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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
ARKANSAS**

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>71,366</b>	<b>41,105</b>	<b>29,020</b>	<b>1,206</b>	<b>8</b>	<b>27</b>	<b>747,557</b>	<b>429,505</b>	<b>306,848</b>	<b>10,907</b>	<b>70</b>	<b>227</b>
<b>Age</b>												
5 and younger	13	0	11	0	2	0	135	0	121	0	14	0
6-14	20	0	17	0	3	0	213	0	179	0	34	0
15-20	210	0	203	4	3	0	2,333	0	2,274	37	22	0
21-44	13,537	0	12,675	859	0	3	144,514	0	136,474	8,023	0	17
45-64	16,252	0	15,908	322	0	22	168,902	0	165,943	2,764	0	195
65-74	13,453	13,227	206	18	0	2	143,575	141,630	1,857	73	0	15
75-84	14,594	14,591	0	3	0	0	154,340	154,330	0	10	0	0
85 and older	13,287	13,287	0	0	0	0	133,545	133,545	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	47,499	31,016	15,478	975	3	27	503,234	328,247	165,445	9,291	24	227
Male	23,867	10,089	13,542	231	5	0	244,323	101,258	141,403	1,616	46	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	47,267	27,533	18,834	874	6	20	489,086	281,796	199,107	7,950	47	186
African American	18,227	10,089	7,826	306	0	6	194,875	109,307	82,800	2,728	0	40
Other/unknown	5,872	3,483	2,360	26	2	1	63,596	38,402	24,941	229	23	1
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,949	3,625	324	0	0	0	26,775	24,246	2,529	0	0	0
Part year	12,926	11,717	1,209	0	0	0	141,134	127,537	13,597	0	0	0
None	54,491	25,763	27,487	1,206	8	27	579,648	277,722	290,722	10,907	70	227
<b>Maintenance Assistance Status</b>												
Cash	43,218	20,705	22,193	320	0	0	475,790	232,234	240,547	3,009	0	0
Medically needy	1,815	376	1,223	216	0	0	8,128	1,334	5,467	1,327	0	0
Poverty-related	926	184	649	61	5	27	8,572	1,809	6,036	461	39	227
Other/unknown	25,407	19,840	4,955	609	3	0	255,067	194,128	54,798	6,110	31	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	69,161	39,976	28,004	1,146	8	27	724,962	417,379	297,033	10,253	70	227
Full dual, part year	2,205	1,129	1,016	60	0	0	22,595	12,126	9,815	654	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	71,366	41,105	29,020	1,206	8	27	747,557	429,505	306,848	10,907	70	227
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

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	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>88.9</b>	<b>39.3</b>	<b>\$2,617</b>	<b>\$67</b>	<b>\$14,836</b>	<b>17.6</b>	<b>71,366</b>
<b>Age</b>							
5 and younger	100.0	64.2	8,211	128	60,415	13.6	13
6-14	95.0	46.3	11,152	241	26,352	42.3	20
15-20	79.0	18.9	3,031	161	12,874	23.5	210
21-44	79.9	21.9	2,266	104	11,330	20.0	13,537
45-64	87.1	34.7	2,726	79	13,408	20.3	16,252
65-74	89.5	41.3	2,560	62	12,160	21.1	13,453
75-84	93.2	49.1	2,858	58	16,674	17.1	14,594
85 and older	95.1	50.0	2,609	52	20,812	12.5	13,287
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	92.7	46.9	2,685	57	16,571	16.2	41,105
Disabled	85.1	29.6	2,592	88	12,867	20.1	29,020
Adults	52.4	11.3	834	74	2,786	29.9	1,206
Children	87.5	27.4	5,718	209	40,525	14.1	8
Unknown	85.2	23.7	4,021	170	20,261	19.8	27
<b>Gender</b>							
Female	91.8	43.2	2,718	63	14,970	18.2	47,499
Male	83.2	31.5	2,417	77	14,568	16.6	23,867
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	89.8	43.0	2,882	67	16,584	17.4	47,267
African American	87.2	31.8	2,070	65	12,535	16.5	18,227
Other/unknown	86.6	32.4	2,181	67	7,904	27.6	5,872
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	94.8	52.2	3,005	58	25,061	12.0	3,949
Part year	98.6	74.4	4,342	58	33,316	13.0	12,926
None	86.2	30.0	2,180	73	9,711	22.4	54,491
<b>Maintenance Assistance Status</b>							
Cash	88.4	31.9	2,251	71	8,019	28.1	43,218
Medically needy	72.1	10.9	1,115	103	6,981	16.0	1,815
Poverty related	72.7	13.4	1,049	78	5,586	18.8	926
Other/unknown	91.6	54.8	3,405	62	27,330	12.5	25,407

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
All	3.7	\$250	17.6	11.1	16.5	12.2	36.8	19.4	4.0	\$1,416	71,366	747,557
Age												
5 and younger	6.2	791	13.6	0.0	0.0	7.7	38.5	46.2	7.7	5,818	13	135
6-14	4.3	1,047	42.3	5.0	10.0	5.0	50.0	30.0	0.0	2,474	20	213
15-20	1.7	273	23.5	21.0	44.8	12.9	14.3	6.2	1.0	1,159	210	2,333
21-44	2.0	212	20.0	20.1	30.5	15.0	27.6	6.5	0.3	1,061	13,537	144,514
45-64	3.3	262	20.3	12.9	17.1	12.9	39.1	16.0	2.0	1,290	16,252	168,902
65-74	3.9	240	21.1	10.5	14.2	11.8	40.1	19.3	4.1	1,139	13,453	143,575
75-84	4.6	270	17.1	6.8	10.8	10.9	39.0	25.7	6.9	1,577	14,594	154,340
85 and older	5.0	260	12.5	4.9	9.4	10.3	38.0	30.2	7.2	2,071	13,287	133,545
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	4.5	257	16.2	7.3	11.4	11.0	39.0	25.1	6.1	1,586	41,105	429,505
Disabled	2.8	245	20.1	14.9	23.4	13.9	34.4	12.1	1.3	1,217	29,020	306,848
Adults	1.3	92	29.9	47.6	20.3	10.4	19.0	2.7	0.0	308	1,206	10,907
Children	3.1	653	14.1	12.5	12.5	25.0	37.5	12.5	0.0	4,631	8	70
Unknown	2.8	478	19.8	14.8	11.1	22.2	48.1	3.7	0.0	2,410	27	227
Gender												
Female	4.1	257	18.2	8.2	13.7	11.9	39.8	22.0	4.5	1,413	47,499	503,234
Male	3.1	236	16.6	16.8	22.0	12.8	30.9	14.3	3.2	1,423	23,867	244,323
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.2	279	17.4	10.2	14.0	10.9	36.7	23.0	5.4	1,603	47,267	489,086
African American	3.0	194	16.5	12.8	22.2	15.0	36.1	12.2	1.7	1,172	18,227	194,875
Other/unknown	3.0	201	27.6	13.4	18.5	13.9	39.9	13.6	0.6	730	5,872	63,596
Use of Nursing Facilities <sup>f</sup>												
Entire year	7.7	443	12.0	5.2	3.7	4.4	23.6	43.0	20.1	3,696	3,949	26,775
Part year	6.8	398	13.0	1.4	5.2	5.9	29.8	41.8	16.0	3,051	12,926	141,134
None	2.8	205	22.4	13.8	20.1	14.2	39.4	12.4	0.0	913	54,491	579,648
Maintenance Assistance Status												
Cash	2.9	204	28.1	11.6	20.4	14.5	40.2	13.1	0.3	728	43,218	475,790
Medically needy	2.4	249	16.0	27.9	17.5	15.4	34.0	5.1	0.0	1,559	1,815	8,128
Poverty related	1.5	113	18.8	27.3	38.0	13.8	18.8	1.8	0.2	603	926	8,572
Other/unknown	5.5	339	12.5	8.4	8.9	7.9	31.9	32.0	10.9	2,722	25,407	255,067

