

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 ARKANSAS

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	Inclusion Criteria (2004)	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>68,608</b>	<b>40,780</b>	<b>26,608</b>	<b>1,184</b>	<b>5</b>	<b>31</b>	<b>722,849</b>	<b>432,764</b>	<b>279,238</b>	<b>10,553</b>	<b>55</b>	<b>239</b>
<b>Age</b>												
5 and younger	12	0	10	0	2	0	128	0	109	0	19	0
6-14	14	0	12	0	2	0	168	0	144	0	24	0
15-20	196	0	183	12	1	0	2,232	0	2,084	136	12	0
21-44	12,436	0	11,565	867	0	4	132,012	0	123,897	8,083	0	32
45-64	15,057	0	14,749	290	0	18	155,134	0	152,712	2,273	0	149
65-74	13,131	13,020	89	13	0	9	141,005	140,597	292	58	0	58
75-84	14,665	14,663	0	2	0	0	157,373	157,370	0	3	0	0
85 and older	13,097	13,097	0	0	0	0	134,797	134,797	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	46,039	30,998	14,037	971	2	31	491,247	332,546	149,284	9,154	24	239
Male	22,563	9,782	12,566	212	3	0	231,568	100,218	129,921	1,398	31	0
Unknown	6	0	5	1	0	0	34	0	33	1	0	0
<b>Race</b>												
White	46,150	27,650	17,633	843	2	22	480,477	288,009	184,920	7,357	24	167
African American	18,332	10,655	7,346	323	0	8	198,629	117,446	78,104	3,019	0	60
Other/unknown	4,126	2,475	1,629	18	3	1	43,743	27,309	16,214	177	31	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	11,881	10,878	1,003	0	0	0	122,143	111,253	10,890	0	0	0
Part year	4,360	3,964	396	0	0	0	43,415	39,361	4,054	0	0	0
None	52,367	25,938	25,209	1,184	5	31	557,291	282,150	264,294	10,553	55	239
<b>Maintenance Assistance Status</b>												
Cash	42,092	21,256	20,514	322	0	0	465,245	240,393	221,734	3,118	0	0
Medically needy	1,950	383	1,351	216	0	0	8,388	1,343	5,999	1,046	0	0
Poverty-related	710	182	427	67	3	31	6,281	1,795	3,682	534	31	239
Other/unknown	23,856	18,959	4,316	579	2	0	242,935	189,233	47,823	5,855	24	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	66,701	39,733	25,785	1,147	5	31	703,541	421,589	271,498	10,160	55	239
Full dual, part year	1,907	1,047	823	37	0	0	19,308	11,175	7,740	393	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	68,608	40,780	26,608	1,184	5	31	722,849	432,764	279,238	10,553	55	239
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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

- 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 2004. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>89.0 %</b>	<b>38.3</b>	<b>\$2,369</b>	<b>\$62</b>	<b>\$14,610</b>	<b>16.2 %</b>	<b>68,608</b>
<b>Age</b>							
5 and younger	100.0	56.0	6,419	115	56,616	11.3	12
6-14	100.0	56.7	13,509	238	31,722	42.6	14
15-20	76.0	21.8	2,902	133	12,992	22.3	196
21-44	79.0	21.0	2,091	100	10,861	19.3	12,436
45-64	86.7	33.3	2,475	74	12,682	19.5	15,057
65-74	89.7	39.7	2,296	58	11,545	19.9	13,131
75-84	93.6	47.5	2,555	54	16,410	15.6	14,665
85 and older	95.4	48.9	2,351	48	21,412	11.0	13,097
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	93.0	45.5	2,412	53	16,482	14.6	40,780
Disabled	84.5	28.4	2,371	83	12,265	19.3	26,608
Adults	51.1	10.2	850	83	2,683	31.7	1,184
Children	100.0	41.8	9,205	220	47,660	19.3	5
Unknown	90.3	17.8	1,177	66	15,548	7.6	31
<b>Gender</b>							
Female	92.0	42.3	2,469	58	14,830	16.6	46,039
Male	82.7	30.1	2,164	72	14,160	15.3	22,563
Unknown	66.7	16.7	2,764	166	19,894	13.9	6
<b>Race</b>							
White	89.8	41.7	2,606	63	16,332	16.0	46,150
African American	87.4	31.2	1,855	60	11,905	15.6	18,332
Other/unknown	86.0	31.3	1,997	64	7,370	27.1	4,126
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.5	73.2	3,929	54	37,014	10.6	11,881
Part year	96.4	50.2	2,766	55	23,879	11.6	4,360
None	86.2	29.4	1,982	68	8,756	22.6	52,367
<b>Maintenance Assistance Status</b>							
Cash	88.4	31.4	2,063	66	7,495	27.5	42,092
Medically needy	72.3	10.6	1,210	115	6,630	18.2	1,950
Poverty related	80.3	13.6	920	68	5,426	17.0	710
Other/unknown	91.6	53.4	3,046	57	28,091	10.8	23,856

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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	Benefit Months
<b>All</b>	<b>3.6</b>	<b>\$225</b>	<b>16.2 %</b>	<b>11.0 %</b>	<b>16.9 %</b>	<b>12.9 %</b>	<b>37.2 %</b>	<b>18.5 %</b>	<b>3.5 %</b>	<b>\$1,387</b>	<b>68,608</b>	<b>722,849</b>
<b>Age</b>												
5 and younger	5.3	602	11.3	0.0	8.3	16.7	16.7	58.3	0.0	5,308	12	128
6-14	4.7	1,126	42.6	0.0	7.1	7.1	57.1	21.4	7.1	2,644	14	168
15-20	1.9	255	22.3	24.0	37.8	9.2	20.9	7.1	1.0	1,141	196	2,232
21-44	2.0	197	19.3	21.0	30.5	15.3	27.3	5.7	0.2	1,023	12,436	132,012
45-64	3.2	240	19.5	13.3	17.7	14.1	38.1	15.0	1.8	1,231	15,057	155,134
65-74	3.7	214	19.9	10.3	15.1	12.4	40.5	18.5	3.2	1,075	13,131	141,005
75-84	4.4	238	15.6	6.4	11.5	11.7	40.1	24.4	5.9	1,529	14,665	157,373
85 and older	4.7	228	11.0	4.6	10.4	11.3	39.2	28.4	6.1	2,080	13,097	134,797
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>e</sup></b>												
Aged	4.3	227	14.6	7.0	12.3	11.8	40.0	23.8	5.1	1,553	40,780	432,764
Disabled	2.7	226	19.3	15.5	23.8	14.8	33.7	11.2	1.1	1,169	26,608	279,238
Adults	1.1	95	31.7	48.9	18.8	10.5	19.3	2.4	0.1	301	1,184	10,553
Children	3.8	837	19.3	0.0	20.0	20.0	20.0	40.0	0.0	4,333	5	55
Unknown	2.3	153	7.6	9.7	25.8	22.6	41.9	0.0	0.0	2,017	31	239
<b>Gender</b>												
Female	4.0	231	16.6	8.0	14.1	12.7	40.3	21.0	3.9	1,390	46,039	491,247
Male	2.9	211	15.3	17.3	22.4	13.4	30.9	13.5	2.6	1,380	22,563	231,568
Unknown	2.9	488	13.9	33.3	16.7	16.7	33.3	0.0	0.0	3,511	6	34
<b>Race</b>												
White	4.0	250	16.0	10.2	14.6	11.7	37.1	21.8	4.6	1,569	46,150	480,477
African American	2.9	171	15.6	12.6	22.0	15.5	37.0	11.6	1.2	1,099	18,332	198,629
Other/unknown	3.0	188	27.1	14.0	18.8	15.2	38.8	12.6	0.6	695	4,126	43,743
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.1	382	10.6	1.5	3.6	5.1	27.2	44.9	17.7	3,600	11,881	122,143
Part year	5.0	278	11.6	3.6	10.2	9.7	38.3	32.0	6.1	2,398	4,360	43,415
None	2.8	186	22.6	13.8	20.4	15.0	39.3	11.4	0.0	823	52,367	557,291
<b>Maintenance Assistance Status</b>												
Cash	2.8	187	27.5	11.6	20.9	15.0	40.1	12.2	0.2	678	42,092	465,245
Medically needy	2.5	281	18.2	27.7	16.1	16.3	34.1	5.9	0.1	1,541	1,950	8,388
Poverty related	1.5	104	17.0	19.7	41.0	18.5	19.4	1.4	0.0	613	710	6,281
Other/unknown	5.2	299	10.8	8.4	9.1	8.7	32.9	31.2	9.6	2,759	23,856	242,935

