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

LIST OF TABLES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, ##STATE_U, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Number of Beneficiaries					Number of Benefit Months					
		Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**609,734**	**4,565**	**65,279**	**167,734**	**371,741**	**415**	**6,073,857**	**48,058**	**685,118**	**1,569,744**	**3,767,599**	**3,338**
Age												
5 and younger	148,432	0	5,387	68	142,976	1	1,442,894	0	57,252	593	1,385,038	11
6-14	181,278	0	11,341	64	169,873	0	1,910,345	0	125,653	622	1,784,070	0
15-20	98,116	0	7,506	31,746	58,863	1	967,268	0	81,936	287,086	598,238	8
21-44	149,967	0	19,249	130,565	29	124	1,439,570	0	203,016	1,235,317	253	984
45-64	27,347	0	21,777	5,282	0	288	265,607	0	217,203	46,078	0	2,326
65-74	1,511	1,485	19	6	0	1	15,883	15,789	58	27	0	9
75-84	1,337	1,337	0	0	0	0	13,806	13,806	0	0	0	0
85 and older	1,746	1,743	0	3	0	0	18,484	18,463	0	21	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	378,857	3,097	32,904	157,415	185,026	415	3,758,714	32,862	350,206	1,488,040	1,884,268	3,338
Male	228,994	1,423	32,310	10,158	185,103	0	2,299,396	14,802	334,503	80,650	1,869,441	0
Unknown	1,883	45	65	161	1,612	0	15,747	394	409	1,054	13,890	0
Race												
White	373,453	2,715	34,963	109,782	225,677	316	3,709,359	28,082	362,534	1,027,391	2,288,783	2,569
African American	186,201	1,478	20,951	51,035	112,645	92	1,885,008	16,064	225,659	490,041	1,152,532	712
Other/unknown	50,080	372	9,365	6,917	33,419	7	479,490	3,912	96,925	52,312	326,284	57
Use of Nursing Facilities[c]												
Entire year	1,224	573	651	0	0	0	12,815	5,870	6,945	0	0	0
Part year	524	191	331	2	0	0	5,238	1,818	3,399	21	0	0
None	607,986	3,801	64,297	167,732	371,741	415	6,055,804	40,370	674,774	1,569,723	3,767,599	3,338
Maintenance Assistance Status												
Cash	112,492	2,641	58,933	21,184	29,734	0	1,142,505	30,566	628,971	185,419	297,549	0
Medically needy	9,105	96	1,894	4,952	2,163	0	64,946	439	9,050	34,559	20,898	0
Poverty-related	272,412	3	11	33,894	238,089	415	2,638,926	36	76	258,030	2,377,446	3,338
Other/unknown	215,725	1,825	4,441	107,704	101,755	0	2,227,480	17,017	47,021	1,091,736	1,071,706	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	609,734	4,565	65,279	167,734	371,741	415	6,073,857	48,058	685,118	1,569,744	3,767,599	3,338
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

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 ND.2 includes the beneficiaries represented by Cell K 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.

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.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**58.5 %**	**6.0**	**$386**	**$64**	**$2,344**	**16.4 %**	**609,734**
Age							
5 and younger	72.6	5.3	230	43	2,419	9.5	148,432
6-14	62.6	5.1	362	71	1,718	21.1	181,278
15-20	55.5	4.9	345	70	2,321	14.9	98,116
21-44	39.2	4.8	333	70	1,952	17.0	149,967
45-64	74.7	24.3	1,703	70	7,390	23.0	27,347
65-74	59.4	24.7	1,435	58	8,555	16.8	1,511
75-84	45.9	22.8	1,230	54	9,460	13.0	1,337
85 and older	24.7	12.8	635	50	6,283	10.1	1,746
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	42.2	19.7	1,075	55	7,983	13.5	4,565
Disabled	80.3	20.7	1,893	91	10,114	18.7	65,279
Adults	36.6	3.0	133	44	935	14.2	167,734
Children	64.8	4.6	226	49	1,537	14.7	371,741
Unknown	88.4	14.3	1,201	84	11,255	10.7	415
Gender							
Female	54.4	5.7	324	57	1,939	16.7	378,857
Male	65.4	6.5	488	75	3,021	16.2	228,994
Unknown	52.8	4.9	248	50	1,795	13.8	1,883
Race							
White	60.3	6.5	417	64	2,328	17.9	373,453
African American	55.5	5.1	303	60	2,193	13.8	186,201
Other/unknown	56.5	5.7	454	80	3,031	15.0	50,080
Use of Nursing Facilities[f]							
Entire year	98.3	79.7	4,991	63	45,366	11.0	1,224
Part year	94.8	55.2	3,679	67	33,037	11.1	524
None	58.4	5.8	373	64	2,231	16.7	607,986
Maintenance Assistance Status							
Cash	72.9	14.0	1,144	82	5,858	19.5	112,492
Medically needy	66.2	8.0	513	64	3,904	13.1	9,105
Poverty related	66.0	4.6	211	45	1,664	12.7	272,412
Other/unknown	41.3	3.5	205	58	1,305	15.7	215,725

