	25,641	0.4	16	5,044	50,130
Male	1,358	41.1	13,736	0.4	26	1,415	42.8	14,254	0.4	15	3,306	32,564
Disabled	203	28.7	2,237	0.5	31	297	42.0	3,215	0.5	15	707	7,742
64 or younger	164	29.7	1,794	0.5	31	245	44.4	2,626	0.5	15	552	5,960
65-74	14	20.9	159	0.5	32	18	26.9	198	0.4	28	67	743
75-84	15	28.3	180	0.5	18	24	45.3	279	0.3	7	53	627
85 and older	10	28.6	104	0.5	37	10	28.6	112	0.2	4	35	412
Other Eligibles	1,155	44.4	11,499	0.4	25	1,118	43.0	11,039	0.4	15	2,599	24,822
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	269	45.7	2,835	0.5	30	247	42.0	2,625	0.4	20	588	6,029
75-84	470	45.6	4,691	0.4	26	434	42.1	4,317	0.5	16	1,031	9,941
85 and older	416	42.4	3,973	0.4	20	437	44.6	4,097	0.4	11	980	8,852
Unknown	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 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,091 beneficiaries who were in nursing facilities for part of their enrollment and their 39,662 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a,b}
 ARKANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
All	27,588	35.9 %	2.5	192,081	\$48	\$3,679,918	\$19	2.6 %	76,763	
Age										
5 and younger	6	66.7	15.6	140	683	6,150	44	11.9	9	
6-14	13	65.0	9.7	193	214	4,283	22	2.0	20	
15-20	60	30.3	1.8	353	54	10,790	31	3.1	198	
21-44	3,363	26.2	1.6	20,072	36	463,085	23	2.1	12,860	
45-64	5,327	31.9	2.1	35,523	45	750,188	21	2.4	16,698	
65-74	5,095	31.7	2.2	35,490	44	702,047	20	2.6	16,049	
75-84	7,049	41.7	3.0	51,088	55	936,659	18	2.7	16,895	
85 and older	6,675	47.6	3.5	49,222	57	806,716	16	2.9	14,034	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	14,580	43.1	3.2	106,560	55	1,855,253	17	2.7	33,820	
Disabled	12,856	30.6	2.0	84,863	43	1,808,500	21	2.5	42,063	
Adults	148	17.1	0.7	635	18	15,551	24	2.9	866	
Children	4	80.0	4.6	23	123	614	27	2.5	5	
Unknown	0	0.0	0.0	0	0	0	0	0.0	9	
Gender										
Female	20,570	40.4	2.8	144,578	54	2,752,243	19	2.7	50,887	
Male	7,016	27.1	1.8	47,493	36	927,441	20	2.2	25,864	
Unknown	2	16.7	0.8	10	20	234	23	2.1	12	
Race										
White	20,025	38.1	2.8	145,577	54	2,827,590	19	2.7	52,541	
African American	6,222	31.3	1.9	37,852	34	675,829	18	2.3	19,903	
Other/unknown	1,341	31.0	2.0	8,652	41	176,499	20	2.5	4,319	
Use of Nursing Facilities^d										
Entire year	7,334	56.8	5.1	66,082	85	1,101,693	17	2.7	12,907	
Part year	2,404	58.8	3.8	15,359	62	254,964	17	2.5	4,091	
None	17,850	29.9	1.9	110,640	39	2,323,261	21	2.6	59,765	
Maintenance Assistance Status										
Cash	14,715	33.9	2.2	94,952	45	1,952,255	21	2.5	43,437	
Medically needy	530	21.9	0.7	1,774	17	40,926	23	2.1	2,424	
Poverty related	314	4.7	0.2	1,175	4	25,054	21	2.7	6,614	
Other/unknown	12,029	49.5	3.9	94,180	68	1,661,683	18	2.6	24,288	