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

- 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<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Criteria (2004)	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.6</b>	<b>\$225</b>	<b>\$62</b>	<b>1.4</b>	<b>\$163</b>	<b>\$116</b>	<b>0.2</b>	<b>\$15</b>	<b>\$59</b>	<b>2.0</b>	<b>\$47</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	5.3	602	115	2.0	482	238	0.5	55	102	2.7	66	24
6-14	4.7	1,126	238	2.3	1,025	445	0.2	36	200	2.2	65	29
15-20	1.9	255	133	0.8	207	248	0.1	12	92	1.0	36	38
21-44	2.0	197	100	0.8	153	191	0.1	12	94	1.0	31	30
45-64	3.2	240	74	1.3	174	136	0.2	18	83	1.7	48	28
65-74	3.7	214	58	1.5	154	103	0.2	14	57	2.0	46	24
75-84	4.4	238	54	1.7	171	99	0.3	14	47	2.4	53	22
85 and older	4.7	228	48	1.7	159	95	0.3	14	40	2.7	55	20
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	4.3	227	53	1.6	162	99	0.3	14	47	2.3	51	22
Disabled	2.7	226	83	1.1	169	156	0.2	16	87	1.4	41	29
Adults	1.1	95	83	0.4	72	174	0.1	7	99	0.7	17	26
Children	3.8	837	220	1.5	725	486	0.4	68	156	1.9	44	24
Unknown	2.3	153	66	0.7	107	151	0.2	7	42	1.4	39	27
<b>Gender</b>												
Female	4.0	231	58	1.5	166	109	0.3	15	55	2.1	50	23
Male	2.9	211	72	1.1	157	139	0.2	13	71	1.6	41	26
Unknown	2.9	488	166	1.4	438	323	0.0	1	39	1.6	49	32
<b>Race</b>												
White	4.0	250	63	1.5	181	117	0.3	17	60	2.2	52	24
African American	2.9	171	60	1.1	126	113	0.2	10	53	1.6	35	23
Other/unknown	3.0	188	64	1.2	136	114	0.2	12	66	1.6	40	26
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.1	382	54	2.6	274	106	0.5	23	47	4.0	84	21
Part year	5.0	278	55	1.9	200	106	0.4	17	47	2.8	61	22
None	2.8	186	68	1.1	136	123	0.2	12	67	1.5	38	26
<b>Maintenance Assistance Status</b>												
Cash	2.8	187	66	1.1	136	120	0.2	12	66	1.5	38	25
Medically needy	2.5	281	115	1.0	217	222	0.2	23	149	1.3	42	32
Poverty related	1.5	104	68	0.6	76	128	0.1	7	67	0.8	21	25
Other/unknown	5.2	299	57	2.0	216	110	0.4	19	51	2.9	64	22

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

- 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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ##STATE\_U, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users <sup>e</sup>		
	Criteria (2004)	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$13	\$1	\$4	\$67	\$125	\$101	\$25	108,598	\$7,266,622	35,224	51.3 %	390,248
Biologicals	0.4	0.1	0.0	0.2	####	176	148	761	2763	1,234	8,286	3,279	22	60,787	6	0.0	56
Antineoplastic Agents	0.5	0.1	0.0	0.4	65	34	1	30	128	511	136	69	17,320	2,214,176	3,233	4.7	33,880
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.3	47	35	4	8	54	93	27	22	257,698	13,978,142	27,263	39.7	298,684
Cardiovascular Agents	1.5	0.6	0.1	0.9	59	39	3	17	38	70	32	19	730,215	28,041,747	43,549	63.5	472,718
Respiratory Agents	0.5	0.3	0.0	0.2	35	30	0	5	67	94	38	25	107,420	7,238,361	18,761	27.3	206,453
Gastrointestinal Agents	0.7	0.2	0.0	0.4	41	29	2	11	61	142	50	25	184,336	11,188,980	24,631	35.9	269,809
Genitourinary Agents	0.5	0.4	0.0	0.1	36	30	2	4	71	84	70	32	54,564	3,879,431	9,732	14.2	107,647
CNS Drugs	1.1	0.5	0.0	0.5	100	81	4	15	93	160	79	28	403,540	37,329,133	34,598	50.4	373,500
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	58	51	1	7	122	163	79	43	3,559	433,887	689	1.0	7,468
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	124	123	0	1	152	156	101	31	53,990	8,217,014	6,266	9.1	66,447
Analgesics and Anesthetics	0.6	0.2	0.0	0.5	37	24	2	11	58	158	246	23	234,759	13,659,998	34,012	49.6	371,787
Neuromuscular Agents	0.8	0.2	0.2	0.4	64	32	18	15	80	151	97	36	175,120	13,962,987	19,880	29.0	217,630
Nutritional Products	0.6	0.0	0.0	0.6	11	0	0	10	18	26	33	18	89,596	1,645,637	14,181	20.7	153,760
Hematological Agents	0.7	0.3	0.1	0.4	56	47	3	6	75	161	46	16	108,916	8,180,941	13,505	19.7	145,595
Topical Products	0.4	0.2	0.0	0.1	18	13	1	4	51	72	55	24	84,345	4,281,705	21,281	31.0	237,739
Miscellaneous Products	0.3	0.1	0.0	0.2	84	68	2	13	244	745	304	55	2,983	728,782	801	1.2	8,701
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	24	0	0	0	8,695	211,108	2,380	3.5	26,605
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.	2,625,676	162,519,438	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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.medispan.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.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 2004.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$22,794,660	15,946	23.2 %	174,853	0.6	\$204	\$130
ANTIDEPRESSANTS	11,591,231	29,018	42.3	316,012	0.6	62	37
ANTICONVULSANT	10,977,812	15,335	22.4	168,867	0.7	93	65
ANTIDIABETIC	8,433,898	18,379	26.8	203,261	0.6	64	41
ULCER DRUGS	8,379,357	22,585	32.9	250,388	0.5	62	33
ANTIHYPERTENSIVE	8,346,012	28,578	41.7	315,786	0.6	41	26
NEUROLOGICAL	8,251,559	7,854	11.4	84,129	0.6	151	98
ANTIHYPERLIPIDEMIC	8,149,321	12,843	18.7	143,652	0.6	92	57
ANALGESICS - Narcotic	8,039,148	37,002	53.9	405,939	0.4	55	20
ANTIASTHMATIC	5,559,679	16,484	24.0	181,591	0.4	76	31
Total	100,522,677	204,024		2,244,478	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Inclusion Criteria (2004)	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,250,759</b>	<b>\$100,522,677</b>	<b>15,946</b>	<b>23.2 %</b>	<b>174,853</b>	<b>0.6</b>	<b>\$130</b>	<b>29,018</b>	<b>42.3 %</b>	<b>316,012</b>	<b>0.6</b>	<b>\$37</b>
<b>Female</b>	901,915	69,099,483	9,837	21.4	107,846	0.6	116	21,523	46.7	235,961	0.6	37
<b>Disabled</b>	242,801	23,574,848	3,474	24.7	38,965	0.6	140	8,073	57.5	89,847	0.5	36
5 and younger	10	699	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	54	4,288	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	692	64,734	12	15.2	132	0.6	132	21	26.6	242	0.7	40
21-44	70,206	7,916,596	1,541	29.1	17,394	0.5	136	3,048	57.5	34,288	0.4	34
45-64	171,625	15,573,527	1,917	22.3	21,428	0.6	143	4,994	58.1	55,281	0.5	38
65-74	214	15,004	4	8.0	11	0.8	62	10	20.0	36	0.6	50
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	659,114	45,524,635	6,363	19.9	68,881	0.7	103	13,450	42.0	146,114	0.7	38
5 and younger	11	392	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	38	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	139	12,568	3	27.3	36	0.4	58	6	54.5	72	0.5	35
21-44	3,362	330,041	77	10.0	813	0.3	72	198	25.7	2,028	0.4	30
45-64	1,304	103,113	18	8.7	152	0.3	85	73	35.3	687	0.4	31
65-74	185,369	13,546,306	1,341	15.2	14,947	0.7	125	3,415	38.7	38,004	0.6	35
75-84	251,388	17,475,144	2,325	20.7	25,523	0.7	103	4,832	43.0	53,003	0.7	38
85 and older	217,540	14,057,033	2,599	23.7	27,410	0.7	92	4,926	45.0	52,320	0.7	39
<b>Male</b>	348,771	31,409,517	6,103	27.0	66,939	0.6	153	7,492	33.2	80,017	0.6	36
<b>Disabled</b>	172,283	19,215,895	3,970	31.6	44,600	0.6	177	4,132	32.9	45,200	0.5	35
5 and younger	78	3,795	0	0.0	0	0.0	0	1	12.5	12	0.2	1
6-14	99	6,596	1	12.5	12	0.3	151	1	12.5	12	0.6	40
15-20	974	125,713	47	45.2	557	0.5	138	38	36.5	432	0.4	24
21-44	73,185	9,505,536	2,204	35.2	25,050	0.6	180	2,089	33.4	23,380	0.5	37
45-64	97,793	9,562,668	1,714	27.9	18,959	0.7	174	1,997	32.5	21,330	0.6	34
65-74	154	11,587	4	10.3	22	0.7	75	6	15.4	34	0.8	54
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	176,488	12,193,622	2,133	21.3	22,339	0.7	105	3,360	33.6	34,817	0.7	36
5 and younger	7	217	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	2	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,087	94,394	23	22.8	245	0.3	113	52	51.5	506	0.4	25
45-64	570	45,967	3	3.0	22	0.1	42	29	28.7	189	0.4	25
65-74	73,722	5,208,609	745	17.7	8,056	0.7	117	1,148	27.3	12,435	0.6	35
75-84	63,992	4,390,892	809	23.6	8,374	0.7	106	1,229	35.8	12,563	0.7	36
85 and older	37,108	2,453,529	553	25.7	5,642	0.6	87	902	42.0	9,124	0.7	37
<b>Unknown</b>	73	13,677	6	100.0	68	0.6	182	3	50.0	34	0.6	25