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 ND.3 includes beneficiaries represented by Cell K 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 fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a,b]
NONDUAL BENEFICIARIES, ##STATE_U, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	0.6	$39	16.4 %	41.5 %	47.4 %	5.5 %	4.6 %	0.9 %	0.1 %	$235	609,734	6,073,857
Age												
5 and younger	0.5	24	9.5	27.4	64.4	5.9	2.1	0.2	0.0	249	148,432	1,442,894
6-14	0.5	34	21.1	37.4	54.3	4.8	3.1	0.4	0.0	163	181,278	1,910,345
15-20	0.5	35	14.9	44.5	47.2	4.8	3.0	0.5	0.1	235	98,116	967,268
21-44	0.5	35	17.0	60.8	28.8	5.0	4.8	0.6	0.0	203	149,967	1,439,570
45-64	2.5	175	23.0	25.3	19.0	14.1	31.5	9.4	0.7	761	27,347	265,607
65-74	2.3	137	16.8	40.6	11.3	8.7	26.1	11.2	2.1	814	1,511	15,883
75-84	2.2	119	13.0	54.1	6.6	6.1	18.3	11.7	3.2	916	1,337	13,806
85 and older	1.2	60	10.1	75.3	3.7	2.3	9.8	6.9	2.1	594	1,746	18,484
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	1.9	102	13.5	57.8	6.9	5.4	17.6	9.8	2.4	758	4,565	48,058
Disabled	2.0	180	18.7	19.7	34.4	14.5	24.6	6.4	0.5	964	65,279	685,118
Adults	0.3	14	14.2	63.4	30.5	3.7	2.3	0.1	0.0	100	167,734	1,569,744
Children	0.5	22	14.7	35.2	57.8	4.8	2.0	0.1	0.0	152	371,741	3,767,599
Unknown	1.8	149	10.7	11.6	37.8	25.8	23.4	1.4	0.0	1,399	415	3,338
Gender												
Female	0.6	33	16.7	45.6	43.9	5.0	4.4	0.9	0.1	195	378,857	3,758,714
Male	0.7	49	16.2	34.6	53.2	6.4	5.0	0.8	0.1	301	228,994	2,299,396
Unknown	0.6	30	13.8	47.2	43.3	4.6	3.8	0.9	0.3	215	1,883	15,747
Race												
White	0.7	42	17.9	39.7	48.0	6.0	5.2	1.0	0.1	234	373,453	3,709,359
African American	0.5	30	13.8	44.5	46.5	4.8	3.5	0.6	0.1	217	186,201	1,885,008
Other/unknown	0.6	47	15.0	43.5	46.3	4.7	4.4	1.0	0.1	317	50,080	479,490
Use of Nursing Facilities[f]												
Entire year	7.6	477	11.0	1.7	4.1	4.8	26.0	40.7	22.7	4,333	1,224	12,815
Part year	5.5	368	11.1	5.2	9.7	10.1	32.1	33.2	9.7	3,305	524	5,238
None	0.6	38	16.7	41.6	47.5	5.5	4.6	0.8	0.0	224	607,986	6,055,804
Maintenance Assistance Status												
Cash	1.4	113	19.5	27.1	42.1	11.4	15.7	3.6	0.2	577	112,492	1,142,505
Medically needy	1.1	72	13.1	33.8	35.9	13.8	15.3	1.2	0.0	547	9,105	64,946
Poverty related	0.5	22	12.7	34.0	58.7	5.1	2.0	0.1	0.0	172	272,412	2,638,926
Other/unknown	0.3	20	15.7	58.7	36.4	2.7	1.7	0.4	0.1	126	215,725	2,227,480

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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
NONDUAL BENEFICIARIES, ##STATE_U, 2004