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b}
 ARKANSAS, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$5	\$19	\$0	\$2	806,435
Age						
5 and younger	1.5	65	44	1	0	94
6-14	0.9	19	22	0	0	226
15-20	0.2	5	31	0	1	2,193
21-44	0.1	3	23	0	2	139,448
45-64	0.2	4	21	0	3	174,113
65-74	0.2	4	20	0	2	169,379
75-84	0.3	5	18	0	2	179,131
85 and older	0.3	6	16	0	2	141,851
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	17	0	2	344,816
Disabled	0.2	4	21	0	2	453,990
Adults	0.1	2	24	0	1	7,549
Children	0.5	12	27	0	2	50
Unknown	0.0	0	0	0	0	30
Gender						
Female	0.3	5	19	0	2	540,918
Male	0.2	3	20	0	2	265,426
Unknown	0.1	3	23	0	2	91
Race						
White	0.3	5	19	0	3	544,474
African American	0.2	3	18	0	1	215,330
Other/unknown	0.2	4	20	0	2	46,631
Use of Nursing Facilities^d						
Entire year	0.5	8	17	0	3	130,598
Part year	0.4	6	17	0	3	39,662
None	0.2	4	21	0	2	636,175
Maintenance Assistance Status						
Cash	0.2	4	21	0	2	487,607
Medically needy	0.2	4	23	0	2	11,574
Poverty related	0.0	0	21	0	0	63,294
Other/unknown	0.4	7	18	0	3	243,960

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b,c}
 ARKANSAS, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	33,715	\$109	\$3,679,918	100.0	100.0	192,081	\$19	100.0	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0	0.0
Fertility drugs	0	0	0	0.0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	2	13	25	0.0	0.0	2	13	0.0	0.0
Cough and cold medications	1,967	57	112,834	3.1	3.1	4,621	24	2.4	2.4
Vitamins and minerals	14,138	116	1,635,041	44.4	44.4	90,387	18	47.1	47.1
Non-prescription drugs	1,606	28	45,249	1.2	1.2	4,917	9	2.6	2.6
Barbiturates	790	69	54,266	1.5	1.5	7,000	8	3.6	3.6
Benzodiazepines	14,160	120	1,699,590	46.2	46.2	82,161	21	42.8	42.8
Other Part D Excl Rx Drugs	1,052	126	132,913	3.6	3.6	2,993	44	1.6	1.6

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	76,763	33,820	42,063	866	9	806,435	344,816	453,990	7,549	50	30
Age											
5 and younger	9	0	9	0	0	94	0	94	0	0	0
6-14	20	0	18	0	0	226	0	203	0	23	0
15-20	198	0	191	4	0	2,193	0	2,140	26	27	0
21-44	12,860	0	12,250	609	1	139,448	0	133,789	5,658	0	1
45-64	16,698	0	16,463	232	3	174,113	0	172,316	1,784	0	13
65-74	16,049	7,894	8,136	16	3	169,379	79,137	90,168	63	0	11
75-84	16,895	12,983	3,905	5	2	179,131	135,665	43,443	18	0	5
85 and older	14,034	12,943	1,091	0	0	141,851	130,014	11,837	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	50,887	25,635	24,589	655	6	540,918	265,758	268,813	6,300	23	24
Male	25,864	8,185	17,462	211	3	265,426	79,058	185,086	1,249	27	6
Unknown	12	0	12	0	0	91	0	91	0	0	0
Race											
White	52,541	24,347	27,559	625	4	544,474	244,100	294,947	5,365	39	23
African American	19,903	7,755	11,923	223	2	215,330	82,035	131,243	2,047	0	5
Other/unknown	4,319	1,718	2,581	18	1	46,631	18,681	27,800	137	11	2
Use of Nursing Facilities^c											
Entire year	12,907	11,384	1,523	0	0	130,598	113,903	16,695	0	0	0
Part year	4,091	3,435	656	0	0	39,662	32,815	6,847	0	0	0
None	59,765	19,001	39,884	866	5	636,175	198,098	430,448	7,549	50	30
Maintenance Assistance Status											
Cash	43,437	12,229	30,998	201	9	487,607	136,909	348,813	1,855	0	30
Medically needy	2,424	454	1,730	240	0	11,574	1,703	8,674	1,197	0	0
Poverty related	6,614	1,372	5,188	50	4	63,294	12,262	50,632	362	38	0
Other/unknown	24,288	19,765	4,147	375	1	243,960	193,942	45,871	4,135	12	0
Dual Status^d											
Full dual, all year	74,925	32,834	41,226	851	9	787,892	334,744	445,665	7,403	50	30
Full dual, part year	1,838	986	837	15	0	18,543	10,072	8,325	146	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	76,763	33,820	42,063	866	9	806,435	344,816	453,990	7,549	50	30
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 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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^a
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Beneficiaries	Benefit Months	Number of Beneficiaries	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months
All	76,763	806,435	76,763	806,435	0	0	0
Fee-for-service (FFS) all year	76,763	806,435	76,763	806,435	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Arkansas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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