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.7</b>	<b>\$250</b>	<b>\$67</b>	<b>1.5</b>	<b>\$185</b>	<b>\$127</b>	<b>0.1</b>	<b>\$10</b>	<b>\$66</b>	<b>2.1</b>	<b>\$55</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	6.2	791	128	2.5	668	272	0.4	39	93	3.3	84	25
6-14	4.3	1,047	241	2.2	989	443	0.2	10	63	1.9	48	25
15-20	1.7	273	161	0.7	241	325	0.1	5	63	0.9	26	30
21-44	2.0	212	104	0.8	166	202	0.1	9	102	1.1	37	33
45-64	3.3	262	79	1.3	194	145	0.1	12	94	1.9	57	30
65-74	3.9	240	62	1.6	177	113	0.1	8	62	2.2	54	25
75-84	4.6	270	58	1.8	200	109	0.2	9	51	2.6	61	23
85 and older	5.0	260	52	1.8	185	103	0.2	10	47	3.0	64	22
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	4.5	257	57	1.7	188	108	0.2	9	52	2.6	60	23
Disabled	2.8	245	88	1.1	186	166	0.1	10	96	1.6	49	31
Adults	1.3	92	74	0.4	64	144	0.0	5	125	0.8	23	30
Children	3.1	653	209	1.5	595	393	0.3	23	79	1.3	36	27
Unknown	2.8	478	170	1.2	362	295	0.1	19	303	1.5	97	64
<b>Gender</b>												
Female	4.1	257	63	1.6	188	118	0.2	10	63	2.3	58	25
Male	3.1	236	77	1.2	180	148	0.1	9	78	1.7	47	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.2	279	67	1.6	205	127	0.2	11	68	2.4	62	26
African American	3.0	194	65	1.2	148	126	0.1	6	58	1.7	40	24
Other/unknown	3.0	201	67	1.2	151	125	0.1	7	70	1.7	43	26
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.7	443	58	2.9	324	113	0.3	15	54	4.5	103	23
Part year	6.8	398	58	2.5	291	115	0.3	14	55	4.0	92	23
None	2.8	205	73	1.1	153	134	0.1	8	75	1.6	43	28
<b>Maintenance Assistance Status</b>												
Cash	2.9	204	71	1.2	152	132	0.1	8	74	1.6	44	27
Medically needy	2.4	249	103	0.9	185	197	0.1	13	151	1.4	51	36
Poverty related	1.5	113	78	0.6	82	146	0.1	6	106	0.8	26	31
Other/unknown	5.5	339	62	2.1	251	120	0.2	13	58	3.1	76	24

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 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, ARKANSAS, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Brand-Name	Brand-Name	Generic	Total	Brand-Name	Brand-Name	Generic	Total	Brand-Name	Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$12	\$3	\$4	\$66	\$157	\$85	\$23	118,998	\$7,840,239	38,112	53.4	420,334
Biologicals	0.8	0.1	0.0	0.7	2,411	166	116	2,129	3014	2,490	2,618	3,090	36	108,509	4	0.0	45
Antineoplastic Agents	0.5	0.1	0.0	0.5	76	44	0	32	144	567	96	72	19,632	2,825,689	3,630	5.1	37,025
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.4	50	37	5	9	57	110	38	21	277,530	15,901,308	29,109	40.8	318,116
Cardiovascular Agents	1.6	0.6	0.0	0.9	67	49	1	17	43	80	20	19	762,145	32,701,957	45,241	63.4	488,968
Respiratory Agents	0.5	0.3	0.0	0.2	36	31	0	4	72	105	51	21	110,775	7,999,347	20,343	28.5	222,424
Gastrointestinal Agents	0.7	0.3	0.0	0.4	51	42	0	9	73	150	43	21	204,210	14,867,079	26,603	37.3	289,566
Genitourinary Agents	0.5	0.4	0.0	0.1	38	33	1	4	73	88	92	33	57,935	4,252,360	10,214	14.3	111,797
CNS Drugs	1.1	0.6	0.0	0.5	109	93	0	16	99	168	62	29	433,416	42,824,712	36,661	51.4	393,798
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	59	51	1	8	125	170	155	44	3,960	494,573	761	1.1	8,344
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	139	137	0	2	155	158	82	55	67,161	10,426,517	7,163	10.0	75,127
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	36	12	6	18	56	159	212	33	250,110	13,973,005	35,940	50.4	391,792
Neuromuscular Agents	0.8	0.2	0.1	0.5	65	37	4	24	80	168	71	44	191,804	15,259,567	21,527	30.2	234,703
Nutritional Products	0.6	0.0	0.0	0.6	11	0	0	11	19	26	30	19	92,189	1,788,593	14,562	20.4	156,171
Hematological Agents	0.7	0.3	0.0	0.4	62	54	1	7	83	170	54	18	114,317	9,485,981	14,277	20.0	152,882
Topical Products	0.4	0.2	0.0	0.2	20	15	1	4	55	78	63	25	90,013	4,935,828	22,608	31.7	250,991
Miscellaneous Products	0.3	0.1	0.0	0.2	85	72	1	12	249	685	199	50	3,819	950,595	1,070	1.5	11,173
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	28	0	0	0	4,841	134,744	1,574	2.2	17,543
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,802,891</b>	<b>186,770,603</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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.medispain.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.medispain.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 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$26,591,751	16,533	23.2	180,997	0.7	\$221	\$147
ANTIDEPRESSANTS	12,755,240	31,001	43.4	338,450	0.6	63	38
ANTICONVULSANT	11,907,606	16,507	23.1	181,923	0.7	93	65
ULCER DRUGS	11,575,396	24,670	34.6	272,277	0.6	77	43
ANTIHYPERLIPIDEMIC	11,413,993	15,523	21.8	174,675	0.6	111	65
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	10,540,992	9,609	13.5	103,489	0.7	152	102
ANTIDIABETIC	9,694,694	20,207	28.3	224,390	0.6	68	43
ANTIHYPERTENSIVE	9,367,705	30,170	42.3	333,279	0.6	44	28
ANALGESICS - Narcotic	8,216,926	40,424	56.6	445,220	0.4	50	18
ANTIASTHMATIC	6,534,785	18,118	25.4	198,234	0.4	83	33
Total	118,599,088	222,762		2,452,934	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month
<b>All</b>	<b>1,375,109</b>	<b>\$118,599,088</b>	<b>16,533</b>	<b>23.2</b>	<b>180,997</b>	<b>0.7</b>	<b>\$147</b>	<b>31,001</b>	<b>43.4</b>	<b>338,450</b>	<b>0.6</b>	<b>\$38</b>
<b>Female</b>												
All Females	981,522	80,753,104	10,044	21.1	110,056	0.7	130	22,884	48.2	250,856	0.6	38
<b>Female, Disabled</b>												
All Ages	279,789	28,328,673	3,787	24.5	42,433	0.6	156	9,020	58.3	100,877	0.5	36
5 and younger	18	1,355	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	58	3,485	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	657	70,804	11	13.1	132	0.6	217	18	21.4	210	0.4	22
21-44	81,755	9,658,526	1,764	29.7	20,033	0.5	153	3,418	57.5	38,534	0.4	33
45-64	194,584	18,387,285	1,986	21.3	22,007	0.6	160	5,528	59.4	61,545	0.5	38
65-74	2,717	207,218	26	20.3	261	0.6	107	56	43.8	588	0.6	37
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>Female, Other Eligibles</b>												
All Ages	701,733	52,424,431	6,257	19.5	67,623	0.7	113	13,864	43.3	149,979	0.7	39
5 and younger	15	966	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	192	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	538	0	0.0	0	0.0	0	2	50.0	24	0.2	20
21-44	3,791	367,159	88	11.7	973	0.3	89	233	30.9	2,465	0.3	27
45-64	1,918	226,487	20	8.5	223	0.4	103	105	44.9	1,020	0.4	39
65-74	197,365	15,342,333	1,287	14.5	14,354	0.7	140	3,489	39.2	39,022	0.6	35
75-84	264,288	20,008,313	2,289	20.7	25,064	0.7	115	4,879	44.1	53,359	0.7	41
85 and older	234,345	16,478,443	2,573	23.3	27,009	0.7	98	5,156	46.6	54,089	0.7	41
<b>Male</b>												
All Males	393,587	37,845,984	6,489	27.2	70,941	0.7	174	8,117	34.0	87,594	0.6	37
<b>Male, Disabled</b>												
All Ages	198,910	23,263,913	4,349	32.1	48,734	0.7	200	4,581	33.8	50,593	0.5	37
5 and younger	100	6,139	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	99	4,037	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	996	153,415	48	40.3	561	0.4	136	39	32.8	464	0.5	35
21-44	82,524	11,392,005	2,382	35.4	26,847	0.6	211	2,304	34.3	25,744	0.5	37
45-64	114,180	11,640,064	1,913	29.0	21,280	0.7	188	2,214	33.6	24,158	0.6	36
65-74	1,011	68,253	6	7.7	46	0.7	108	24	30.8	227	0.6	21
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