Beneficiary Characteristics	All Rx Criteria (2004)	All Rx Rx $	All Rx $ per Rx	Patented Brand-Name Drugs Number of Rx	Patented Brand-Name Drugs Rx $	Patented Brand-Name Drugs $ per Rx	Off-Patent Brand-Name Drugs Number of Rx	Off-Patent Brand-Name Drugs Rx $	Off-Patent Brand-Name Drugs $ per Rx	Generic Drugs Number of Rx	Generic Drugs Rx $	Generic Drugs $ per Rx
All	**0.6**	**$39**	**$64**	**0.3**	**$29**	**$115**	**0.0**	**$2**	**$57**	**0.3**	**$7**	**$23**
Age												
5 and younger	0.5	24	43	0.2	17	83	0.0	2	35	0.3	5	17
6-14	0.5	34	71	0.3	28	111	0.0	1	50	0.2	5	24
15-20	0.5	35	70	0.2	27	125	0.0	2	56	0.3	7	26
21-44	0.5	35	70	0.2	25	137	0.0	3	74	0.3	7	24
45-64	2.5	175	70	1.0	126	129	0.2	13	84	1.4	36	27
65-74	2.3	137	58	0.9	98	108	0.2	9	56	1.3	30	23
75-84	2.2	119	54	0.9	85	99	0.2	8	50	1.2	27	22
85 and older	1.2	60	50	0.4	42	95	0.1	4	45	0.7	14	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	1.9	102	55	0.7	73	102	0.1	7	51	1.0	23	22
Disabled	2.0	180	91	0.8	140	165	0.1	11	84	1.0	30	30
Adults	0.3	14	44	0.1	9	81	0.0	1	53	0.2	4	20
Children	0.5	22	49	0.2	17	85	0.0	1	37	0.2	4	19
Unknown	1.8	149	84	0.7	120	177	0.1	5	71	1.0	25	24
Gender												
Female	0.6	33	57	0.2	24	103	0.0	2	56	0.3	7	22
Male	0.7	49	75	0.3	39	130	0.0	2	59	0.3	8	25
Unknown	0.6	30	50	0.3	22	87	0.0	2	45	0.3	6	20
Race												
White	0.7	42	64	0.3	32	112	0.0	3	60	0.3	8	23
African American	0.5	30	60	0.2	22	111	0.0	2	50	0.3	6	23
Other/unknown	0.6	47	80	0.2	37	150	0.0	2	55	0.3	8	26
Use of Nursing Facilities[e]												
Entire year	7.6	477	63	2.8	344	124	0.5	31	58	4.3	102	24
Part year	5.5	368	67	2.0	272	134	0.4	26	69	3.1	70	23
None	0.6	38	64	0.2	28	114	0.0	2	57	0.3	7	23
Maintenance Assistance Status												
Cash	1.4	113	82	0.6	86	151	0.1	7	77	0.7	20	28
Medically needy	1.1	72	64	0.4	52	124	0.1	5	79	0.6	15	24
Poverty related	0.5	22	45	0.2	16	82	0.0	1	36	0.3	5	18
Other/unknown	0.3	20	58	0.2	15	96	0.0	1	50	0.2	3	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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL 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[e] | | |
	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	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$10	$7	$1	$3	$45	$80	$61	$20	619,240	$27,859,142	244,436	40.1 %	2,658,546
Biologicals	0.3	0.3	0.0	0.0	418	342	5	72	1259	1,152	1,010	2,324	4,132	5,200,140	1,314	0.2	12,428
Antineoplastic Agents	0.5	0.1	0.0	0.4	114	93	2	19	215	645	129	52	8,088	1,740,505	1,466	0.2	15,230
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.1	21	15	2	4	57	92	37	25	333,617	18,902,130	83,309	13.7	908,403
Cardiovascular Agents	0.9	0.3	0.0	0.5	34	23	1	9	40	71	39	19	304,291	12,024,381	33,437	5.5	355,146
Respiratory Agents	0.3	0.2	0.0	0.2	17	14	0	3	48	77	20	18	676,795	32,456,494	177,026	29.0	1,936,446
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	16	2	5	69	136	75	25	139,046	9,643,515	38,733	6.4	414,933
Genitourinary Agents	0.2	0.1	0.0	0.1	11	8	1	2	53	78	45	25	37,474	1,990,416	17,346	2.8	183,468
CNS Drugs	0.6	0.3	0.0	0.3	58	50	2	7	100	173	85	25	446,526	44,587,367	70,798	11.6	763,774
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	54	51	0	3	92	100	49	44	188,404	17,410,289	28,693	4.7	319,588
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.1	135	131	0	4	305	348	93	59	6,398	1,954,332	1,356	0.2	14,452
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	12	7	1	4	42	162	172	18	335,706	13,940,405	112,711	18.5	1,212,017
Neuromuscular Agents	0.6	0.2	0.1	0.3	54	37	9	8	94	156	115	31	201,453	18,984,956	32,472	5.3	351,489
Nutritional Products	0.3	0.0	0.0	0.2	4	0	0	4	16	11	15	16	57,913	911,031	21,356	3.5	219,286
Hematological Agents	0.5	0.2	0.0	0.3	237	202	2	33	452	1,041	51	114	30,270	13,673,920	5,534	0.9	57,716
Topical Products	0.2	0.1	0.0	0.1	8	5	1	3	44	79	46	25	259,143	11,508,075	125,930	20.7	1,381,691
Miscellaneous Products	0.1	0.1	0.0	0.0	16	11	2	3	120	111	411	116	16,416	1,977,436	11,582	1.9	125,750
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	32	0	0	0	8,948	288,240	4,871	0.8	54,707
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.	3,673,860	235,052,774	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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 ND.7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, ##STATE_U, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$28,079,902	22,711	3.7 %	252,045	0.5	$240	$111
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	17,410,289	35,613	5.8	399,688	0.5	92	44
ANTIASTHMATIC	17,399,923	94,330	15.5	1,042,148	0.2	68	17
ANTICONVULSANT	16,523,255	22,468	3.7	246,675	0.6	117	67
ANTIDEPRESSANTS	13,591,376	49,737	8.2	536,735	0.4	65	25
MISC. HEMATOLOGICAL	11,947,293	2,091	0.3	21,777	0.5	1,023	549
ANALGESICS - Narcotic	7,786,335	114,230	18.7	1,228,593	0.2	34	6
ANTIHISTAMINES	7,431,170	102,271	16.8	1,147,539	0.2	38	6
DERMATOLOGICAL	7,386,837	106,270	17.4	1,177,691	0.1	47	6
MISC. ENDOCRINE	6,522,001	3,924	0.6	44,093	0.4	345	148
Total	134,078,381	553,645		6,096,984	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 ND.7 includes the beneficiaries represented by Cell K 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Inclusion Criteria (2004)	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,519,492**	**$134,078,381**	**22,711**	**3.7 %**	**252,045**	**0.5**	**$111**	**35,613**	**5.8 %**	**399,688**	**0.5**	**$44**
Female	802,295	60,433,226	10,872	2.9	120,519	0.4	105	10,303	2.7	116,162	0.4	42
Disabled	320,512	32,569,563	6,871	20.9	78,237	0.5	126	2,014	6.1	23,072	0.5	49
5 and younger	10,880	778,365	38	1.8	450	0.4	69	75	3.6	824	0.3	28
6-14	34,413	3,770,393	641	16.7	7,345	0.5	101	1,163	30.3	13,301	0.5	48
15-20	23,655	2,777,690	619	21.2	7,152	0.5	113	379	13.0	4,428	0.5	49
21-44	102,118	10,980,196	2,887	27.4	32,661	0.5	121	248	2.4	2,833	0.4	51
45-64	149,417	14,260,372	2,685	19.9	30,618	0.6	141	149	1.1	1,686	0.5	66
65-74	29	2,547	1	7.7	11	0.8	13	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
Other Eligibles	481,783	27,863,663	4,001	1.2	42,282	0.3	66	8,289	2.4	93,090	0.4	40
5 and younger	102,955	4,369,156	113	0.2	1,267	0.3	57	339	0.5	3,742	0.3	29
6-14	164,696	11,386,081	1,241	1.5	14,005	0.3	68	6,441	7.7	72,989	0.5	41
15-20	84,116	4,892,044	950	1.7	10,346	0.3	63	1,132	2.0	12,705	0.4	37
21-44	103,324	5,229,225	1,294	1.0	12,567	0.3	56	347	0.3	3,350	0.3	40
45-64	10,664	736,416	125	2.5	1,145	0.3	56	27	0.6	268	0.4	58
65-74	6,148	510,747	86	9.0	964	0.8	156	1	0.1	12	1.0	146
75-84	5,367	401,750	96	11.2	1,002	0.7	89	0	0.0	0	0.0	0
85 and older	4,513	338,244	96	7.4	986	0.7	104	2	0.2	24	1.0	65
Male	713,565	73,407,625	11,796	5.2	131,118	0.5	118	25,228	11.0	282,676	0.5	44
Disabled	269,106	41,483,765	7,270	22.5	81,739	0.5	141	5,595	17.3	63,771	0.5	52
5 and younger	18,655	2,836,519	146	4.4	1,695	0.4	74	254	7.7	2,901	0.4	31
6-14	82,772	12,748,184	2,047	27.3	23,263	0.5	110	4,014	53.5	45,726	0.6	52
15-20	39,588	8,905,697	1,217	26.5	13,960	0.5	130	1,079	23.5	12,359	0.5	56
21-44	64,230	10,389,033	2,440	28.1	27,121	0.6	167	188	2.2	2,137	0.5	58
45-64	63,852	6,603,529	1,420	17.3	15,700	0.6	158	60	0.7	648	0.5	64
65-74	9	803	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
Other Eligibles	444,459	31,923,860	4,526	2.3	49,379	0.4	79	19,633	10.0	218,905	0.5	42
5 and younger	124,701	5,770,583	300	0.4	3,405	0.3	59	990	1.4	11,198	0.3	27
6-14	240,412	19,673,726	2,779	3.3	30,938	0.4	77	16,050	18.8	179,129	0.5	43
15-20	62,382	5,170,240	1,122	3.3	11,868	0.4	82	2,544	7.6	28,133	0.4	42
21-44	7,401	536,083	133	4.9	1,109	0.3	69	46	1.7	416	0.4	61
45-64	2,192	167,571	16	2.5	154	0.3	93	2	0.3	17	0.2	23
65-74	3,733	330,287	92	17.4	990	0.8	142	1	0.2	12	1.0	92
75-84	2,489	191,761	59	12.8	649	0.7	104	0	0.0	0	0.0	0
85 and older	1,149	83,609	25	5.7	266	0.6	92	0	0.0	0	0.0	0
Unknown	3,632	237,530	43	2.3	408	0.6	116	82	4.4	850	0.4	40