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. 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 2004. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					ULCER DRUGS				
	Inclusion Criteria (2004)	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>15,335</b>	<b>22.4 %</b>	<b>168,867</b>	<b>0.7</b>	<b>\$65</b>	<b>18,379</b>	<b>26.8 %</b>	<b>203,261</b>	<b>0.6</b>	<b>\$42</b>	<b>22,585</b>	<b>32.9 %</b>	<b>250,388</b>	<b>0.5</b>	<b>\$34</b>
<b>Female</b>	10,013	21.7	110,592	0.7	62	13,624	29.6	151,954	0.6	41	16,637	36.1	185,578	0.5	34
<b>Disabled</b>	4,447	31.7	49,994	0.6	76	3,575	25.5	39,583	0.6	42	4,376	31.2	49,620	0.4	36
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	26
5 and younger	1	25.0	12	2.0	206	0	0.0	0	0.0	0	2	50.0	24	0.9	63
6-14	15	19.0	168	0.9	126	6	7.6	68	0.7	43	20	25.3	228	0.4	22
15-20	1,828	34.5	20,750	0.6	86	652	12.3	7,156	0.5	40	1,291	24.3	14,841	0.4	30
21-44	2,599	30.2	29,041	0.7	68	2,907	33.8	32,328	0.6	43	3,054	35.5	34,490	0.5	39
45-64	4	8.0	23	0.7	21	10	20.0	31	0.7	68	8	16.0	25	0.8	61
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5,566	17.4	60,598	0.7	51	10,049	31.4	112,371	0.7	41	12,261	38.3	135,958	0.6	33
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.5	16
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	4	36.4	48	0.8	103	0	0.0	0	0.0	0	6	54.5	72	0.3	19
15-20	97	12.6	981	0.4	56	51	6.6	522	0.4	31	49	6.4	558	0.3	27
21-44	24	11.6	246	0.4	59	29	14.0	256	0.5	39	26	12.6	232	0.3	30
45-64	1,670	18.9	18,566	0.7	60	3,784	42.9	43,132	0.7	45	3,100	35.1	35,354	0.5	36
65-74	2,100	18.7	23,057	0.7	50	3,921	34.9	44,127	0.7	42	4,510	40.1	50,614	0.6	34
75-84	1,671	15.3	17,700	0.7	44	2,264	20.7	24,334	0.7	35	4,568	41.7	49,104	0.6	30
85 and older															
<b>Male</b>	5,318	23.6	58,249	0.7	70	4,755	21.1	51,307	0.6	42	5,948	26.4	64,810	0.5	33
<b>Disabled</b>	3,568	28.4	39,890	0.7	80	2,056	16.4	22,218	0.6	44	2,683	21.4	29,900	0.5	36
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	87.5	84	0.5	37
5 and younger	1	12.5	12	0.9	17	0	0.0	0	0.0	0	2	25.0	24	0.8	55
6-14	33	31.7	384	0.6	65	3	2.9	18	0.8	58	17	16.3	202	0.2	15
15-20	1,845	29.5	20,879	0.7	85	625	10.0	7,066	0.6	45	1,099	17.6	12,515	0.4	36
21-44	1,687	27.4	18,604	0.8	75	1,422	23.1	15,114	0.6	43	1,553	25.3	17,045	0.5	36
45-64	2	5.1	11	1.0	27	6	15.4	20	1.0	61	5	12.8	30	0.5	35
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1,750	17.5	18,359	0.7	49	2,699	27.0	29,089	0.7	40	3,265	32.7	34,910	0.6	30
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	7	1.0	31
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	28	27.7	267	0.6	57	17	16.8	138	0.5	50	13	12.9	117	0.4	63
21-44	13	12.9	90	0.6	97	17	16.8	126	0.5	36	13	12.9	93	0.5	70
45-64	754	17.9	8,255	0.7	52	1,332	31.6	14,607	0.7	43	1,251	29.7	13,838	0.5	30
65-74	622	18.1	6,393	0.7	48	925	27.0	9,973	0.7	38	1,178	34.3	12,438	0.6	29
75-84	333	15.5	3,354	0.7	41	408	19.0	4,245	0.7	36	809	37.6	8,417	0.6	29
85 and older															
<b>Unknown</b>	4	66.7	26	0.5	16	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. 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 2004. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERLIPIDEMIC				
	Inclusion Criteria (2004)	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>28,578</b>	<b>41.7 %</b>	<b>315,786</b>	<b>0.6</b>	<b>\$26</b>	<b>7,854</b>	<b>11.4 %</b>	<b>84,129</b>	<b>0.6</b>	<b>\$98</b>	<b>12,843</b>	<b>18.7 %</b>	<b>143,652</b>	<b>0.6</b>	<b>\$57</b>
<b>Female</b>	21,086	45.8	234,706	0.6	27	6,030	13.1	65,203	0.7	100	9,333	20.3	105,346	0.6	57
<b>Disabled</b>	4,389	31.3	48,905	0.6	25	638	4.5	7,314	0.4	160	2,511	17.9	28,218	0.5	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	1	25.0	12	0.3	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	8.9	84	0.4	13	1	1.3	12	0.1	18	2	2.5	24	0.7	58
21-44	834	15.7	9,352	0.5	20	175	3.3	2,014	0.3	237	365	6.9	4,121	0.5	42
45-64	3,533	41.1	39,403	0.6	26	462	5.4	5,288	0.4	131	2,137	24.9	24,033	0.5	52
65-74	14	28.0	54	0.7	29	0	0.0	0	0.0	0	7	14.0	40	0.9	99
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	16,697	52.2	185,801	0.7	28	5,392	16.8	57,889	0.7	93	6,822	21.3	77,128	0.7	60