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean \$ per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean \$ per Benefit Month	Mean \$ per Benefit Month
					Number of Months Among Users					Number of Months Among Users		
Male, Other Eligibles												
All Ages	194,677	14,582,071	2,140	20.7	22,207	0.7	117	3,536	34.2	37,001	0.7	37
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	158	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,293	117,335	16	14.7	162	0.4	121	54	49.5	557	0.4	27
45-64	771	61,666	2	1.8	20	0.6	128	33	30.0	282	0.5	36
65-74	81,677	6,270,933	762	17.5	8,239	0.8	137	1,261	29.0	13,769	0.6	36
75-84	70,240	5,226,708	814	23.1	8,275	0.7	112	1,251	35.5	13,021	0.7	38
85 and older	40,691	2,905,248	546	24.5	5,511	0.7	95	937	42.0	9,372	0.7	37
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIHYPERTENSIVE				
	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	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>16,507</b>	<b>23.1</b>	<b>181,923</b>	<b>0.7</b>	<b>\$66</b>	<b>24,670</b>	<b>34.6</b>	<b>272,277</b>	<b>0.6</b>	<b>\$43</b>	<b>15,523</b>	<b>21.8</b>	<b>174,675</b>	<b>0.6</b>	<b>\$65</b>
<b>Female</b>															
All Females	10,732	22.6	118,793	0.7	61	18,010	37.9	199,485	0.5	43	11,122	23.4	125,899	0.6	65
<b>Female, Disabled</b>															
All Ages	5,050	32.6	56,524	0.6	76	5,085	32.9	57,515	0.4	45	3,249	21.0	36,725	0.5	54
5 and younger	0	0.0	0	0.0	0	2	100.0	15	0.3	20	0	0.0	0	0.0	0
6-14	1	25.0	12	2.0	228	2	50.0	24	0.8	17	1	25.0	12	0.2	8
15-20	26	31.0	300	0.6	69	14	16.7	168	0.5	45	1	1.2	12	0.8	99
21-44	2,135	35.9	24,233	0.6	89	1,559	26.2	17,731	0.4	38	498	8.4	5,564	0.4	46
45-64	2,860	30.7	31,712	0.7	65	3,471	37.3	39,188	0.5	48	2,719	29.2	30,829	0.5	56
65-74	28	21.9	267	0.6	55	37	28.9	389	0.6	57	30	23.4	308	0.5	57
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>Female, Other Eligibles</b>															
All Ages	5,682	17.7	62,269	0.7	47	12,925	40.4	141,970	0.6	42	7,873	24.6	89,174	0.6	70
5 and younger	0	0.0	0	0.0	0	2	100.0	14	0.6	47	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	10	0.2	2	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	121	16.1	1,303	0.4	55	79	10.5	825	0.2	24	24	3.2	278	0.4	39
45-64	35	15.0	321	0.5	54	31	13.2	322	0.3	38	30	12.8	304	0.3	40
65-74	1,757	19.7	19,696	0.7	55	3,336	37.5	37,815	0.5	44	3,261	36.6	37,221	0.6	66
75-84	2,111	19.1	23,291	0.7	46	4,676	42.2	51,782	0.6	44	3,116	28.1	35,477	0.6	71
85 and older	1,658	15.0	17,658	0.8	40	4,800	43.4	51,202	0.7	39	1,442	13.0	15,894	0.7	76
<b>Male</b>															
All Males	5,775	24.2	63,130	0.7	75	6,660	27.9	72,792	0.6	42	4,401	18.4	48,776	0.6	66
<b>Male, Disabled</b>															
All Ages	3,881	28.7	43,401	0.8	86	3,109	23.0	34,898	0.5	44	2,175	16.1	24,272	0.6	60
5 and younger	0	0.0	0	0.0	0	8	88.9	92	0.6	49	1	11.1	12	0.1	4
6-14	1	7.7	5	0.8	86	3	23.1	36	0.5	28	2	15.4	22	0.9	58
15-20	41	34.5	475	0.6	96	18	15.1	199	0.3	21	4	3.4	48	0.1	13
21-44	1,957	29.1	22,085	0.7	93	1,261	18.7	14,247	0.4	42	665	9.9	7,578	0.5	55
45-64	1,877	28.5	20,779	0.8	78	1,799	27.3	20,140	0.6	45	1,492	22.6	16,483	0.6	62
65-74	5	6.4	57	0.6	30	20	25.6	184	0.5	26	11	14.1	129	0.7	91
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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	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	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>Male, Other Eligibles</b>															
All Ages	1,894	18.3	19,729	0.7	50	3,551	34.4	37,894	0.6	40	2,226	21.6	24,504	0.6	72
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	1	50.0	12	0.1	11	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	10	0.1	2	0	0.0	0	0.0	0
21-44	40	36.7	381	0.4	49	19	17.4	176	0.3	40	14	12.8	129	0.5	58
45-64	17	15.5	109	0.6	72	11	10.0	95	0.5	65	12	10.9	119	0.6	61
65-74	809	18.6	8,708	0.8	56	1,389	32.0	15,323	0.6	40	1,194	27.5	13,360	0.6	69
75-84	684	19.4	7,079	0.7	48	1,267	36.0	13,477	0.6	40	757	21.5	8,332	0.7	75
85 and older	344	15.4	3,452	0.7	38	863	38.7	8,801	0.7	40	249	11.2	2,564	0.7	75
<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 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>9,609</b>	<b>13.5</b>	<b>103,489</b>	<b>0.7</b>	<b>\$102</b>	<b>20,207</b>	<b>28.3</b>	<b>224,390</b>	<b>0.6</b>	<b>\$43</b>	<b>30,170</b>	<b>42.3</b>	<b>333,279</b>	<b>0.6</b>	<b>\$28</b>
<b>Female</b>															
All Females	7,346	15.5	79,714	0.7	104	14,946	31.5	166,998	0.6	43	22,152	46.6	246,322	0.6	29
<b>Female, Disabled</b>															
All Ages	1,140	7.4	12,989	0.3	112	4,268	27.6	47,689	0.6	43	5,027	32.5	56,290	0.6	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	24	0.4	8
15-20	0	0.0	0	0.0	0	3	3.6	36	0.8	57	6	7.1	72	0.3	12
21-44	345	5.8	3,964	0.2	134	792	13.3	8,946	0.5	39	995	16.7	11,078	0.5	21
45-64	787	8.5	8,931	0.3	103	3,422	36.8	38,163	0.6	44	3,958	42.5	44,453	0.6	27