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 ND.7A includes the beneficiaries represented by Cell K 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 ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTICONVULSANT					ANTIDEPRESSANTS				
	Inclusion Criteria (2004)	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**94,330**	**15.5 %**	**1,042,148**	**0.2**	**$17**	**22,468**	**3.7 %**	**246,675**	**0.6**	**$67**	**49,737**	**8.2 %**	**536,735**	**0.4**	**$25**
Female	44,741	11.8	493,185	0.2	16	13,048	3.4	142,705	0.5	64	33,588	8.9	359,797	0.4	26
Disabled	9,774	29.7	109,931	0.3	26	8,043	24.4	90,247	0.6	75	14,049	42.7	156,795	0.5	32
5 and younger	1,159	55.8	13,201	0.3	18	240	11.6	2,759	0.7	97	31	1.5	342	0.5	15
6-14	1,238	32.3	14,336	0.3	26	845	22.0	9,727	0.8	99	721	18.8	8,228	0.5	25
15-20	644	22.1	7,338	0.3	25	607	20.8	6,968	0.7	101	960	32.9	10,918	0.4	28
21-44	2,340	22.2	26,319	0.3	20	3,171	30.1	35,403	0.6	76	5,539	52.5	62,160	0.4	32
45-64	4,391	32.5	48,733	0.4	31	3,180	23.5	35,390	0.6	61	6,795	50.3	75,142	0.5	35
65-74	2	15.4	4	0.5	39	0	0.0	0	0.0	0	3	23.1	5	0.6	16
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
Other Eligibles	34,967	10.1	383,254	0.2	14	5,005	1.4	52,458	0.4	44	19,539	5.6	203,002	0.3	20
5 and younger	13,583	19.6	148,401	0.2	11	246	0.4	2,709	0.4	39	146	0.2	1,664	0.3	11
6-14	12,751	15.2	144,737	0.2	16	989	1.2	11,213	0.5	55	3,612	4.3	41,239	0.3	18
15-20	4,545	8.0	49,705	0.2	14	1,061	1.9	11,478	0.4	49	5,467	9.6	59,051	0.3	19
21-44	3,356	2.6	32,933	0.2	12	2,225	1.7	22,110	0.3	35	8,936	7.0	87,221	0.3	21
45-64	339	6.9	3,312	0.3	22	236	4.8	2,301	0.4	44	863	17.6	8,312	0.4	29
65-74	199	20.9	2,253	0.5	36	105	11.0	1,138	0.6	52	195	20.5	2,151	0.6	33
75-84	116	13.5	1,150	0.4	28	81	9.4	840	0.8	54	177	20.6	1,903	0.7	42
85 and older	78	6.0	763	0.4	26	62	4.8	669	0.8	56	143	11.0	1,461	0.8	41
Male	49,321	21.5	546,204	0.2	17	9,368	4.1	103,506	0.6	72	16,037	7.0	175,894	0.4	25
Disabled	8,430	26.1	94,249	0.4	26	6,334	19.6	70,792	0.7	83	7,492	23.2	82,755	0.5	30
5 and younger	2,065	62.4	23,412	0.3	21	338	10.2	3,707	0.7	88	82	2.5	966	0.4	15
6-14	2,632	35.1	30,245	0.4	27	1,465	19.5	16,818	0.7	81	1,652	22.0	18,815	0.5	24
15-20	1,005	21.9	11,671	0.3	23	1,038	22.6	11,974	0.7	106	1,248	27.2	14,254	0.5	29
21-44	932	10.7	10,257	0.3	21	2,072	23.8	22,911	0.7	85	2,326	26.7	25,420	0.5	34
45-64	1,795	21.9	18,658	0.5	36	1,420	17.3	15,379	0.7	61	2,184	26.6	23,300	0.5	31
65-74	1	20.0	6	0.2	6	1	20.0	3	0.7	25	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
Other Eligibles	40,891	20.8	451,955	0.2	15	3,034	1.5	32,714	0.4	47	8,545	4.3	93,139	0.4	20
5 and younger	19,604	26.9	212,704	0.2	12	392	0.5	4,329	0.4	35	221	0.3	2,521	0.2	6
6-14	17,045	20.0	192,957	0.2	18	1,500	1.8	16,798	0.4	47	4,530	5.3	51,240	0.4	18
15-20	3,807	11.3	42,106	0.2	16	706	2.1	7,538	0.4	56	2,924	8.7	31,369	0.4	22
21-44	163	6.0	1,388	0.3	19	261	9.6	2,283	0.4	44	505	18.6	4,328	0.3	24
45-64	75	11.6	618	0.3	25	63	9.8	552	0.4	46	130	20.2	1,175	0.4	22
65-74	81	15.3	915	0.5	44	60	11.4	654	0.9	67	116	22.0	1,244	0.6	34
75-84	81	17.6	871	0.4	27	45	9.8	484	0.8	46	80	17.4	864	0.7	35
85 and older	35	8.0	396	0.3	25	7	1.6	76	0.7	21	39	9.0	398	0.6	35
Unknown	268	14.2	2,759	0.2	14	52	2.8	464	0.6	42	112	5.9	1,044	0.5	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 ND.7B includes the beneficiaries represented by Cell K 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 ND.7C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL Inclusion Criteria (2004)	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	ANALGESICS - Narcotic Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	ANTIHISTAMINES Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**2,091**	**0.3 %**	**21,777**	**0.5**	**$549**	**114,230**	**18.7 %**	**1,228,593**	**0.2**	**$6**	**102,271**	**16.8 %**	**1,147,539**	**0.2**	**$7**
Female	1,297	0.3	13,863	0.5	73	78,711	20.8	836,769	0.2	6	54,705	14.4	611,454	0.2	6
Disabled	1,015	3.1	10,992	0.5	76	19,219	58.4	214,919	0.3	16	6,203	18.9	71,081	0.2	9
5 and younger	1	0.0	12	0.2	2	316	15.2	3,629	0.1	2	908	43.7	10,492	0.2	6
6-14	2	0.1	24	0.5	23	607	15.8	7,039	0.1	2	1,207	31.5	14,031	0.2	11
15-20	2	0.1	21	0.3	8,140	1,181	40.5	13,576	0.2	3	798	27.3	9,194	0.2	12
21-44	125	1.2	1,372	0.4	58	7,748	73.5	87,268	0.3	13	1,642	15.6	18,872	0.2	7
45-64	884	6.5	9,561	0.5	61	9,363	69.3	103,392	0.4	22	1,648	12.2	18,492	0.2	9
65-74	1	7.7	2	0.5	62	4	30.8	15	0.9	133	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
Other Eligibles	282	0.1	2,871	0.6	64	59,492	17.2	621,850	0.2	3	48,502	14.0	540,373	0.2	6
5 and younger	5	0.0	60	0.1	82	5,085	7.3	58,078	0.1	1	18,513	26.7	206,921	0.1	4
6-14	0	0.0	0	0.0	0	10,109	12.0	115,675	0.1	1	17,070	20.3	196,009	0.2	8
15-20	0	0.0	0	0.0	0	15,324	27.0	165,265	0.1	2	7,615	13.4	84,232	0.2	7
21-44	62	0.0	570	0.3	35	26,873	21.0	261,994	0.2	4	4,948	3.9	49,539	0.2	4
45-64	38	0.8	310	0.4	47	1,445	29.5	13,708	0.3	14	202	4.1	1,982	0.2	6
65-74	58	6.1	625	0.6	66	315	33.1	3,490	0.4	16	56	5.9	602	0.2	8
75-84	72	8.4	797	0.7	78	197	23.0	2,083	0.4	18	48	5.6	545	0.2	7
85 and older	47	3.6	509	0.8	78	144	11.1	1,557	0.4	23	50	3.9	543	0.3	7
Male	778	0.3	7,801	0.5	1,400	35,266	15.4	389,339	0.2	7	47,280	20.6	533,048	0.2	7
Disabled	608	1.9	6,201	0.5	1,615	10,440	32.3	113,915	0.3	18	5,705	17.7	65,335	0.2	10
5 and younger	9	0.3	103	0.9	13,795	571	17.3	6,610	0.1	1	1,482	44.8	17,171	0.2	6
6-14	16	0.2	188	0.9	19,382	1,108	14.8	12,938	0.1	1	2,271	30.3	26,239	0.3	13
15-20	13	0.3	137	0.6	23,975	1,125	24.5	12,942	0.1	3	873	19.0	10,151	0.3	13
21-44	76	0.9	775	0.4	1,758	3,615	41.6	39,288	0.3	19	609	7.0	6,818	0.3	10
45-64	494	6.0	4,998	0.5	61	4,018	48.9	42,124	0.4	29	470	5.7	4,956	0.2	8
65-74	0	0.0	0	0.0	0	3	60.0	13	0.3	45	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
Other Eligibles	170	0.1	1,600	0.5	565	24,826	12.6	275,424	0.1	2	41,575	21.1	467,713	0.2	6
5 and younger	8	0.0	91	0.2	500	6,262	8.6	70,981	0.1	1	20,721	28.4	230,701	0.1	4
6-14	14	0.0	154	0.5	4,691	9,648	11.3	110,096	0.1	1	16,865	19.8	192,545	0.2	9
15-20	6	0.0	69	0.2	623	7,063	21.0	77,990	0.1	2	3,797	11.3	42,561	0.2	9
21-44	25	0.9	176	0.4	145	1,260	46.5	10,712	0.3	15	99	3.7	904	0.2	7
45-64	33	5.1	254	0.4	52	298	46.2	2,510	0.4	27	20	3.1	193	0.2	7
65-74	35	6.6	356	0.6	58	173	32.8	1,885	0.3	15	33	6.3	376	0.2	4
75-84	28	6.1	291	0.7	71	75	16.3	801	0.4	17	24	5.2	278	0.2	8
85 and older	21	4.8	209	0.6	63	47	10.8	449	0.3	12	16	3.7	155	0.2	6
Unknown	16	0.8	113	0.9	98	253	13.4	2,485	0.2	5	286	15.2	3,037	0.2	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 ND.7C includes the beneficiaries represented by Cell K 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 ND.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, ##STATE_U, 2004