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	100.0	12	0.1	3	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	2	18.2	24	0.4	51
21-44	66	8.6	665	0.4	18	8	1.0	74	0.4	318	19	2.5	184	0.3	31
45-64	44	21.3	424	0.5	24	1	0.5	12	0.1	3	16	7.7	152	0.4	38
65-74	5,069	57.4	57,560	0.6	28	707	8.0	7,799	0.6	79	2,864	32.4	32,565	0.6	58
75-84	6,374	56.7	71,441	0.7	28	2,131	19.0	23,069	0.7	92	2,749	24.5	31,269	0.7	61
85 and older	5,143	47.0	55,699	0.7	27	2,545	23.2	26,935	0.7	96	1,172	10.7	12,934	0.7	63
<b>Male</b>	7,492	33.2	81,080	0.6	24	1,824	8.1	18,926	0.6	91	3,510	15.6	38,306	0.6	56
<b>Disabled</b>	3,067	24.4	33,012	0.6	24	375	3.0	4,079	0.4	90	1,694	13.5	18,325	0.6	52
5 and younger	3	37.5	36	0.5	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	62.5	60	0.4	13	0	0.0	0	0.0	0	3	37.5	36	0.8	51
15-20	6	5.8	68	0.3	9	0	0.0	0	0.0	0	4	3.8	48	0.5	35
21-44	1,009	16.1	11,167	0.5	22	137	2.2	1,534	0.3	71	485	7.7	5,433	0.5	47
45-64	2,035	33.1	21,644	0.6	25	238	3.9	2,545	0.4	102	1,195	19.4	12,768	0.6	53
65-74	9	23.1	37	0.5	28	0	0.0	0	0.0	0	7	17.9	40	0.8	78
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,425	44.3	48,068	0.7	25	1,449	14.5	14,847	0.7	91	1,816	18.2	19,981	0.6	60
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	26	25.7	197	0.5	23	4	4.0	43	0.1	8	9	8.9	71	0.5	56
21-44	17	16.8	103	0.6	32	4	4.0	34	0.1	11	11	10.9	86	0.4	30
45-64	1,931	45.8	21,506	0.7	26	307	7.3	3,203	0.6	85	983	23.3	10,871	0.6	59
65-74	1,561	45.5	16,884	0.7	25	632	18.4	6,432	0.7	93	621	18.1	6,917	0.7	60
75-84	890	41.4	9,378	0.7	23	502	23.4	5,135	0.7	94	192	8.9	2,036	0.7	62
85 and older															
<b>Unknown</b>	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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. 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 2004. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Inclusion Criteria (2004)	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>37,002</b>	<b>53.9 %</b>	<b>405,939</b>	<b>0.4</b>	<b>\$20</b>	<b>16,484</b>	<b>24.0 %</b>	<b>181,591</b>	<b>0.4</b>	<b>\$31</b>	<b>68,608</b>	<b>722,849</b>
<b>Female</b>	26,999	58.6	298,883	0.4	19	11,595	25.2	128,316	0.4	30	46,039	491,247
<b>Disabled</b>	10,313	73.5	115,053	0.3	23	3,720	26.5	41,653	0.4	29	14,037	149,284
	1	50.0	1	1.0	10	2	100.0	24	0.2	16	2	13
5 and younger	2	50.0	24	0.2	2	1	25.0	12	0.1	16	4	48
6-14	40	50.6	451	0.2	2	13	16.5	152	0.4	33	79	895
15-20	4,016	75.7	45,082	0.3	17	1,087	20.5	12,207	0.3	22	5,303	57,303
21-44	6,244	72.6	69,451	0.4	27	2,608	30.3	29,226	0.4	32	8,599	90,871
45-64	10	20.0	44	0.7	25	9	18.0	32	0.6	56	50	154
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	16,686	52.1	183,830	0.4	16	7,875	24.6	86,663	0.4	31	32,002	341,963
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	12	109.1	143	0.1	3	1	9.1	12	0.3	5	11	124
15-20	308	40.1	3,197	0.3	22	54	7.0	576	0.4	28	769	7,362
21-44	108	52.2	1,058	0.3	12	24	11.6	217	0.4	41	207	1,826
45-64	4,965	56.2	56,019	0.4	18	2,578	29.2	28,894	0.4	34	8,830	96,698
65-74	5,902	52.5	65,750	0.4	16	2,774	24.7	30,782	0.4	32	11,235	122,390
75-84	5,391	49.2	57,663	0.4	15	2,444	22.3	26,182	0.4	25	10,948	113,539
85 and older	10,003	44.3	107,056	0.4	23	4,889	21.7	53,275	0.4	32	22,563	231,568
<b>Male</b>	5,867	46.7	63,248	0.4	28	1,836	14.6	20,313	0.4	30	12,566	129,921
<b>Disabled</b>	5	62.5	60	0.1	1	5	62.5	60	0.2	7	8	96
5 and younger	3	37.5	36	0.1	2	2	25.0	24	0.1	6	8	96
6-14	34	32.7	388	0.1	1	22	21.2	259	0.4	27	104	1,189
15-20	2,848	45.5	31,332	0.3	26	638	10.2	7,231	0.3	24	6,259	66,580
21-44	2,971	48.3	31,408	0.4	31	1,167	19.0	12,734	0.4	34	6,148	61,822
45-64	6	15.4	24	0.6	56	2	5.1	5	0.4	10	39	138
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	4,136	41.4	43,808	0.4	15	3,053	30.5	32,962	0.5	33	9,997	101,647
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	2	100.0	24	0.1	1	0	0.0	0	0.0	0	2	24
15-20	99	98.0	883	0.5	17	4	4.0	36	0.2	8	101	752
21-44	61	60.4	425	0.4	27	17	16.8	127	0.3	23	101	596
45-64	1,788	42.5	19,563	0.4	17	1,323	31.4	14,697	0.5	37	4,212	44,015
65-74	1,356	39.5	14,340	0.4	14	1,088	31.7	11,580	0.5	32	3,430	34,983
75-84	830	38.6	8,573	0.3	11	621	28.9	6,522	0.4	26	2,149	21,258
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	34
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	34