65-74	8	6.3	94	0.3	37	51	39.8	544	0.5	38	66	51.6	663	0.7	33
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>Female, Other Eligibles</b>															
All Ages	6,206	19.4	66,725	0.7	103	10,678	33.3	119,309	0.7	43	17,125	53.5	190,032	0.7	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	10	0.1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	21	2.8	205	0.3	99	52	6.9	564	0.4	36	60	8.0	603	0.4	16
45-64	10	4.3	120	0.2	173	46	19.7	491	0.4	37	51	21.8	493	0.5	27
65-74	869	9.8	9,645	0.6	78	4,115	46.2	46,820	0.6	45	5,272	59.2	59,891	0.6	30
75-84	2,409	21.8	26,127	0.8	104	4,030	36.4	44,987	0.7	45	6,396	57.8	71,756	0.7	31
85 and older	2,897	26.2	30,628	0.8	109	2,435	22.0	26,447	0.7	38	5,345	48.3	57,279	0.7	29
<b>Male</b>															
All Males	2,263	9.5	23,775	0.6	94	5,261	22.0	57,392	0.6	44	8,018	33.6	86,957	0.6	26
<b>Male, Disabled</b>															
All Ages	611	4.5	6,830	0.4	75	2,306	17.0	25,426	0.6	45	3,406	25.2	37,091	0.6	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	55.6	58	0.4	13
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	46.2	64	0.7	18
15-20	1	0.8	12	0.1	20	4	3.4	48	0.5	17	16	13.4	184	0.3	12
21-44	223	3.3	2,559	0.3	62	684	10.2	7,721	0.6	46	1,093	16.3	12,057	0.5	22
45-64	385	5.8	4,235	0.4	83	1,596	24.2	17,435	0.6	44	2,255	34.2	24,413	0.6	27
65-74	2	2.6	24	0.3	11	22	28.2	222	0.6	47	31	39.7	315	0.6	26
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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	1,652	16.0	16,945	0.7	102	2,955	28.6	31,966	0.7	43	4,612	44.7	49,866	0.7	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	8.3	90	0.2	16	31	28.4	274	0.4	39	21	19.3	210	0.5	21
45-64	7	6.4	71	0.2	19	17	15.5	140	0.6	45	18	16.4	146	0.4	19
65-74	359	8.3	3,883	0.6	88	1,437	33.1	15,839	0.7	46	2,046	47.1	22,574	0.7	27
75-84	709	20.1	7,275	0.8	105	1,039	29.5	11,242	0.7	40	1,646	46.7	17,881	0.7	26
85 and older	568	25.5	5,626	0.8	110	431	19.3	4,471	0.7	42	881	39.5	9,055	0.7	25
<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 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	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>40,424</b>	<b>56.6</b>	<b>445,220</b>	<b>0.4</b>	<b>\$19</b>	<b>18,118</b>	<b>25.4</b>	<b>198,234</b>	<b>0.4</b>	<b>\$33</b>	<b>71,366</b>	<b>747,557</b>
<b>Female</b>												
All Females	29,305	61.7	325,103	0.4	18	12,852	27.1	141,512	0.4	32	47,499	503,234
<b>Female, Disabled</b>												
All Ages	11,827	76.4	132,792	0.4	21	4,330	28.0	48,720	0.4	30	15,478	165,445
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.6	44	2	15
6-14	3	75.0	36	0.1	2	0	0.0	0	0.0	0	4	48
15-20	44	52.4	524	0.2	3	14	16.7	164	0.3	22	84	966
21-44	4,594	77.2	51,878	0.3	15	1,295	21.8	14,785	0.3	22	5,949	64,775
45-64	7,094	76.2	79,373	0.4	25	2,953	31.7	33,067	0.4	33	9,311	98,505
65-74	92	71.9	981	0.5	25	66	51.6	680	0.6	48	128	1,136
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>Female, Other Eligibles</b>												
All Ages	17,478	54.6	192,311	0.4	16	8,522	26.6	92,792	0.4	33	32,021	337,789
5 and younger	0	0.0	0	0.0	0	2	100.0	22	0.3	14	2	14
6-14	0	0.0	0	0.0	0	2	200.0	20	0.1	8	1	10
15-20	0	0.0	0	0.0	0	1	25.0	5	0.2	11	4	37
21-44	340	45.2	3,543	0.3	13	62	8.2	688	0.3	23	753	7,230
45-64	130	55.6	1,305	0.3	47	30	12.8	302	0.3	31	234	2,183
65-74	5,340	60.0	60,345	0.4	16	2,744	30.8	30,905	0.4	37	8,900	96,851
75-84	6,007	54.3	66,931	0.4	16	2,872	25.9	31,449	0.4	36	11,070	118,869
85 and older	5,661	51.2	60,187	0.4	15	2,809	25.4	29,401	0.4	28	11,057	112,595
<b>Male</b>												
All Males	11,119	46.6	120,117	0.4	20	5,266	22.1	56,722	0.4	35	23,867	244,323
<b>Male, Disabled</b>												
All Ages	6,659	49.2	73,205	0.4	23	2,018	14.9	22,408	0.4	33	13,542	141,403
5 and younger	4	44.4	48	0.1	1	7	77.8	84	0.2	10	9	106
6-14	7	53.8	70	0.2	3	0	0.0	0	0.0	0	13	131
15-20	55	46.2	604	0.2	8	15	12.6	171	0.2	16	119	1,308
21-44	3,245	48.2	36,082	0.3	20	724	10.8	8,124	0.4	25	6,726	71,699
45-64	3,312	50.2	36,029	0.4	26	1,245	18.9	13,736	0.4	37	6,597	67,438
65-74	36	46.2	372	0.4	23	27	34.6	293	0.5	45	78	721
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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTIASTHMATIC					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>Male, Other Eligibles</b>												
All Ages	4,460	43.2	46,912	0.4	15	3,248	31.5	34,314	0.5	37	10,325	102,920
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.1	1	1	50.0	12	0.1	1	2	24
15-20	1	33.3	10	0.1	1	0	0.0	0	0.0	0	3	22
21-44	112	102.8	984	0.5	33	6	5.5	34	0.2	17	109	810
45-64	44	40.0	385	0.6	34	12	10.9	108	0.5	42	110	776
65-74	1,908	43.9	20,799	0.4	16	1,400	32.2	15,201	0.5	40	4,347	44,867
75-84	1,446	41.0	15,319	0.4	13	1,119	31.8	11,860	0.4	36	3,524	35,471
85 and older	948	42.5	9,403	0.4	12	710	31.8	7,099	0.4	31	2,230	20,950
<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 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