Beneficiary Characteristics	DERMATOLOGICAL					MISC. ENDOCRINE						
	Inclusion Criteria (2004)	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	106,270	17.4 %	1,177,691	0.1	$6	3,924	0.6 %	44,093	0.4	$148	609,734	6,073,857
Female	58,890	15.5	653,572	0.1	7	2,005	0.5	22,488	0.4	104	378,857	3,758,714
Disabled	7,077	21.5	81,533	0.1	7	1,012	3.1	11,569	0.5	117	32,904	350,206
5 and younger	1,206	58.1	13,857	0.1	6	37	1.8	407	0.6	165	2,077	22,218
6-14	1,342	35.0	15,685	0.1	7	167	4.4	1,926	0.6	301	3,837	42,837
15-20	686	23.5	8,002	0.1	7	73	2.5	858	0.6	214	2,918	31,977
21-44	1,701	16.1	19,587	0.1	7	124	1.2	1,416	0.5	139	10,548	113,462
45-64	2,141	15.8	24,400	0.2	9	611	4.5	6,962	0.5	47	13,511	139,672
65-74	1	7.7	2	0.5	21	0	0.0	0	0.0	0	13	40
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
Other Eligibles	51,813	15.0	572,039	0.1	6	993	0.3	10,919	0.4	91	345,953	3,408,508
5 and younger	26,034	37.5	282,053	0.1	5	80	0.1	900	0.2	83	69,446	675,097
6-14	16,705	19.9	192,062	0.1	8	601	0.7	6,719	0.3	87	83,904	886,237
15-20	5,046	8.9	56,602	0.1	7	57	0.1	634	0.4	286	56,669	553,344
21-44	3,344	2.6	34,076	0.1	6	56	0.0	530	0.3	95	127,926	1,217,114
45-64	254	5.2	2,504	0.1	7	41	0.8	394	0.4	30	4,902	43,799
65-74	120	12.6	1,368	0.2	8	58	6.1	659	0.6	51	953	10,299
75-84	160	18.6	1,805	0.2	10	60	7.0	632	0.6	54	858	8,884
85 and older	150	11.6	1,569	0.2	11	40	3.1	451	0.6	47	1,295	13,734
Male	47,065	20.6	520,882	0.1	6	1,904	0.8	21,454	0.4	194	228,994	2,299,396
Disabled	6,350	19.7	72,853	0.2	7	675	2.1	7,747	0.6	341	32,310	334,503
5 and younger	1,688	51.0	19,412	0.1	6	45	1.4	498	0.7	291	3,307	35,013
6-14	2,013	26.8	23,469	0.1	6	370	4.9	4,283	0.5	242	7,503	82,810
15-20	730	15.9	8,554	0.1	6	120	2.6	1,397	0.6	685	4,588	49,959
21-44	1,002	11.5	11,407	0.2	9	79	0.9	919	0.6	454	8,697	89,532
45-64	915	11.1	10,005	0.2	10	61	0.7	650	0.5	136	8,210	77,172
65-74	2	40.0	6	0.3	18	0	0.0	0	0.0	0	5	17
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
Other Eligibles	40,715	20.7	448,029	0.1	6	1,229	0.6	13,707	0.3	112	196,684	1,964,893
5 and younger	24,455	33.5	262,863	0.1	6	80	0.1	896	0.2	27	72,961	704,958
6-14	13,173	15.4	150,925	0.1	6	1,016	1.2	11,380	0.3	92	85,303	892,082
15-20	2,689	8.0	30,290	0.1	7	105	0.3	1,153	0.4	375	33,641	329,677
21-44	139	5.1	1,200	0.2	8	3	0.1	18	0.7	398	2,710	18,910
45-64	41	6.4	384	0.2	9	1	0.2	12	0.3	24	645	4,462
65-74	74	14.0	827	0.2	8	12	2.3	122	0.6	45	528	5,428
75-84	74	16.1	804	0.2	8	6	1.3	64	0.6	91	461	4,760
85 and older	70	16.1	736	0.3	15	6	1.4	62	0.7	52	435	4,616
Unknown	315	16.7	3,237	0.2	7	15	0.8	151	0.5	50	1,883	15,747

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 ND.7D includes the beneficiaries represented by Cell K 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; $ = Medicaid reimbursement.