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

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
<b>All</b>	<b>\$382</b>	<b>7.1</b>	<b>11,881</b>	<b>122,143</b>
<b>Age</b>				
0-64	526	7.8	999	10,871
65-74	453	7.8	1,575	16,658
75-84	407	7.5	3,762	38,722
85 and older	316	6.5	5,545	55,892
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	376	7.2	8,863	91,743
Male	402	7.0	3,018	30,400
Unknown	0	0.0	0	0
<b>Race</b>				
White	391	7.3	9,863	100,386
African American	342	6.1	1,892	20,412
Other/unknown	363	7	126	1,345
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	368	7.0	10,878	111,253
Disabled	526	7.8	1,003	10,890
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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Inclusion Criteria (2004)	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$18	\$13	\$1	\$4	\$51	\$87	\$68	\$22	33,541	\$1,702,289	8,614	72.5 %	92,567
Biologicals	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	0.0	0.0	0.5	53	10	0	43	93	334	134	79	7,479	692,462	1,282	10.8	13,054
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	54	42	4	8	46	83	21	17	74,431	3,448,218	6,082	51.2	63,930
Cardiovascular Agents	2.1	0.5	0.1	1.5	61	34	3	24	28	64	27	16	205,349	5,844,761	9,244	77.8	95,928
Respiratory Agents	0.6	0.3	0.0	0.3	35	29	0	6	59	87	31	23	31,562	1,855,042	4,922	41.4	52,902
Gastrointestinal Agents	1.1	0.2	0.1	0.8	42	22	3	18	39	118	39	21	75,413	2,960,079	6,687	56.3	70,823
Genitourinary Agents	0.7	0.5	0.0	0.2	47	39	2	5	69	84	68	30	23,473	1,621,620	3,211	27.0	34,493
CNS Drugs	1.6	0.8	0.1	0.7	134	111	6	18	84	131	71	26	150,001	12,575,046	8,970	75.5	93,950
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	46	41	0	6	80	137	10	20	802	64,062	135	1.1	1,381
Miscellaneous Psychological/																	
Neurological Agents	1.0	1.0	0.0	0.0	137	137	0	0	137	138	0	18	32,825	4,510,200	3,176	26.7	33,000
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	37	26	1	10	45	121	100	17	54,087	2,431,292	6,285	52.9	66,185
Neuromuscular Agents	1.2	0.3	0.3	0.6	82	36	22	23	66	115	78	37	57,110	3,786,690	4,371	36.8	46,372
Nutritional Products	0.8	0.0	0.0	0.8	13	0	0	13	17	24	21	16	38,280	633,266	4,602	38.7	48,303
Hematological Agents	1.1	0.3	0.1	0.6	66	55	3	8	63	165	29	13	47,859	2,993,559	4,288	36.1	45,048
Topical Products	0.5	0.2	0.0	0.2	20	14	2	5	44	64	54	22	33,653	1,471,517	6,664	56.1	72,614
Miscellaneous Products	0.3	0.0	0.0	0.2	10	3	1	6	36	146	207	26	922	33,496	328	2.8	3,525
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	23	0	0	0	2,575	59,632	597	5.0	6,545
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.	869,362	46,683,231	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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 2004. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Arkansas, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$7,736,693	5,699	48.0 %	61,438	0.8	\$156	\$126
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,510,200	3,831	32.2	40,122	0.8	137	112
ANTIDEPRESSANTS	4,201,063	8,299	69.9	88,337	0.8	57	48
ANTICONVULSANT	2,855,781	4,050	34.1	43,549	0.9	70	66
ULCER DRUGS	2,009,510	6,300	53.0	67,742	0.8	39	30
MISC. HEMATOLOGICAL	1,829,329	1,953	16.4	20,703	0.8	108	88
ANTIHYPERTENSIVE	1,679,355	5,381	45.3	56,930	0.8	36	29
ANTIDIABETIC	1,626,286	3,408	28.7	36,746	0.8	56	44
ANTIASTHMATIC	1,421,930	4,238	35.7	45,670	0.4	71	31
ANALGESICS - Narcotic	1,414,458	6,248	52.6	65,879	0.5	43	21
Total	29,284,605	49,407		527,116	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Inclusion Criteria (2004)	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 \$
<b>All</b>	<b>394,930</b>	<b>\$29,284,605</b>	<b>5,699</b>	<b>48.0 %</b>	<b>61,438</b>	<b>0.8</b>	<b>\$126</b>	<b>3,831</b>	<b>32.2 %</b>	<b>40,122</b>	<b>0.8</b>	<b>\$112</b>
<b>Female</b>	292,346	21,431,819	4,062	45.8	44,068	0.8	123	2,979	33.6	31,590	0.8	111
<b>Disabled</b>	20,341	1,850,168	311	66.0	3,540	0.9	188	65	13.8	727	0.9	212
64 or younger	20,341	1,850,168	311	66.0	3,540	0.9	188	65	13.8	727	0.9	212
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	272,005	19,581,651	3,751	44.7	40,528	0.8	117	2,914	34.7	30,863	0.8	108
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	38,655	3,038,873	597	63.6	6,596	0.8	148	237	25.3	2,576	0.8	107
75-84	103,924	7,720,243	1,441	51.6	15,786	0.8	119	1,116	40.0	11,917	0.8	109
85 and older	129,426	8,822,535	1,713	36.7	18,146	0.8	103	1,561	33.5	16,370	0.8	108
<b>Male</b>	102,584	7,852,786	1,637	54.2	17,370	0.8	135	852	28.2	8,532	0.8	119
<b>Disabled</b>	22,420	2,029,306	378	71.1	4,113	0.9	188	60	11.3	580	0.9	191
64 or younger	22,358	2,025,583	375	71.0	4,097	0.9	188	60	11.4	580	0.9	191
65-74	62	3,723	3	75.0	16	0.8	72	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	80,164	5,823,480	1,259	50.6	13,257	0.8	118	792	31.9	7,952	0.8	114
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	24,752	1,877,315	401	63.3	4,405	0.9	132	129	20.4	1,280	0.9	129
75-84	31,720	2,303,615	516	53.2	5,356	0.8	118	369	38.0	3,682	0.8	113
85 and older	23,692	1,642,550	342	38.7	3,496	0.7	99	294	33.3	2,990	0.8	108
<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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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 2004. 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 2004 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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONSULSANT					ULCER DRUGS				
	Inclusion Criteria (2004)	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 \$
<b>All</b>	<b>8,299</b>	<b>69.9 %</b>	<b>88,337</b>	<b>0.8</b>	<b>\$48</b>	<b>4,050</b>	<b>34.1 %</b>	<b>43,549</b>	<b>0.9</b>	<b>\$66</b>	<b>6,300</b>	<b>53.0 %</b>	<b>67,742</b>	<b>0.8</b>	<b>\$30</b>
<b>Female</b>	6,254	70.6	67,204	0.8	48	2,806	31.7	30,281	0.9	62	4,744	53.5	51,281	0.8	30
<b>Disabled</b>	349	74.1	3,916	0.9	57	346	73.5	3,922	1.1	86	271	57.5	3,092	0.8	32
64 or younger	349	74.1	3,916	0.9	57	346	73.5	3,922	1.1	86	271	57.5	3,092	0.8	32
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	5,905	70.4	63,288	0.8	47	2,460	29.3	26,359	0.9	58	4,473	53.3	48,189	0.8	30
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	774	82.5	8,346	0.8	50	494	52.7	5,422	1.0	71	510	54.4	5,579	0.8	31
75-84	2,161	77.4	23,384	0.8	49	1,007	36.1	10,859	0.9	61	1,584	56.7	17,415	0.8	30
85 and older	2,970	63.7	31,558	0.8	46	959	20.6	10,078	0.9	48	2,379	51.0	25,195	0.8	29
<b>Male</b>	2,045	67.8	21,133	0.8	47	1,244	41.2	13,268	1.0	74	1,556	51.6	16,461	0.8	29
<b>Disabled</b>	391	73.5	4,151	0.9	51	417	78.4	4,596	1.1	103	315	59.2	3,475	0.8	30
64 or younger	388	73.5	4,128	0.9	51	416	78.8	4,586	1.1	103	313	59.3	3,462	0.8	30
65-74	3	75.0	23	0.9	60	1	25.0	10	1.0	20	2	50.0	13	0.9	56
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,654	66.5	16,982	0.8	46	827	33.3	8,672	0.9	59	1,241	49.9	12,986	0.8	29
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	442	69.8	4,727	0.8	48	305	48.2	3,363	1.0	65	319	50.4	3,478	0.7	30
75-84	662	68.2	6,680	0.8	45	327	33.7	3,334	0.9	58	499	51.4	5,189	0.8	26
85 and older	550	62.3	5,575	0.8	44	195	22.1	1,975	0.8	52	423	47.9	4,319	0.8	31
<b>Unknown</b>	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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE					ANTIDIABETIC				
	Inclusion Criteria (2004)	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 \$
<b>All</b>	<b>1,953</b>	<b>16.4 %</b>	<b>20,703</b>	<b>0.8</b>	<b>\$88</b>	<b>5,381</b>	<b>45.3 %</b>	<b>56,930</b>	<b>0.8</b>	<b>\$30</b>	<b>3,408</b>	<b>28.7 %</b>	<b>36,746</b>	<b>0.8</b>	<b>\$44</b>
<b>Female</b>	1,418	16.0	15,143	0.8	88	3,981	44.9	42,300	0.8	30	2,460	27.8	26,762	0.8	43
<b>Disabled</b>	39	8.3	462	0.9	94	174	36.9	1,901	0.8	30	153	32.5	1,740	0.8	46
64 or younger	39	8.3	462	0.9	94	174	36.9	1,901	0.8	30	153	32.5	1,740	0.8	46
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,379	16.4	14,681	0.8	88	3,807	45.4	40,399	0.8	30	2,307	27.5	25,022	0.8	43
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	149	15.9	1,589	0.8	88	450	48.0	4,897	0.8	31	411	43.8	4,585	0.8	48
75-84	491	17.6	5,272	0.8	90	1,387	49.7	14,840	0.8	30	977	35.0	10,607	0.8	46
85 and older	739	15.9	7,820	0.8	87	1,970	42.3	20,662	0.8	30	919	19.7	9,830	0.8	38
<b>Male</b>	535	17.7	5,560	0.8	88	1,400	46.4	14,630	0.8	28	948	31.4	9,984	0.8	47
<b>Disabled</b>	50	9.4	531	0.8	91	203	38.2	2,193	0.9	32	158	29.7	1,735	0.9	55
64 or younger	50	9.5	531	0.8	91	201	38.1	2,187	0.9	32	157	29.7	1,732	0.9	55
65-74	0	0.0	0	0.0	0	2	50.0	6	0.7	26	1	25.0	3	1.0	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	485	19.5	5,029	0.8	88	1,197	48.1	12,437	0.8	27	790	31.8	8,249	0.8	45
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	144	22.7	1,541	0.9	91	357	56.4	3,937	0.8	28	269	42.5	2,851	0.8	51
75-84	168	17.3	1,762	0.8	89	446	46.0	4,500	0.8	26	325	33.5	3,354	0.8	45
85 and older	173	19.6	1,726	0.8	84	394	44.6	4,000	0.8	26	196	22.2	2,044	0.8	39
<b>Unknown</b>	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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					Benefit Months Among All-Year Nursing Facility Residents	
	Inclusion Criteria (2004)	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	Nursing Facility Residents
<b>All</b>	<b>4,238</b>	<b>35.7 %</b>	<b>45,670</b>	<b>0.4</b>	<b>\$31</b>	<b>6,248</b>	<b>52.6 %</b>	<b>65,879</b>	<b>0.5</b>	<b>\$22</b>	<b>11,881</b>	<b>122,143</b>
<b>Female</b>	2,999	33.8	32,428	0.4	30	4,903	55.3	51,927	0.5	23	8,863	91,743
<b>Disabled</b>	174	36.9	1,949	0.6	39	302	64.1	3,378	0.6	34	471	5,233
64 or younger	174	36.9	1,949	0.6	39	302	64.1	3,378	0.6	34	471	5,233
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	2,825	33.7	30,479	0.4	29	4,601	54.8	48,549	0.5	22	8,392	86,510
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	378	40.3	4,087	0.5	33	577	61.5	6,174	0.6	27	938	9,948
75-84	1,003	35.9	10,901	0.4	33	1,604	57.4	17,127	0.5	26	2,792	29,223
85 and older	1,444	31.0	15,491	0.4	26	2,420	51.9	25,248	0.5	18	4,662	47,339
<b>Male</b>	1,239	41.1	13,242	0.5	34	1,345	44.6	13,952	0.5	17	3,018	30,400
<b>Disabled</b>	186	35.0	2,099	0.6	45	254	47.7	2,732	0.5	17	532	5,657
64 or younger	186	35.2	2,099	0.6	45	254	48.1	2,732	0.5	17	528	5,638
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	19
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	1,053	42.4	11,143	0.5	32	1,091	43.9	11,220	0.4	17	2,486	24,743
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	284	44.9	3,073	0.6	43	270	42.7	2,930	0.5	19	633	6,691
75-84	406	41.9	4,251	0.5	28	434	44.7	4,419	0.5	19	970	9,499
85 and older	363	41.1	3,819	0.4	29	387	43.8	3,871	0.4	14	883	8,553
<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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A total of 4,360 beneficiaries who were in nursing facilities for part of their enrollment and their 43,415 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a,b</sup>  
ARKANSAS, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>27,881</b>	<b>40.6 %</b>	<b>2.8</b>	<b>192,577</b>	<b>\$56</b>	<b>\$3,855,093</b>	<b>\$20</b>	<b>2.4 %</b>	<b>68,608</b>
<b>Age</b>									
5 and younger	10	83.3	16.6	199	748	8,970	45	11.6	12
6-14	12	85.7	9.3	130	236	3,304	25	1.7	14
15-20	60	30.6	2.3	446	95	18,632	42	3.3	196
21-44	3,723	29.9	1.8	21,833	45	563,658	26	2.2	12,436
45-64	5,767	38.3	2.5	38,303	57	853,646	22	2.3	15,057
65-74	5,155	39.3	2.7	35,539	54	711,337	20	2.4	13,131
75-84	6,639	45.3	3.3	48,035	61	889,058	19	2.4	14,665
85 and older	6,515	49.7	3.7	48,092	62	806,488	17	2.6	13,097
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	18,288	44.8	3.2	131,614	59	2,405,598	18	2.4	40,780
Disabled	9,338	35.1	2.2	59,674	53	1,418,188	24	2.2	26,608
Adults	238	20.1	1.0	1,163	23	27,649	24	2.7	1,184
Children	5	100.0	14.4	72	544	2,720	38	5.9	5
Unknown	12	38.7	1.7	54	30	938	17	2.6	31
<b>Gender</b>									
Female	20,609	44.8	3.1	143,597	62	2,847,138	20	2.5	46,039
Male	7,269	32.2	2.2	48,966	45	1,007,561	21	2.1	22,563
Unknown	3	50.0	2.3	14	66	394	28	2.4	6
<b>Race</b>									
White	20,162	43.7	3.2	145,727	64	2,937,159	20	2.4	46,150
African American	6,309	34.4	2.1	37,770	38	693,167	18	2.0	18,332
Other/unknown	1,410	34.2	2.2	9,080	54	224,767	25	2.7	4,126
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	6,892	58.0	5.4	64,375	92	1,097,130	17	2.4	11,881
Part year	2,617	60.0	3.8	16,362	66	288,811	18	2.4	4,360
None	18,372	35.1	2.1	111,840	47	2,469,152	22	2.4	52,367
<b>Maintenance Assistance Status</b>									
Cash	15,183	36.1	2.3	96,231	50	2,090,732	22	2.4	42,092
Medically needy	554	28.4	1.0	1,879	28	55,090	29	2.3	1,950
Poverty related	225	31.7	1.2	863	26	18,781	22	2.9	710
Other/unknown	11,919	50.0	3.9	93,604	71	1,690,490	18	2.3	23,856

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004.

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<sup>a,b</sup>  
ARKANSAS, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$5</b>	<b>\$20</b>	<b>\$0</b>	<b>\$2</b>	<b>722,849</b>
<b>Age</b>						
5 and younger	1.6	70	45	2	0	128
6-14	0.8	20	25	0	0	168
15-20	0.2	8	42	0	2	2,232
21-44	0.2	4	26	0	3	132,012
45-64	0.2	6	22	0	3	155,134
65-74	0.3	5	20	0	2	141,005
75-84	0.3	6	19	0	2	157,373
85 and older	0.4	6	17	0	2	134,797
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	6	18	0	2	432,764
Disabled	0.2	5	24	0	3	279,238
Adults	0.1	3	24	0	2	10,553
Children	1.3	49	38	2	0	55
Unknown	0.2	4	17	0	3	239
<b>Gender</b>						
Female	0.3	6	20	0	3	491,247
Male	0.2	4	21	0	2	231,568
Unknown	0.4	12	28	0	12	34
<b>Race</b>						
White	0.3	6	20	0	3	480,477
African American	0.2	3	18	0	1	198,629
Other/unknown	0.2	5	25	0	2	43,743
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	9	17	0	3	122,143
Part year	0.4	7	18	0	3	43,415
None	0.2	4	22	0	2	557,291
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	22	0	2	465,245
Medically needy	0.2	7	29	0	3	8,388
Poverty related	0.1	3	22	0	2	6,281
Other/unknown	0.4	7	18	0	3	242,935

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

- 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 2004.
- 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<sup>a,b,c</sup>  
ARKANSAS, 2004

Drug Category	Inclusion Criteria (2004)	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
<b>All</b>	<b>34,056</b>	<b>\$113</b>	<b>\$3,855,093</b>	<b>100.0 %</b>	<b>192,577</b>	<b>\$20</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	1	13	13	0.0	1	13	0.0
Cough and cold medications	1,736	63	108,668	2.8	3,577	30	1.9
Vitamins and minerals	14,028	117	1,644,790	42.7	89,535	18	46.5
Non-prescription drugs	2,037	39	80,048	2.1	5,410	15	2.8
Barbiturates	754	74	55,869	1.4	6,680	8	3.5
Benzodiazepines	14,447	123	1,783,094	46.3	84,206	21	43.7
Other Part D Excl Rx Drugs	1,053	173	182,611	4.7	3,168	58	1.6

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ARKANSAS, 2004

Inclusion Criteria (2004)

Total Number of Dual Eligible Beneficiaries	68,608
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$162,519,438
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,369

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,569	11.0 %	\$0	0.0 %
1-500	12,085	17.6	2,634,469	1.6
501-1,000	8,170	11.9	6,061,411	3.7
1,001-1,500	6,750	9.8	8,378,667	5.2
1,501-2,000	5,728	8.3	9,998,466	6.2
2,001-2,500	4,820	7.0	10,793,386	6.6
2,501-3,000	4,123	6.0	11,313,581	7.0
3,001-3,500	3,504	5.1	11,374,112	7.0
3,501-4,000	2,870	4.2	10,741,394	6.6
4,001-4,500	2,368	3.5	10,043,380	6.2
4,501-5,000	1,970	2.9	9,345,056	5.8
5,001-5,500	1,543	2.2	8,079,282	5.0
5,501-6,000	1,183	1.7	6,792,281	4.2
6,001-6,500	951	1.4	5,935,632	3.7
6,501-7,000	788	1.1	5,312,471	3.3
7,001-7,500	613	0.9	4,442,316	2.7
7,501-8,000	527	0.8	4,076,678	2.5
8,001-8,500	437	0.6	3,603,445	2.2
8,501-9,000	330	0.5	2,883,755	1.8
9,001-9,500	288	0.4	2,662,758	1.6
9,501-10,000	273	0.4	2,661,137	1.6
10,001+	1,718	2.5	25,385,761	15.6

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004.

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, 2004

Inclusion Criteria (2004)		
Total Number of Disabled Dual Eligible Beneficiaries, Age < 65		26,519
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65		\$63,035,808
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65		\$2,377

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,087	15.4 %	0	0.0 %
1-500	5,890	22.2	1,182,957	1.9
501-1,000	2,943	11.1	2,158,615	3.4
1,001-1,500	2,221	8.4	2,744,078	4.4
1,501-2,000	1,752	6.6	3,053,237	4.8
2,001-2,500	1,463	5.5	3,269,193	5.2
2,501-3,000	1,230	4.6	3,372,465	5.4
3,001-3,500	1,004	3.8	3,256,374	5.2
3,501-4,000	886	3.3	3,311,472	5.3
4,001-4,500	730	2.8	3,098,190	4.9
4,501-5,000	638	2.4	3,032,868	4.8
5,001-5,500	516	1.9	2,699,079	4.3
5,501-6,000	385	1.5	2,209,125	3.5
6,001-6,500	351	1.3	2,187,646	3.5
6,501-7,000	288	1.1	1,943,178	3.1
7,001-7,500	259	1.0	1,878,889	3.0
7,501-8,000	208	0.8	1,609,114	2.6
8,001-8,500	188	0.7	1,550,153	2.5
8,501-9,000	148	0.6	1,292,775	2.1
9,001-9,500	131	0.5	1,210,248	1.9
9,501-10,000	120	0.5	1,171,034	1.9
10,001+	1,081	4.1	16,805,118	26.7

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004.

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, 2004

Inclusion Criteria (2004)		
Total Number of Dual Eligible Beneficiaries, Age 65+		40,893
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+		\$98,410,610
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+		\$2,407

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,908	7.1 %	0	0.0 %
1-500	5,918	14.5	1,392,363	1.4
501-1,000	5,126	12.5	3,828,023	3.9
1,001-1,500	4,475	10.9	5,567,489	5.7
1,501-2,000	3,931	9.6	6,867,987	7.0
2,001-2,500	3,321	8.1	7,444,674	7.6
2,501-3,000	2,870	7.0	7,879,379	8.0
3,001-3,500	2,481	6.1	8,056,197	8.2
3,501-4,000	1,973	4.8	7,388,149	7.5
4,001-4,500	1,626	4.0	6,893,908	7.0
4,501-5,000	1,323	3.2	6,269,531	6.4
5,001-5,500	1,020	2.5	5,342,996	5.4
5,501-6,000	791	1.9	4,543,173	4.6
6,001-6,500	597	1.5	3,729,691	3.8
6,501-7,000	500	1.2	3,369,293	3.4
7,001-7,500	353	0.9	2,556,351	2.6
7,501-8,000	319	0.8	2,467,564	2.5
8,001-8,500	249	0.6	2,053,292	2.1
8,501-9,000	180	0.4	1,573,492	1.6
9,001-9,500	157	0.4	1,452,510	1.5
9,501-10,000	152	0.4	1,480,264	1.5
10,001+	623	1.5	8,254,284	8.4

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004.

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, 2004

Inclusion Criteria (2004)		
Total Number of Dual Eligible Beneficiaries, Age 65-74		13,131
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74		\$30,148,789
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74		\$2,296

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,357	10.3 %	0	0.0 %
1-500	2,065	15.7	465,895	1.5
501-1,000	1,592	12.1	1,191,863	4.0
1,001-1,500	1,313	10.0	1,635,247	5.4
1,501-2,000	1,194	9.1	2,089,006	6.9
2,001-2,500	999	7.6	2,236,700	7.4
2,501-3,000	882	6.7	2,423,660	8.0
3,001-3,500	769	5.9	2,494,942	8.3
3,501-4,000	595	4.5	2,230,746	7.4
4,001-4,500	465	3.5	1,974,561	6.5
4,501-5,000	419	3.2	1,983,325	6.6
5,001-5,500	311	2.4	1,630,928	5.4
5,501-6,000	232	1.8	1,332,067	4.4
6,001-6,500	165	1.3	1,032,398	3.4
6,501-7,000	138	1.1	930,568	3.1
7,001-7,500	91	0.7	657,130	2.2
7,501-8,000	85	0.6	658,175	2.2
8,001-8,500	73	0.6	603,363	2.0
8,501-9,000	59	0.4	516,578	1.7
9,001-9,500	42	0.3	388,613	1.3
9,501-10,000	49	0.4	478,244	1.6
10,001+	236	1.8	3,194,780	10.6

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

- 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 2004.
- 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, 2004

Inclusion Criteria (2004)		
Total Number of Dual Eligible Beneficiaries, Age 75-84		14,665
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84		\$37,473,882
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84		\$2,555

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	945	6.4 %	0	0.0 %
1-500	1,914	13.1	451,513	1.2
501-1,000	1,740	11.9	1,297,949	3.5
1,001-1,500	1,622	11.1	2,024,522	5.4
1,501-2,000	1,425	9.7	2,488,231	6.6
2,001-2,500	1,262	8.6	2,827,617	7.5
2,501-3,000	1,027	7.0	2,816,754	7.5
3,001-3,500	909	6.2	2,956,154	7.9
3,501-4,000	738	5.0	2,755,409	7.4
4,001-4,500	612	4.2	2,595,308	6.9
4,501-5,000	482	3.3	2,284,773	6.1
5,001-5,500	376	2.6	1,966,310	5.2
5,501-6,000	312	2.1	1,791,517	4.8
6,001-6,500	232	1.6	1,448,492	3.9
6,501-7,000	228	1.6	1,536,764	4.1
7,001-7,500	150	1.0	1,085,594	2.9
7,501-8,000	143	1.0	1,106,203	3.0
8,001-8,500	88	0.6	724,929	1.9
8,501-9,000	77	0.5	671,749	1.8
9,001-9,500	58	0.4	536,314	1.4
9,501-10,000	67	0.5	651,069	1.7
10,001+	258	1.8	3,456,711	9.2

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004.

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, 2004

Inclusion Criteria (2004)		
Total Number of Dual Eligible Beneficiaries, Age 85+		13,097
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+		\$30,787,939
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+		\$2,351

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	606	4.6 %	0	0.0 %
1-500	1,939	14.8	474,955	1.5
501-1,000	1,794	13.7	1,338,211	4.3
1,001-1,500	1,540	11.8	1,907,720	6.2
1,501-2,000	1,312	10.0	2,290,750	7.4
2,001-2,500	1,060	8.1	2,380,357	7.7
2,501-3,000	961	7.3	2,638,965	8.6
3,001-3,500	803	6.1	2,605,101	8.5
3,501-4,000	640	4.9	2,401,994	7.8
4,001-4,500	549	4.2	2,324,039	7.5
4,501-5,000	422	3.2	2,001,433	6.5
5,001-5,500	333	2.5	1,745,758	5.7
5,501-6,000	247	1.9	1,419,589	4.6
6,001-6,500	200	1.5	1,248,801	4.1
6,501-7,000	134	1.0	901,961	2.9
7,001-7,500	112	0.9	813,627	2.6
7,501-8,000	91	0.7	703,186	2.3
8,001-8,500	88	0.7	725,000	2.4
8,501-9,000	44	0.3	385,165	1.3
9,001-9,500	57	0.4	527,583	1.7
9,501-10,000	36	0.3	350,951	1.1
10,001+	129	1.0	1,602,793	5.2

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004.

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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	Criteria	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>68,608</b>	<b>40,780</b>	<b>26,608</b>	<b>1,184</b>	<b>5</b>	<b>31</b>	<b>722,849</b>	<b>432,764</b>	<b>279,238</b>	<b>10,553</b>	<b>55</b>	<b>239</b>
<b>Age</b>												
5 and younger	12	0	10	0	2	0	128	0	109	0	19	0
6-14	14	0	12	0	2	0	168	0	144	0	24	0
15-20	196	0	183	12	1	0	2,232	0	2,084	136	12	0
21-44	12,436	0	11,565	867	0	4	132,012	0	123,897	8,083	0	32
45-64	15,057	0	14,749	290	0	18	155,134	0	152,712	2,273	0	149
65-74	13,131	13,020	89	13	0	9	141,005	140,597	292	58	0	58
75-84	14,665	14,663	0	2	0	0	157,373	157,370	0	3	0	0
85 and older	13,097	13,097	0	0	0	0	134,797	134,797	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	46,039	30,998	14,037	971	2	31	491,247	332,546	149,284	9,154	24	239
Male	22,563	9,782	12,566	212	3	0	231,568	100,218	129,921	1,398	31	0
Unknown	6	0	5	1	0	0	34	0	33	1	0	0
<b>Race</b>												
White	46,150	27,650	17,633	843	2	22	480,477	288,009	184,920	7,357	24	167
African American	18,332	10,655	7,346	323	0	8	198,629	117,446	78,104	3,019	0	60
Other/unknown	4,126	2,475	1,629	18	3	1	43,743	27,309	16,214	177	31	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	11,881	10,878	1,003	0	0	0	122,143	111,253	10,890	0	0	0
Part year	4,360	3,964	396	0	0	0	43,415	39,361	4,054	0	0	0
None	52,367	25,938	25,209	1,184	5	31	557,291	282,150	264,294	10,553	55	239
<b>Maintenance Assistance Status</b>												
Cash	42,092	21,256	20,514	322	0	0	465,245	240,393	221,734	3,118	0	0
Medically needy	1,950	383	1,351	216	0	0	8,388	1,343	5,999	1,046	0	0
Poverty related	710	182	427	67	3	31	6,281	1,795	3,682	534	31	239
Other/unknown	23,856	18,959	4,316	579	2	0	242,935	189,233	47,823	5,855	24	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	66,701	39,733	25,785	1,147	5	31	703,541	421,589	271,498	10,160	55	239
Full dual, part year	1,907	1,047	823	37	0	0	19,308	11,175	7,740	393	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	68,608	40,780	26,608	1,184	5	31	722,849	432,764	279,238	10,553	55	239
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 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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 2004. 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; 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, 2004

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	
	Inclusion Criteria (2004)	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>68,608</b>	<b>722,849</b>	<b>68,608</b>	<b>722,849</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	68,608	722,849	68,608	722,849	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Arkansas, released by CMS in 11/2007. This table was produced on 02/27/2008.

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.