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>\$443</b>	<b>7.7</b>	<b>3,949</b>	<b>26,775</b>
<b>Age</b>				
0-64	578	8.5	309	2,392
65-74	560	8.8	526	3,887
75-84	455	7.9	1,270	8,885
85 and older	368	7.0	1,844	11,611
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	435	7.7	2,740	18,818
Male	464	7.7	1,209	7,957
Unknown	0	0.0	0	0
<b>Race</b>				
White	447	7.8	3,384	22,829
African American	417	6.8	509	3,536
Other/unknown	468	8	56	410
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	429	7.6	3,625	24,246
Disabled	585	8.6	324	2,529
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 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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.

Dual Eligible Beneficiaries

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.1	0.3	\$24	\$13	\$5	\$6	\$53	\$99	\$80	\$22	9,158	\$483,852	2,572	65.1	20,129
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	67	21	0	46	119	710	99	86	2,163	256,547	530	13.4	3,838
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	56	40	7	9	48	99	36	16	17,076	818,208	1,903	48.2	14,487
Cardiovascular Agents	2.2	0.6	0.0	1.5	68	43	1	24	31	71	16	16	48,007	1,487,717	3,055	77.4	21,974
Respiratory Agents	0.6	0.3	0.0	0.3	40	34	1	6	62	99	32	20	7,930	495,125	1,558	39.5	12,282
Gastrointestinal Agents	1.1	0.3	0.0	0.8	57	42	0	15	52	131	28	19	17,974	927,562	2,155	54.6	16,390
Genitourinary Agents	0.7	0.5	0.0	0.2	48	41	1	7	71	85	114	35	5,474	388,552	979	24.8	8,093
CNS Drugs	1.6	0.9	0.0	0.7	134	114	1	19	83	125	54	28	33,887	2,829,236	2,863	72.5	21,186
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	44	36	0	8	70	158	0	20	189	13,316	42	1.1	300
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	153	153	0	0	138	138	0	36	9,574	1,323,529	1,159	29.3	8,663
Analgesics and Anesthetics	0.9	0.1	0.1	0.7	40	13	7	21	46	136	130	28	13,481	615,989	1,997	50.6	15,292
Neuromuscular Agents	1.2	0.3	0.0	0.8	74	37	2	36	64	118	54	44	12,528	799,496	1,364	34.5	10,737
Nutritional Products	0.8	0.0	0.0	0.8	14	0	0	13	17	16	17	17	8,759	153,036	1,510	38.2	11,264
Hematological Agents	1.0	0.4	0.0	0.6	78	69	0	8	78	188	52	13	11,032	856,756	1,458	36.9	11,015
Topical Products	0.5	0.3	0.0	0.3	27	18	2	6	49	71	69	24	8,219	401,443	1,872	47.4	15,119
Miscellaneous Products	0.3	0.0	0.0	0.2	11	7	0	4	41	158	21	19	302	12,349	148	3.7	1,148
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	21	0	0	0	264	5,663	86	2.2	739
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.	206,017	11,868,376	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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 2005. 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.medispn.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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,655,466	1,425	36.1	12,041	0.9	\$159	\$137
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,323,529	1,211	30.7	9,694	1.0	138	137
ANTIDEPRESSANTS	1,003,086	2,339	59.2	19,158	0.9	58	52
ULCER DRUGS	686,945	1,876	47.5	15,492	0.8	57	44
ANTICONVULSANT	583,776	1,089	27.6	9,269	1.0	65	63
MISC. HEMATOLOGICAL	447,571	552	14.0	4,405	0.9	112	102
ANTIHYPERTENSIVE	416,924	1,568	39.7	12,551	0.9	38	33
ANTIDIABETIC	407,783	957	24.2	7,948	0.9	60	51
ANTIASTHMATIC	408,111	1,378	34.9	11,426	0.5	76	36
ANTIHYPERLIPIDEMIC	397,370	528	13.4	4,209	0.9	104	94
Total	7,330,561	12,923		106,193	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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 2005. 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 2005 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	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>89,369</b>	<b>\$7,330,561</b>	<b>1,425</b>	<b>36.1</b>	<b>12,041</b>	<b>0.9</b>	<b>\$138</b>	<b>1,211</b>	<b>30.7</b>	<b>9,694</b>	<b>1.0</b>	<b>\$137</b>
<b>Female</b>												
All Females	60,994	4,960,503	954	34.8	8,073	0.8	133	874	31.9	7,037	1.0	135
<b>Female, Disabled</b>												
All Ages	5,376	505,804	82	50.6	789	0.9	177	28	17.3	284	0.7	241
64 or younger	4,767	455,812	69	46.0	645	0.9	192	26	17.3	262	0.7	252
65-74	609	49,992	13	108.3	144	0.6	108	2	16.7	22	0.7	107
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>Female, Other Eligibles</b>												
All Ages	55,618	4,454,699	872	33.8	7,284	0.8	128	846	32.8	6,753	1.0	130
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,954	665,644	119	47.2	1,107	0.9	167	67	26.6	583	1.0	130
75-84	21,862	1,777,488	342	39.0	2,983	0.8	127	325	37.1	2,725	0.9	123
85 and older	25,802	2,011,567	411	28.4	3,194	0.8	115	454	31.3	3,445	1.0	136
<b>Male</b>												
All Males	28,375	2,370,058	471	39.0	3,968	0.9	148	337	27.9	2,657	1.0	142
<b>Male, Disabled</b>												
All Ages	4,676	418,490	68	42.0	647	0.9	171	24	14.8	215	0.8	171
64 or younger	4,577	413,297	67	42.1	641	0.9	172	24	15.1	215	0.8	171
65-74	99	5,193	1	33.3	6	0.3	64	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>Male, Other Eligibles</b>												
All Ages	23,699	1,951,568	403	38.5	3,321	0.9	143	313	29.9	2,442	1.0	139
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,898	709,547	125	48.3	1,140	1.0	189	55	21.2	506	1.0	132
75-84	9,409	764,603	156	39.7	1,220	1.0	137	155	39.4	1,232	1.1	140
85 and older	6,392	477,418	122	30.9	961	0.7	96	103	26.1	704	1.1	143
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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 2005. 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 2005 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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>2,339</b>	<b>59.2</b>	<b>19,158</b>	<b>0.9</b>	<b>\$52</b>	<b>1,876</b>	<b>47.5</b>	<b>15,492</b>	<b>0.8</b>	<b>\$44</b>	<b>1,089</b>	<b>27.6</b>	<b>9,269</b>	<b>1.0</b>	<b>\$63</b>
<b>Female</b>															
All Females	1,665	60.8	13,589	0.9	53	1,320	48.2	10,920	0.8	44	688	25.1	5,951	1.0	59
<b>Female, Disabled</b>															
All Ages	120	74.1	1,143	0.9	60	82	50.6	748	0.8	43	101	62.3	959	1.2	88
64 or younger	108	72.0	1,012	0.9	62	79	52.7	715	0.8	43	93	62.0	872	1.2	92
65-74	12	100.0	131	0.8	43	3	25.0	33	0.9	44	8	66.7	87	0.8	50
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>Female, Other Eligibles</b>															
All Ages	1,545	59.9	12,446	0.9	52	1,238	48.0	10,172	0.8	44	587	22.8	4,992	0.9	53
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	174	69.0	1,515	0.9	54	152	60.3	1,356	0.8	39	113	44.8	1,012	0.9	60