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL 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
All	**$477**	**7.6**	**1,224**	**12,815**
Age				
0-64	557	8.2	650	6,944
65-74	460	7.1	135	1,429
75-84	391	7.5	211	2,161
85 and older	324	6.4	228	2,281
Unknown	0	0.0	0	0
Gender				
Female	492	7.9	696	7,514
Male	457	7.2	500	5,038
Unknown	425	7.5	28	263
Race				
White	488	7.8	841	8,752
African American	446	7.1	341	3,603
Other/unknown	497	7.5	42	460
Basis of Eligibility[c]				
Aged	382	7.0	573	5,870
Disabled	557	8.2	651	6,945
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]
NONDUAL 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		Number of Benefit Months
	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	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	0.4	0.2	0.0	0.2	$30	$22	$2	$6	$70	$134	$78	$24	3,939	$276,057	852	69.6 %	9,280
Biologicals	1.0	0.0	0.0	1.0	###	0	0	####	3082	0	0	####	12	36,986	1	0.1	12
Antineoplastic Agents	0.6	0.0	0.0	0.6	57	5	0	52	95	373	0	89	711	67,613	112	9.2	1,181
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.5	66	51	5	10	53	85	32	20	7,721	408,872	571	46.7	6,223
Cardiovascular Agents	2.1	0.6	0.1	1.5	67	38	4	26	31	67	34	17	19,948	625,563	881	72.0	9,292
Respiratory Agents	0.6	0.3	0.0	0.3	35	29	1	6	56	84	28	23	3,338	186,727	483	39.5	5,270
Gastrointestinal Agents	1.2	0.2	0.1	0.9	49	27	3	19	41	128	42	21	8,714	361,551	688	56.2	7,368
Genitourinary Agents	0.6	0.4	0.0	0.2	43	33	3	7	67	86	91	31	2,157	144,410	313	25.6	3,340
CNS Drugs	1.9	1.0	0.1	0.9	196	167	6	23	102	168	71	27	19,500	1,981,349	940	76.8	10,109
Stimulants/Anti-obesity/Anorexia	0.9	0.7	0.0	0.2	103	99	0	4	111	136	0	21	113	12,559	11	0.9	122
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	155	155	0	0	159	159	0	0	2,089	331,680	203	16.6	2,142
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	52	42	0	9	58	149	40	15	6,112	353,876	653	53.3	6,850
Neuromuscular Agents	1.6	0.5	0.3	0.9	122	63	27	32	76	139	88	38	10,632	803,684	605	49.4	6,606
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	16	18	31	19	18	3,801	69,520	409	33.4	4,386
Hematological Agents	1.1	0.3	0.1	0.6	64	53	3	8	58	156	25	13	4,733	274,531	413	33.7	4,301
Topical Products	0.5	0.2	0.1	0.2	22	14	3	5	47	65	56	24	3,475	161,900	677	55.3	7,455
Miscellaneous Products	0.4	0.0	0.0	0.3	10	1	0	9	27	21	132	27	256	6,980	65	5.3	696
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	21	0	0	0	253	5,325	59	4.8	632
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.	97,504	6,109,183	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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.medispan.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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP[a, b, c, d]
NONDUAL 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	$1,441,582	773	63.2 %	8,735	0.9	$185	$165
ANTICONVULSANT	640,403	677	55.3	7,529	1.1	81	85
ANTIDEPRESSANTS	448,746	808	66.0	8,808	0.9	59	51
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	331,680	234	19.1	2,494	0.8	159	133
ANTIDIABETIC	248,656	441	36.0	4,816	0.8	63	52
ULCER DRUGS	223,357	689	56.3	7,496	0.8	39	30
ANALGESICS - Narcotic	202,039	629	51.4	6,578	0.5	57	31
ANTIHYPERTENSIVE	186,370	552	45.1	5,896	0.9	37	32
MISC. HEMATOLOGICAL	163,931	171	14.0	1,774	0.9	109	92
ANTIHYPERLIPIDEMIC	137,617	171	14.0	1,846	0.8	92	75
Total	4,024,381	5,145		55,972	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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 $
All	**46,811**	**$4,024,381**	**773**	**63.2 %**	**8,735**	**0.9**	**$165**	**677**	**55.3 %**	**7,529**	**1.1**	**$85**
Female	28,464	2,480,272	458	65.8	5,214	0.9	169	396	56.9	4,428	1.0	88
Disabled	16,287	1,574,713	291	84.3	3,400	1.0	189	265	76.8	3,015	1.1	98
	16,287	1,574,713	291	84.3	3,400	1.0	189	265	76.8	3,015	1.1	98
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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												
Other Eligibles	12,177	905,559	167	47.6	1,814	0.8	131	131	37.3	1,413	1.0	67
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,683	230,126	38	62.3	442	1.0	205	41	67.2	453	0.9	76
75-84	4,788	332,076	63	50.0	683	0.7	98	48	38.1	506	1.0	63
85 and older	4,706	343,357	66	40.2	689	0.8	117	42	25.6	454	1.0	63
Male	17,367	1,474,028	303	60.6	3,396	0.9	161	272	54.4	3,008	1.1	81
Disabled	11,689	1,011,209	200	66.2	2,246	0.9	167	215	71.2	2,375	1.1	82
	11,688	1,011,201	200	66.4	2,246	0.9	167	215	71.4	2,375	1.1	82
64 or younger	1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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												
Other Eligibles	5,678	462,819	103	52.0	1,150	0.8	149	57	28.8	633	1.0	76
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,272	218,631	53	76.8	594	0.8	172	32	46.4	365	1.0	90
75-84	2,293	167,932	39	52.0	442	0.8	123	23	30.7	244	1.0	61
85 and older	1,113	76,256	11	20.4	114	0.9	133	2	3.7	24	0.6	13
Unknown	980	70,081	12	42.9	125	0.9	132	9	32.1	93	1.1	57

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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 $
All	**808**	**66.0 %**	**8,808**	**0.9**	**$51**	**234**	**19.1 %**	**2,494**	**0.8**	**$133**	**441**	**36.0 %**	**4,816**	**0.8**	**$52**
Female	502	72.1	5,564	0.9	52	135	19.4	1,473	0.9	144	275	39.5	3,089	0.8	52
Disabled	264	76.5	3,016	0.9	54	37	10.7	427	0.8	212	150	43.5	1,736	0.9	57
64 or younger	264	76.5	3,016	0.9	54	37	10.7	427	0.8	212	150	43.5	1,736	0.9	57
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
Other Eligibles	238	67.8	2,548	0.9	49	98	27.9	1,046	0.9	116	125	35.6	1,353	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	42	68.9	469	0.9	53	13	21.3	126	0.9	121	28	45.9	289	1.0	52
75-84	102	81.0	1,118	0.8	50	33	26.2	374	0.8	112	53	42.1	622	0.7	46
85 and older	94	57.3	961	0.9	47	52	31.7	546	1.0	118	44	26.8	442	0.8	39
Male	289	57.8	3,080	0.9	49	83	16.6	863	0.8	118	158	31.6	1,640	0.8	54
Disabled	176	58.3	1,878	0.9	51	34	11.3	367	0.8	141	99	32.8	1,009	0.9	57
64 or younger	176	58.5	1,878	0.9	51	34	11.3	367	0.8	141	99	32.9	1,009	0.9	57
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
Other Eligibles	113	57.1	1,202	0.9	46	49	24.7	496	0.8	101	59	29.8	631	0.8	48
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	47	68.1	511	0.9	47	9	13.0	89	0.5	68	16	23.2	166	0.8	58
75-84	45	60.0	479	0.8	43	23	30.7	234	0.8	109	29	38.7	303	0.7	37
85 and older	21	38.9	212	0.9	51	17	31.5	173	0.8	106	14	25.9	162	0.9	59
Unknown	17	60.7	164	0.9	52	16	57.1	158	0.8	114	8	28.6	87	0.5	13

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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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 ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	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 $
All	**689**	**56.3 %**	**7,496**	**0.8**	**$30**	**629**	**51.4 %**	**6,578**	**0.5**	**$31**	**552**	**45.1 %**	**5,896**	**0.9**	**$32**
Female	395	56.8	4,405	0.8	29	383	55.0	4,132	0.5	29	322	46.3	3,507	0.9	32
Disabled	190	55.1	2,123	0.8	28	205	59.4	2,254	0.5	29	157	45.5	1,778	0.9	34
64 or younger	190	55.1	2,123	0.8	28	205	59.4	2,254	0.5	29	157	45.5	1,778	0.9	34
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
Other Eligibles	205	58.4	2,282	0.8	30	178	50.7	1,878	0.6	29	165	47.0	1,729	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	38	62.3	435	0.7	24	36	59.0	373	0.7	42	37	60.7	386	0.8	24
75-84	74	58.7	799	0.8	33	68	54.0	720	0.5	21	73	57.9	786	0.9	33
85 and older	93	56.7	1,048	0.8	31	74	45.1	785	0.5	32	55	33.5	557	0.8	32
Male	277	55.4	2,925	0.8	31	232	46.4	2,297	0.5	35	207	41.4	2,172	0.9	31
Disabled	176	58.3	1,882	0.8	30	150	49.7	1,479	0.6	39	133	44.0	1,369	0.9	33
64 or younger	176	58.5	1,882	0.8	30	149	49.5	1,478	0.6	39	133	44.2	1,369	0.9	33
65-74	0	0.0	0	0.0	0	1	100.0	1	1.0	8	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
Other Eligibles	101	51.0	1,043	0.8	34	82	41.4	818	0.4	29	74	37.4	803	0.9	28
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	31	44.9	353	0.8	34	34	49.3	365	0.4	34	27	39.1	297	0.8	24
75-84	42	56.0	426	0.8	34	25	33.3	248	0.4	28	29	38.7	291	0.9	32
85 and older	28	51.9	264	0.8	32	23	42.6	205	0.4	19	18	33.3	215	0.9	28
Unknown	17	60.7	166	0.7	30	14	50.0	149	0.5	6	23	82.1	217	0.8	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, ARKANSAS, 2004

| Beneficiary Characteristics | MISC. HEMATOLOGICAL | | | | | ANTIHYPERLIPIDEMIC | | | | | All-Year Nursing Facility Residents | 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	171	14.0 %	1,774	0.9	$92	171	14.0 %	1,846	0.8	$75	1,224	12,815
Female	102	14.7	1,085	0.8	93	100	14.4	1,115	0.8	78	696	7,514
Disabled	44	12.8	480	0.8	90	60	17.4	678	0.8	84	345	3,852
	44	12.8	480	0.8	90	60	17.4	678	0.8	84	345	3,852
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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												
Other Eligibles	58	16.5	605	0.9	94	40	11.4	437	0.8	70	351	3,662
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	8	13.1	73	0.9	98	9	14.8	108	0.8	72	61	662
65-74	27	21.4	285	0.8	96	18	14.3	191	0.8	65	126	1,333
75-84	23	14.0	247	0.9	91	13	7.9	138	0.8	76	164	1,667
85 and older												
Male	62	12.4	628	0.9	91	68	13.6	705	0.8	67	500	5,038
Disabled	44	14.6	432	0.9	97	48	15.9	506	0.8	70	302	3,056
	44	14.6	432	0.9	97	48	15.9	506	0.8	70	301	3,055
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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												
Other Eligibles	18	9.1	196	0.8	77	20	10.1	199	0.7	60	198	1,982
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	5	7.2	60	0.9	89	10	14.5	98	0.8	74	69	732
65-74	7	9.3	84	0.7	70	10	13.3	101	0.6	47	75	724
75-84	6	11.1	52	0.9	74	0	0.0	0	0.0	0	54	526
85 and older												
Unknown	7	25.0	61	1.0	108	3	10.7	26	1.2	104	28	263

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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 524 beneficiaries who were in nursing facilities for part of their enrollment and their 5,238 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

##STATE_U, 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 Nondual Rx $	Total Number of Beneficiaries
All	**137,391**	**22.5 %**	**0.6**	**363,139**	**$12**	**$7,480,895**	**$21**	**3.2 %**	**609,734**
Age									
5 and younger	58,712	39.6	0.9	139,452	13	1,940,556	14	5.7	148,432
6-14	38,978	21.5	0.4	78,236	10	1,814,152	23	2.8	181,278
15-20	15,748	16.1	0.3	33,675	10	1,002,506	30	3.0	98,116
21-44	14,829	9.9	0.4	55,930	9	1,366,152	24	2.7	149,967
45-64	8,259	30.2	1.8	49,559	45	1,235,410	25	2.7	27,347
65-74	369	24.4	1.7	2,593	35	52,929	20	2.4	1,511
75-84	288	21.5	1.6	2,114	31	41,976	20	2.6	1,337
85 and older	208	11.9	0.9	1,580	16	27,214	17	2.5	1,746
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	860	18.8	1.4	6,272	27	121,722	19	2.5	4,565
Disabled	21,049	32.2	1.6	106,664	53	3,431,497	32	2.8	65,279
Adults	14,254	8.5	0.2	36,342	4	637,493	18	2.9	167,734
Children	101,086	27.2	0.6	213,349	9	3,279,989	15	3.9	371,741
Unknown	142	34.2	1.2	512	25	10,194	20	2.0	415
Gender									
Female	77,086	20.3	0.6	208,979	11	4,268,483	20	3.5	378,857
Male	59,955	26.2	0.7	153,324	14	3,197,044	21	2.9	228,994
Unknown	350	18.6	0.4	836	8	15,368	18	3.3	1,883
Race									
White	86,921	23.3	0.6	236,359	14	5,160,240	22	3.3	373,453
African American	38,927	20.9	0.5	95,632	8	1,548,870	16	2.7	186,201
Other/unknown	11,543	23.0	0.6	31,148	15	771,785	25	3.4	50,080
Use of Nursing Facilities[d]									
Entire year	698	57.0	6.6	8,088	148	181,730	22	3.0	1,224
Part year	329	62.8	4.3	2,259	82	42,977	19	2.2	524
None	136,364	22.4	0.6	352,792	12	7,256,188	21	3.2	607,986
Maintenance Assistance Status									
Cash	33,152	29.5	1.2	136,347	33	3,668,791	27	2.9	112,492
Medically needy	2,185	24.0	0.7	6,800	15	136,573	20	2.9	9,105
Poverty related	75,878	27.9	0.6	161,387	9	2,383,684	15	4.1	272,412
Other/unknown	26,176	12.1	0.3	58,605	6	1,291,847	22	2.9	215,725

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]

ARKANSAS, 2004

Beneficiary Characteristics	Inclusion Criteria (2004)	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$1**	**$21**	**$0**	**$0**	**6,073,857**
Age						
5 and younger	0.1	1	14	0	0	1,442,894
6-14	0.0	1	23	0	0	1,910,345
15-20	0.0	1	30	0	0	967,268
21-44	0.0	1	24	0	1	1,439,570
45-64	0.2	5	25	0	3	265,607
65-74	0.2	3	20	0	1	15,883
75-84	0.2	3	20	0	1	13,806
85 and older	0.1	1	17	0	0	18,484
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.1	3	19	0	1	48,058
Disabled	0.2	5	32	0	2	685,118
Adults	0.0	0	18	0	0	1,569,744
Children	0.1	1	15	0	0	3,767,599
Unknown	0.2	3	20	0	2	3,338
Gender						
Female	0.1	1	20	0	0	3,758,714
Male	0.1	1	21	0	0	2,299,396
Unknown	0.1	1	18	0	0	15,747
Race						
White	0.1	1	22	0	0	3,709,359
African American	0.1	1	16	0	0	1,885,008
Other/unknown	0.1	2	25	0	0	479,490
Use of Nursing Facilities[d]						
Entire year	0.6	14	22	0	5	12,815
Part year	0.4	8	19	0	4	5,238
None	0.1	1	21	0	0	6,055,804
Maintenance Assistance Status						
Cash	0.1	3	27	0	1	1,142,505
Medically needy	0.1	2	20	0	1	64,946
Poverty related	0.1	1	15	0	0	2,638,926
Other/unknown	0.0	1	22	0	0	2,227,480

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]

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
All	**158,258**	**$47**	**$7,480,895**	**100.0 %**	**363,139**	**$21**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	48	95	0.0	2	48	0.0
Drugs for cosmetic purposes	97	17	1,615	0.0	125	13	0.0
Cough and cold medications	97,143	31	3,015,947	40.3	187,263	16	51.6
Vitamins and minerals	4,989	128	636,952	8.5	23,469	27	6.5
Non-prescription drugs	33,652	16	551,575	7.4	55,207	10	15.2
Barbiturates	994	54	53,704	0.7	6,944	8	1.9
Benzodiazepines	17,232	116	2,007,177	26.8	82,068	24	22.6
Other Part D Excl Rx Drugs	4,149	293	1,213,830	16.2	8,061	151	2.2

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. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, ARKANSAS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	Criteria	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**609,734**	**4,565**	**65,279**	**167,734**	**371,741**	**415**	**6,073,857**	**48,058**	**685,118**	**1,569,744**	**3,767,599**	**3,338**
Age												
5 and younger	148,432	0	5,387	68	142,976	1	1,442,894	0	57,252	593	1,385,038	11
6-14	181,278	0	11,341	64	169,873	0	1,910,345	0	125,653	622	1,784,070	0
15-20	98,116	0	7,506	31,746	58,863	1	967,268	0	81,936	287,086	598,238	8
21-44	149,967	0	19,249	130,565	29	124	1,439,570	0	203,016	1,235,317	253	984
45-64	27,347	0	21,777	5,282	0	288	265,607	0	217,203	46,078	0	2,326
65-74	1,511	1,485	19	6	0	1	15,883	15,789	58	27	0	9
75-84	1,337	1,337	0	0	0	0	13,806	13,806	0	0	0	0
85 and older	1,746	1,743	0	3	0	0	18,484	18,463	0	21	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	378,857	3,097	32,904	157,415	185,026	415	3,758,714	32,862	350,206	1,488,040	1,884,268	3,338
Male	228,994	1,423	32,310	10,158	185,103	0	2,299,396	14,802	334,503	80,650	1,869,441	0
Unknown	1,883	45	65	161	1,612	0	15,747	394	409	1,054	13,890	0
Race												
White	373,453	2,715	34,963	109,782	225,677	316	3,709,359	28,082	362,534	1,027,391	2,288,783	2,569
African American	186,201	1,478	20,951	51,035	112,645	92	1,885,008	16,064	225,659	490,041	1,152,532	712
Other/unknown	50,080	372	9,365	6,917	33,419	7	479,490	3,912	96,925	52,312	326,284	57
Use of Nursing Facilities[c]												
Entire year	1,224	573	651	0	0	0	12,815	5,870	6,945	0	0	0
Part year	524	191	331	2	0	0	5,238	1,818	3,399	21	0	0
None	607,986	3,801	64,297	167,732	371,741	415	6,055,804	40,370	674,774	1,569,723	3,767,599	3,338
Maintenance Assistance Status												
Cash	112,492	2,641	58,933	21,184	29,734	0	1,142,505	30,566	628,971	185,419	297,549	0
Medically needy	9,105	96	1,894	4,952	2,163	0	64,946	439	9,050	34,559	20,898	0
Poverty related	272,412	3	11	33,894	238,089	415	2,638,926	36	76	258,030	2,377,446	3,338
Other/unknown	215,725	1,825	4,441	107,704	101,755	0	2,227,480	17,017	47,021	1,091,736	1,071,706	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	609,734	4,565	65,279	167,734	371,741	415	6,073,857	48,058	685,118	1,569,744	3,767,599	3,338
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.1 includes the beneficiaries represented by Cell J 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.

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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, ARKANSAS, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Inclusion Criteria (2004)	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**609,734**	**6,073,857**	**609,734**	**6,073,857**	**0**	**0**
Fee-for-service (FFS) all year	609,734	6,073,857	609,734	6,073,857	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.