75-84	577	65.8	4,870	0.9	53	434	49.5	3,820	0.8	45	241	27.5	2,084	0.9	58
85 and older	794	54.8	6,061	0.9	51	652	45.0	4,996	0.8	44	233	16.1	1,896	0.9	45
<b>Male</b>															
All Males	674	55.7	5,569	0.9	51	556	46.0	4,572	0.8	46	401	33.2	3,318	1.0	70
<b>Male, Disabled</b>															
All Ages	110	67.9	988	0.9	58	87	53.7	778	0.8	49	103	63.6	952	1.1	84
64 or younger	106	66.7	952	0.9	59	83	52.2	750	0.8	51	103	64.8	952	1.1	84
65-74	4	133.3	36	0.9	37	4	133.3	28	0.6	9	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>Male, Other Eligibles</b>															
All Ages	564	53.9	4,581	0.9	50	469	44.8	3,794	0.8	45	298	28.5	2,366	0.9	65
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	148	57.1	1,336	0.9	56	122	47.1	1,091	0.8	53	96	37.1	840	1.1	87
75-84	225	57.3	1,844	0.9	49	179	45.5	1,486	0.8	43	119	30.3	922	0.9	59
85 and older	191	48.4	1,401	0.9	44	168	42.5	1,217	0.8	43	83	21.0	604	0.7	42
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); 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, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>552</b>	<b>14.0</b>	<b>4,405</b>	<b>0.9</b>	<b>\$102</b>	<b>1,568</b>	<b>39.7</b>	<b>12,551</b>	<b>0.9</b>	<b>\$33</b>	<b>957</b>	<b>24.2</b>	<b>7,948</b>	<b>0.9</b>	<b>\$51</b>
<b>Female</b>															
All Females	369	13.5	2,888	0.9	102	1,125	41.1	9,107	0.9	34	654	23.9	5,382	0.8	52
<b>Female, Disabled</b>															
All Ages	16	9.9	168	0.8	95	77	47.5	741	0.9	34	62	38.3	525	0.8	61
64 or younger	14	9.3	145	0.8	101	63	42.0	591	0.9	35	54	36.0	437	0.9	61
65-74	2	16.7	23	0.4	56	14	116.7	150	0.7	32	8	66.7	88	0.7	61
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>Female, Other Eligibles</b>															
All Ages	353	13.7	2,720	0.9	103	1,048	40.7	8,366	0.9	34	592	23.0	4,857	0.8	51
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	52	20.6	428	0.8	95	117	46.4	1,004	0.9	33	108	42.9	953	0.9	58
75-84	113	12.9	932	0.9	102	405	46.2	3,403	0.9	36	236	26.9	1,981	0.9	57
85 and older	188	13.0	1,360	0.9	105	526	36.3	3,959	0.9	33	248	17.1	1,923	0.8	40
<b>Male</b>															
All Males	183	15.1	1,517	0.9	101	443	36.6	3,444	0.9	31	303	25.1	2,566	0.9	51
<b>Male, Disabled</b>															
All Ages	17	10.5	158	0.9	105	49	30.2	447	1.0	31	26	16.0	234	1.1	67
64 or younger	17	10.7	158	0.9	104	48	30.2	441	1.0	31	26	16.4	234	1.1	67
65-74	0	0.0	0	0.0	0	1	33.3	6	0.8	28	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>Male, Other Eligibles</b>															
All Ages	166	15.9	1,359	0.9	100	394	37.6	2,997	0.9	31	277	26.5	2,332	0.9	49
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	50	19.3	450	0.9	100	128	49.4	1,081	0.9	34	116	44.8	1,070	0.9	53
75-84	61	15.5	509	0.9	102	142	36.1	1,090	0.9	28	95	24.2	780	0.9	43
85 and older	55	13.9	400	0.9	98	124	31.4	826	0.9	29	66	16.7	482	0.9	53
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	
All	1,378	34.9	11,426	0.5	\$36	528	13.4	4,209	0.9	\$94	3,949	26,775
Female												
All Females	919	33.5	7,562	0.4	35	357	13.0	2,860	0.8	87	2,740	18,818
Female, Disabled												
All Ages	55	34.0	559	0.5	32	33	20.4	298	0.7	74	162	1,307
64 or younger	42	28.0	422	0.3	21	32	21.3	286	0.7	74	150	1,187
65-74	13	108.3	137	0.8	63	1	8.3	12	0.8	58	12	120
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
Female, Other Eligibles												
All Ages	864	33.5	7,003	0.4	35	324	12.6	2,562	0.9	89	2,578	17,511
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	87	34.5	798	0.4	34	66	26.2	559	0.9	97	252	1,827
75-84	303	34.5	2,500	0.5	40	127	14.5	1,012	0.8	86	877	6,351
85 and older	474	32.7	3,705	0.4	32	131	9.0	991	0.8	87	1,449	9,333
Male												
All Males	459	38.0	3,864	0.5	37	171	14.1	1,349	1.0	110	1,209	7,957
Male, Disabled												
All Ages	64	39.5	597	0.5	41	26	16.0	224	1.1	112	162	1,222
64 or younger	59	37.1	559	0.4	38	26	16.4	224	1.1	112	159	1,205
65-74	5	166.7	38	1.0	76	0	0.0	0	0.0	0	3	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
Male, Other Eligibles												
All Ages	395	37.7	3,267	0.5	36	145	13.8	1,125	1.0	110	1,047	6,735
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	98	37.8	811	0.6	46	43	16.6	358	1.2	129	259	1,923
75-84	152	38.7	1,347	0.5	35	64	16.3	510	0.9	104	393	2,534
85 and older	145	36.7	1,109	0.5	31	38	9.6	257	1.0	93	395	2,278
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 12,926 beneficiaries who were in nursing facilities for part of their enrollment and their 141,134 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); 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, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number 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>29,783</b>	<b>41.7</b>	<b>2.9</b>	<b>205,477</b>	<b>\$60</b>	<b>\$4,250,876</b>	<b>\$21</b>	<b>2.3</b>	<b>71,366</b>
<b>Age</b>									
5 and younger	12	92.3	17.8	231	488	6,348	27	5.9	13
6-14	12	60.0	6.2	124	78	1,558	13	0.7	20
15-20	77	36.7	1.9	402	56	11,805	29	1.9	210
21-44	4,275	31.6	1.9	25,179	51	694,610	28	2.3	13,537
45-64	6,608	40.7	2.7	43,742	60	968,474	22	2.2	16,252
65-74	5,452	40.5	2.8	37,414	57	760,598	20	2.2	13,453
75-84	6,764	46.3	3.4	49,865	65	946,774	19	2.3	14,594
85 and older	6,583	49.5	3.7	48,520	65	860,709	18	2.5	13,287
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	18,709	45.5	3.3	135,235	62	2,557,571	19	2.3	41,105
Disabled	10,781	37.2	2.4	68,870	57	1,664,158	24	2.2	29,020
Adults	277	23.0	1.1	1,270	22	26,681	21	2.7	1,206
Children	4	50.0	4.6	37	183	1,462	40	3.2	8
Unknown	12	44.4	2.4	65	37	1,004	15	0.9	27
<b>Gender</b>									
Female	21,805	45.9	3.2	151,388	66	3,148,267	21	2.4	47,499
Male	7,978	33.4	2.3	54,089	46	1,102,609	20	1.9	23,867
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	21,386	45.2	3.3	154,926	69	3,265,337	21	2.4	47,267
African American	6,257	34.3	2.0	37,180	39	707,505	19	1.9	18,227
Other/unknown	2,140	36.4	2.3	13,371	47	278,034	21	2.2	5,872
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,232	56.5	4.0	15,926	74	290,828	18	2.5	3,949
Part year	7,755	60.0	5.4	69,710	98	1,271,833	18	2.3	12,926
None	19,796	36.3	2.2	119,841	49	2,688,215	22	2.3	54,491
<b>Maintenance Assistance Status</b>									
Cash	16,238	37.6	2.4	102,051	53	2,291,242	22	2.4	43,218
Medically needy	543	29.9	1.0	1,836	24	43,310	24	2.1	1,815
Poverty related	268	28.9	1.1	1,014	23	21,485	21	2.2	926
Other/unknown	12,734	50.1	4.0	100,576	75	1,894,839	19	2.2	25,407

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$6</b>	<b>\$21</b>	<b>\$0</b>	<b>\$3</b>	<b>747,557</b>
<b>Age</b>						
5 and younger	1.7	47	27	1	0	135
6-14	0.6	7	13	0	0	213
15-20	0.2	5	29	0	3	2,333
21-44	0.2	5	28	0	3	144,514
45-64	0.3	6	22	0	3	168,902
65-74	0.3	5	20	0	2	143,575
75-84	0.3	6	19	0	2	154,340
85 and older	0.4	6	18	0	2	133,545
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	6	19	0	2	429,505
Disabled	0.2	5	24	0	3	306,848
Adults	0.1	2	21	0	2	10,907
Children	0.5	21	40	1	0	70
Unknown	0.3	4	15	0	4	227
<b>Gender</b>						
Female	0.3	6	21	0	3	503,234
Male	0.2	5	20	0	2	244,323
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	7	21	0	3	489,086
African American	0.2	4	19	0	1	194,875
Other/unknown	0.2	4	21	0	2	63,596
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	11	18	0	4	26,775
Part year	0.5	9	18	0	3	141,134
None	0.2	5	22	0	2	579,648
<b>Maintenance Assistance Status</b>						
Cash	0.2	5	22	0	2	475,790
Medically needy	0.2	5	24	0	3	8,128
Poverty related	0.1	3	21	0	1	8,572
Other/unknown	0.4	7	19	0	3	255,067

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>37,105</b>	<b>\$115</b>	<b>\$4,250,876</b>	<b>100.0</b>	<b>205,477</b>	<b>\$21</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	3	17	51	0.0	3	17	0.0	
Cough and cold medications	2,024	47	94,805	2.2	3,755	25	1.8	
Vitamins and minerals	14,290	125	1,780,386	41.9	91,700	19	44.6	
Non-prescription drugs	3,484	56	194,009	4.6	8,773	22	4.3	
Barbiturates	737	81	59,909	1.4	6,574	9	3.2	
Benzodiazepines	15,510	123	1,906,225	44.8	91,623	21	44.6	
Other Part D Excl Rx Drugs	1,057	204	215,491	5.1	3,049	71	1.5	

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ARKANSAS, 2005

Total Number of Dual Eligible Beneficiaries: 71,366  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$186,770,603  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,617

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,916	11.1	\$0	0.0
1-500	12,018	16.8	2,592,930	1.4
501-1,000	7,733	10.8	5,723,933	3.1
1,001-1,500	6,445	9.0	8,030,383	4.3
1,501-2,000	5,438	7.6	9,501,077	5.1
2,001-2,500	4,929	6.9	11,071,300	5.9
2,501-3,000	4,249	6.0	11,665,098	6.2
3,001-3,500	3,689	5.2	11,967,233	6.4
3,501-4,000	3,148	4.4	11,777,338	6.3
4,001-4,500	2,609	3.7	11,066,128	5.9
4,501-5,000	2,166	3.0	10,272,835	5.5
5,001-5,500	1,784	2.5	9,355,377	5.0
5,501-6,000	1,521	2.1	8,738,413	4.7
6,001-6,500	1,188	1.7	7,424,427	4.0
6,501-7,000	1,014	1.4	6,838,618	3.7
7,001-7,500	764	1.1	5,541,975	3.0
7,501-8,000	652	0.9	5,042,344	2.7
8,001-8,500	547	0.8	4,511,679	2.4
8,501-9,000	487	0.7	4,259,796	2.3
9,001-9,500	421	0.6	3,889,284	2.1
9,501-10,000	365	0.5	3,560,839	1.9
10,001+	2,283	3.2	33,939,596	18.2

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 28,814  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$74,790,552  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$2,595

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	4,289	14.9	0	0.0
1-500	6,115	21.2	1,219,829	1.6
501-1,000	3,096	10.7	2,274,087	3.0
1,001-1,500	2,193	7.6	2,726,969	3.6
1,501-2,000	1,843	6.4	3,217,412	4.3
2,001-2,500	1,610	5.6	3,607,849	4.8
2,501-3,000	1,387	4.8	3,804,399	5.1
3,001-3,500	1,137	3.9	3,682,546	4.9
3,501-4,000	1,006	3.5	3,767,628	5.0
4,001-4,500	900	3.1	3,812,453	5.1
4,501-5,000	695	2.4	3,293,116	4.4
5,001-5,500	567	2.0	2,973,091	4.0
5,501-6,000	498	1.7	2,864,242	3.8
6,001-6,500	412	1.4	2,575,787	3.4
6,501-7,000	374	1.3	2,521,502	3.4
7,001-7,500	307	1.1	2,228,206	3.0
7,501-8,000	251	0.9	1,942,640	2.6
8,001-8,500	230	0.8	1,893,822	2.5
8,501-9,000	212	0.7	1,855,802	2.5
9,001-9,500	189	0.7	1,746,725	2.3
9,501-10,000	156	0.5	1,521,206	2.0
10,001+	1,347	4.7	21,261,241	28.4

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 41,334  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$110,827,633  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,681

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	3,058	7.4	0	0.0
1-500	5,629	13.6	1,321,621	1.2
501-1,000	4,550	11.0	3,388,118	3.1
1,001-1,500	4,203	10.2	5,240,762	4.7
1,501-2,000	3,554	8.6	6,211,483	5.6
2,001-2,500	3,269	7.9	7,350,903	6.6
2,501-3,000	2,834	6.9	7,784,385	7.0
3,001-3,500	2,528	6.1	8,206,500	7.4
3,501-4,000	2,122	5.1	7,934,017	7.2
4,001-4,500	1,692	4.1	7,181,053	6.5
4,501-5,000	1,462	3.5	6,937,013	6.3
5,001-5,500	1,207	2.9	6,329,340	5.7
5,501-6,000	1,017	2.5	5,840,194	5.3
6,001-6,500	769	1.9	4,804,698	4.3
6,501-7,000	637	1.5	4,297,126	3.9
7,001-7,500	454	1.1	3,291,849	3.0
7,501-8,000	400	1.0	3,091,815	2.8
8,001-8,500	312	0.8	2,576,425	2.3
8,501-9,000	274	0.7	2,395,269	2.2
9,001-9,500	230	0.6	2,124,023	1.9
9,501-10,000	206	0.5	2,010,416	1.8
10,001+	927	2.2	12,510,623	11.3

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 13,453  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$34,444,674  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,560

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Percent of Total Pharmacy Reimbursement
		65-74	Pharmacy Reimbursement	
\$0	1,414	10.5	0	0.0
1-500	1,985	14.8	442,209	1.3
501-1,000	1,429	10.6	1,064,542	3.1
1,001-1,500	1,283	9.5	1,606,125	4.7
1,501-2,000	1,068	7.9	1,871,953	5.4
2,001-2,500	1,010	7.5	2,267,607	6.6
2,501-3,000	878	6.5	2,413,017	7.0
3,001-3,500	815	6.1	2,642,187	7.7
3,501-4,000	650	4.8	2,430,612	7.1
4,001-4,500	519	3.9	2,201,044	6.4
4,501-5,000	458	3.4	2,178,851	6.3
5,001-5,500	403	3.0	2,111,677	6.1
5,501-6,000	286	2.1	1,639,637	4.8
6,001-6,500	210	1.6	1,312,072	3.8
6,501-7,000	179	1.3	1,203,674	3.5
7,001-7,500	126	0.9	914,285	2.7
7,501-8,000	112	0.8	866,800	2.5
8,001-8,500	72	0.5	594,675	1.7
8,501-9,000	81	0.6	708,820	2.1
9,001-9,500	68	0.5	630,095	1.8
9,501-10,000	74	0.6	721,597	2.1
10,001+	333	2.5	4,623,195	13.4

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 14,594  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$41,712,788  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,858

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	987	6.8	0	0.0
1-500	1,783	12.2	419,507	1.0
501-1,000	1,513	10.4	1,126,342	2.7
1,001-1,500	1,451	9.9	1,802,970	4.3
1,501-2,000	1,255	8.6	2,193,075	5.3
2,001-2,500	1,187	8.1	2,670,253	6.4
2,501-3,000	1,030	7.1	2,824,289	6.8
3,001-3,500	923	6.3	3,001,566	7.2
3,501-4,000	792	5.4	2,962,785	7.1
4,001-4,500	623	4.3	2,648,655	6.3
4,501-5,000	530	3.6	2,513,837	6.0
5,001-5,500	466	3.2	2,444,591	5.9
5,501-6,000	356	2.4	2,044,497	4.9
6,001-6,500	294	2.0	1,840,709	4.4
6,501-7,000	242	1.7	1,634,522	3.9
7,001-7,500	180	1.2	1,303,804	3.1
7,501-8,000	185	1.3	1,427,152	3.4
8,001-8,500	134	0.9	1,105,315	2.6
8,501-9,000	101	0.7	883,861	2.1
9,001-9,500	97	0.7	895,598	2.1
9,501-10,000	77	0.5	751,916	1.8
10,001+	388	2.7	5,217,544	12.5

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,287  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$34,670,171  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,609

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	657	4.9	0	0.0
1-500	1,861	14.0	459,905	1.3
501-1,000	1,608	12.1	1,197,234	3.5
1,001-1,500	1,469	11.1	1,831,667	5.3
1,501-2,000	1,231	9.3	2,146,455	6.2
2,001-2,500	1,072	8.1	2,413,043	7.0
2,501-3,000	926	7.0	2,547,079	7.3
3,001-3,500	790	5.9	2,562,747	7.4
3,501-4,000	680	5.1	2,540,620	7.3
4,001-4,500	550	4.1	2,331,354	6.7
4,501-5,000	474	3.6	2,244,325	6.5
5,001-5,500	338	2.5	1,773,072	5.1
5,501-6,000	375	2.8	2,156,060	6.2
6,001-6,500	265	2.0	1,651,917	4.8
6,501-7,000	216	1.6	1,458,930	4.2
7,001-7,500	148	1.1	1,073,760	3.1
7,501-8,000	103	0.8	797,863	2.3
8,001-8,500	106	0.8	876,435	2.5
8,501-9,000	92	0.7	802,588	2.3
9,001-9,500	65	0.5	598,330	1.7
9,501-10,000	55	0.4	536,903	1.5
10,001+	206	1.6	2,669,884	7.7

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>71,366</b>	<b>41,105</b>	<b>29,020</b>	<b>1,206</b>	<b>8</b>	<b>27</b>	<b>747,557</b>	<b>429,505</b>	<b>306,848</b>	<b>10,907</b>	<b>70</b>	<b>227</b>
<b>Age</b>												
5 and younger	13	0	11	0	2	0	135	0	121	0	14	0
6-14	20	0	17	0	3	0	213	0	179	0	34	0
15-20	210	0	203	4	3	0	2,333	0	2,274	37	22	0
21-44	13,537	0	12,675	859	0	3	144,514	0	136,474	8,023	0	17
45-64	16,252	0	15,908	322	0	22	168,902	0	165,943	2,764	0	195
65-74	13,453	13,227	206	18	0	2	143,575	141,630	1,857	73	0	15
75-84	14,594	14,591	0	3	0	0	154,340	154,330	0	10	0	0
85 and older	13,287	13,287	0	0	0	0	133,545	133,545	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	47,499	31,016	15,478	975	3	27	503,234	328,247	165,445	9,291	24	227
Male	23,867	10,089	13,542	231	5	0	244,323	101,258	141,403	1,616	46	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	47,267	27,533	18,834	874	6	20	489,086	281,796	199,107	7,950	47	186
African American	18,227	10,089	7,826	306	0	6	194,875	109,307	82,800	2,728	0	40
Other/unknown	5,872	3,483	2,360	26	2	1	63,596	38,402	24,941	229	23	1
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,949	3,625	324	0	0	0	26,775	24,246	2,529	0	0	0
Part year	12,926	11,717	1,209	0	0	0	141,134	127,537	13,597	0	0	0
None	54,491	25,763	27,487	1,206	8	27	579,648	277,722	290,722	10,907	70	227
<b>Maintenance Assistance Status</b>												
Cash	43,218	20,705	22,193	320	0	0	475,790	232,234	240,547	3,009	0	0
Medically needy	1,815	376	1,223	216	0	0	8,128	1,334	5,467	1,327	0	0
Poverty related	926	184	649	61	5	27	8,572	1,809	6,036	461	39	227
Other/unknown	25,407	19,840	4,955	609	3	0	255,067	194,128	54,798	6,110	31	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	69,161	39,976	28,004	1,146	8	27	724,962	417,379	297,033	10,253	70	227
Full dual, part year	2,205	1,129	1,016	60	0	0	22,595	12,126	9,815	654	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	71,366	41,105	29,020	1,206	8	27	747,557	429,505	306,848	10,907	70	227
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
MC all year, with Rx claims	0	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	0

Source: Data for this table are from the MAX 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>71,366</b>	<b>747,557</b>	<b>71,366</b>	<b>747,557</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	71,366	747,557	71,366	747,557	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 2005 file for Arkansas, released by CMS in 2/2009. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries