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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
ARKANSAS**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	75,689	44,678	29,728	1,238	8	37	794,768	469,477	313,400	11,470	76	345
Age												
5 and younger	9	0	7	0	2	0	102	0	83	0	19	0
6-14	20	0	19	0	1	0	230	0	218	0	12	0
15-20	209	0	192	12	5	0	2,293	0	2,123	125	45	0
21-44	13,719	0	12,850	866	0	3	145,944	0	137,590	8,328	0	26
45-64	16,786	0	16,417	339	0	30	174,364	0	171,181	2,891	0	292
65-74	15,574	15,309	243	18	0	4	166,343	163,999	2,205	112	0	27
75-84	15,794	15,791	0	3	0	0	168,156	168,142	0	14	0	0
85 and older	13,578	13,578	0	0	0	0	137,336	137,336	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	50,572	33,656	15,866	1,008	5	37	536,910	357,264	169,413	9,848	40	345
Male	25,117	11,022	13,862	230	3	0	257,858	112,213	143,987	1,622	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	50,344	30,237	19,199	876	7	25	522,344	312,102	201,916	8,028	64	234
African American	19,332	10,916	8,068	336	1	11	208,130	118,896	85,933	3,190	12	99
Other/unknown	6,013	3,525	2,461	26	0	1	64,294	38,479	25,551	252	0	12
Use of Nursing Facilities^c												
Entire year	10,226	9,319	907	0	0	0	100,633	91,129	9,504	0	0	0
Part year	6,646	5,957	689	0	0	0	67,539	60,291	7,248	0	0	0
None	58,817	29,402	28,132	1,238	8	37	626,596	318,057	296,648	11,470	76	345
Maintenance Assistance Status												
Cash	43,157	19,971	22,844	342	0	0	474,028	223,966	246,760	3,302	0	0
Medically needy	1,532	297	1,049	186	0	0	6,125	950	4,121	1,054	0	0
Poverty-related	5,245	4,483	666	52	7	37	55,916	49,519	5,594	389	69	345
Other/unknown	25,755	19,927	5,169	658	1	0	258,699	195,042	56,925	6,725	7	0
Dual Medicare Status^d												
Full dual, all year	69,661	39,617	28,788	1,211	8	37	729,595	412,796	305,187	11,191	76	345
Full dual, part year	6,028	5,061	940	27	0	0	65,173	56,681	8,213	279	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	75,689	44,678	29,728	1,238	8	37	794,768	469,477	313,400	11,470	76	345
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
					Mean \$, All Medicaid FFS \$ ^c	FFS \$ ^d	
All	51.6	4.5	\$259	\$57	\$13,260	2.0	75,689
Age							
5 and younger	88.9	25.6	1,348	53	34,784	3.9	9
6-14	90.0	22.9	3,721	163	20,686	18.0	20
15-20	75.6	14.0	1,874	134	13,231	14.2	209
21-44	51.9	5.4	440	82	10,396	4.2	13,719
45-64	54.9	5.5	324	59	12,178	2.7	16,786
65-74	46.3	4.2	213	51	10,210	2.1	15,574
75-84	49.1	3.5	144	41	14,387	1.0	15,794
85 and older	55.9	4.0	152	39	19,653	0.8	13,578
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	50.1	3.8	166	44	14,551	1.1	44,678
Disabled	54.2	5.4	380	70	11,744	3.2	29,728
Adults	44.1	8.9	662	74	2,815	23.5	1,238
Children	87.5	11.9	1,230	104	10,936	11.2	8
Unknown	97.3	23.3	2,329	100	22,114	10.5	37
Gender							
Female	53.4	4.6	242	52	13,194	1.8	50,572
Male	48.1	4.4	294	67	13,392	2.2	25,117
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	54.4	5.0	273	55	14,672	1.9	50,344
African American	46.3	3.6	231	64	11,611	2.0	19,332
Other/unknown	46.0	3.8	230	60	6,740	3.4	6,013
Use of Nursing Facilities^f							
Entire year	71.6	7.6	331	44	32,818	1.0	10,226
Part year	68.5	6.3	284	45	27,053	1.1	6,646
None	46.3	3.8	244	64	8,301	2.9	58,817
Maintenance Assistance Status							
Cash	48.4	4.2	262	63	6,876	3.8	43,157
Medically needy	43.9	4.1	398	97	6,788	5.9	1,532
Poverty related	33.3	2.2	126	58	4,248	3.0	5,245
Other/unknown	61.2	5.7	273	48	26,178	1.0	25,755

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.4	\$25	2.0	48.4	43.0	4.4	3.5	0.6	0.1	\$1,263	75,689	794,768
Age												
5 and younger	2.3	119	3.9	11.1	44.4	11.1	22.2	11.1	0.0	3,069	9	102
6-14	2.0	324	18.0	10.0	45.0	20.0	15.0	10.0	0.0	1,799	20	230
15-20	1.3	171	14.2	24.4	45.9	13.9	12.9	1.9	1.0	1,206	209	2,293
21-44	0.5	41	4.2	48.1	41.2	5.2	5.0	0.5	0.0	977	13,719	145,944
45-64	0.5	31	2.7	45.1	43.7	5.6	4.8	0.8	0.1	1,172	16,786	174,364
65-74	0.4	20	2.1	53.7	39.0	3.4	3.2	0.6	0.1	956	15,574	166,343
75-84	0.3	14	1.0	50.9	43.3	3.3	1.9	0.5	0.1	1,351	15,794	168,156
85 and older	0.4	15	0.8	44.1	48.1	4.6	2.5	0.6	0.1	1,943	13,578	137,336
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.4	16	1.1	49.9	43.3	3.7	2.4	0.5	0.1	1,385	44,678	469,477
Disabled	0.5	36	3.2	45.8	43.5	5.3	4.6	0.7	0.1	1,114	29,728	313,400
Adults	1.0	72	23.5	55.9	18.7	7.8	15.6	2.1	0.0	304	1,238	11,470
Children	1.3	129	11.2	12.5	37.5	37.5	12.5	0.0	0.0	1,151	8	76
Unknown	2.5	250	10.5	2.7	24.3	37.8	29.7	5.4	0.0	2,372	37	345
Gender												
Female	0.4	23	1.8	46.6	44.8	4.5	3.4	0.6	0.1	1,243	50,572	536,910
Male	0.4	29	2.2	51.9	39.3	4.3	3.7	0.7	0.1	1,304	25,117	257,858
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	26	1.9	45.6	44.5	5.1	3.9	0.7	0.1	1,414	50,344	522,344
African American	0.3	22	2.0	53.7	40.1	3.1	2.6	0.4	0.1	1,079	19,332	208,130
Other/unknown	0.4	22	3.4	54.0	39.4	3.1	3.1	0.4	0.0	630	6,013	64,294
Use of Nursing Facilities^f												
Entire year	0.8	34	1.0	28.4	54.7	8.6	5.8	1.9	0.6	3,335	10,226	100,633
Part year	0.6	28	1.1	31.5	56.5	7.0	3.9	0.9	0.1	2,662	6,646	67,539
None	0.4	23	2.9	53.7	39.4	3.4	3.0	0.4	0.0	779	58,817	626,596
Maintenance Assistance Status												
Cash	0.4	24	3.8	51.6	41.4	3.4	3.2	0.4	0.0	626	43,157	474,028
Medically needy	1.0	100	5.9	56.1	21.0	9.5	11.9	1.4	0.0	1,698	1,532	6,125
Poverty related	0.2	12	3.0	66.7	29.2	2.5	1.5	0.0	0.0	399	5,245	55,916
Other/unknown	0.6	27	1.0	38.8	49.8	6.2	3.9	1.1	0.3	2,606	25,755	258,699

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 CHARACTERISTICS^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.4	\$25	\$57	0.1	\$16	\$149	0.0	\$2	\$97	0.3	\$6	\$21
Age												
5 and younger	2.3	119	53	0.7	79	106	0.1	15	119	1.4	24	18
6-14	2.0	324	163	0.8	293	347	0.1	7	88	1.0	21	20
15-20	1.3	171	134	0.6	145	260	0.1	6	97	0.7	20	31
21-44	0.5	41	82	0.2	31	206	0.0	2	101	0.3	8	25
45-64	0.5	31	59	0.1	20	149	0.0	2	106	0.4	9	23
65-74	0.4	20	51	0.1	12	124	0.0	2	104	0.3	6	21
75-84	0.3	14	41	0.1	8	109	0.0	1	89	0.2	4	18
85 and older	0.4	15	39	0.1	9	102	0.0	1	74	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	16	44	0.1	9	112	0.0	2	90	0.3	5	19
Disabled	0.5	36	70	0.1	26	180	0.0	2	103	0.4	8	24
Adults	1.0	72	74	0.3	49	156	0.0	4	107	0.6	18	29
Children	1.3	129	104	0.3	104	360	0.1	4	56	0.9	21	24
Unknown	2.5	250	100	1.0	193	197	0.1	9	164	1.5	47	32
Gender												
Female	0.4	23	52	0.1	15	135	0.0	2	96	0.3	6	21
Male	0.4	29	67	0.1	20	174	0.0	2	98	0.3	7	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	26	55	0.1	17	147	0.0	2	95	0.3	7	21
African American	0.3	22	64	0.1	15	153	0.0	2	101	0.2	5	21
Other/unknown	0.4	22	60	0.1	14	152	0.0	2	105	0.2	5	22
Use of Nursing Facilities^e												
Entire year	0.8	34	44	0.2	21	119	0.0	3	79	0.6	10	18
Part year	0.6	28	45	0.1	17	119	0.0	3	84	0.4	8	18
None	0.4	23	64	0.1	16	162	0.0	2	105	0.2	6	23
Maintenance Assistance Status												
Cash	0.4	24	63	0.1	16	161	0.0	2	106	0.3	6	23
Medically needy	1.0	100	97	0.4	75	208	0.0	5	132	0.6	19	30
Poverty related	0.2	12	58	0.1	8	147	0.0	1	105	0.1	3	21
Other/unknown	0.6	27	48	0.1	18	128	0.0	2	84	0.4	8	19

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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.medi-span.com/master-drug-database.aspx>.

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

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Therapeutic Category	Number of Rx per Benefit Month												Users ^e				
	Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	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					
Anti-infective Agents	0.2	0.0	0.0	0.1	\$15	\$11	\$0	\$4	\$82	\$237	\$122	\$27	12,552	\$1,028,430	6,772	8.9	70,613
Biologicals	0.6	0.5	0.0	0.1	1,617	1,375	0	242	2,499	2,749	0	1,648	22	54,982	3	0.0	34
Antineoplastic Agents	0.2	0.0	0.0	0.2	37	27	0	10	183	534	83	68	1,522	278,171	774	1.0	7,536
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	15	11	1	3	63	132	69	21	21,800	1,365,453	8,320	11.0	88,701
Cardiovascular Agents	0.3	0.1	0.0	0.2	15	7	5	4	45	66	117	20	51,164	2,316,186	14,084	18.6	149,978
Respiratory Agents	0.2	0.1	0.0	0.1	15	12	1	2	65	114	44	22	13,293	860,242	5,454	7.2	58,036
Gastrointestinal Agents	0.2	0.1	0.0	0.1	20	18	0	2	93	148	119	18	17,296	1,601,047	7,377	9.7	78,116
Genitourinary Agents	0.2	0.1	0.0	0.0	13	8	3	1	71	83	100	28	4,228	298,604	2,221	2.9	23,699
CNS Drugs	0.5	0.1	0.0	0.4	27	18	1	8	53	188	92	20	117,299	6,185,339	21,180	28.0	227,473
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	41	35	0	6	124	158	37	53	833	102,946	228	0.3	2,522
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	36	36	0	1	168	169	0	103	5,095	855,640	2,301	3.0	23,751
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	11	4	0	6	42	172	124	28	25,907	1,100,335	9,590	12.7	100,215
Neuromuscular Agents	0.4	0.1	0.0	0.3	22	13	1	8	56	174	69	26	35,343	1,963,114	8,381	11.1	90,095
Nutritional Products	0.2	0.0	0.0	0.2	4	0	0	3	20	21	38	20	6,218	123,883	3,385	4.5	34,978
Hematological Agents	0.4	0.1	0.0	0.3	14	10	0	3	36	192	30	10	23,645	839,593	5,765	7.6	60,883
Topical Products	0.2	0.1	0.0	0.1	10	6	2	2	57	85	68	24	7,000	399,456	3,902	5.2	41,191
Miscellaneous Products	0.3	0.1	0.0	0.1	96	85	1	11	362	650	312	81	596	216,000	222	0.3	2,254
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	58	0	0	0	305	17,653	229	0.3	2,425
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.	344,118	19,607,074	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

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	\$3,159,278	4,750	6.3	51,302	0.2	\$257	\$62
ANTICONVULSANT	1,724,090	7,015	9.3	76,611	0.4	59	23
ANTIANKXIETY AGENTS	1,414,594	12,929	17.1	141,597	0.5	20	10
ULCER DRUGS	1,266,948	6,023	8.0	64,564	0.2	100	20
ANTIDEPRESSANTS	1,258,671	8,461	11.2	89,596	0.2	65	14
ANTIHYPERLIPIDEMIC	976,399	3,698	4.9	40,762	0.2	118	24
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	868,127	2,858	3.8	30,073	0.2	163	29
ANTIDIABETIC	787,329	5,024	6.6	54,135	0.2	68	15
ANTIHYPERTENSIVE	664,407	5,976	7.9	64,225	0.2	48	10
ANTIASTHMATIC	653,184	3,967	5.2	41,823	0.2	81	16
Total	12,773,027	60,701	n.a.	654,688	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	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
All	192,650	\$12,773,027	4,750	6.3	51,302	0.2	\$62	7,015	9.3	76,611	0.4	\$23					
Female																	
All Females	130,172	7,916,181	2,683	5.3	28,941	0.2	52	4,496	8.9	49,049	0.4	20					
Female, Disabled																	
All Ages	55,201	3,954,528	1,147	7.2	12,721	0.2	71	2,331	14.7	25,674	0.4	26					
5 and younger	5	364	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	38	2,592	0	0.0	0	0.0	0	1	25.0	12	0.1	5					
15-20	397	43,740	14	16.5	168	0.3	100	8	9.4	96	0.6	100					
21-44	20,279	1,753,677	577	9.5	6,447	0.3	84	1,090	18.0	12,030	0.4	34					
45-64	33,282	2,061,678	551	5.8	6,049	0.2	54	1,216	12.7	13,381	0.4	19					
65-74	1,200	92,477	5	3.6	57	1.0	136	16	11.4	155	0.6	38					
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	74,971	3,961,653	1,536	4.4	16,220	0.2	37	2,165	6.2	23,375	0.4	14					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	3	414	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	12	774	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	2,746	298,283	69	9.0	704	0.3	80	140	18.3	1,440	0.4	54					
45-64	1,314	125,214	11	4.3	112	0.4	146	38	15.0	371	0.5	37					
65-74	25,323	1,432,295	362	3.5	3,947	0.3	64	663	6.4	7,299	0.4	14					
75-84	23,799	1,099,585	516	4.3	5,531	0.2	26	735	6.2	7,918	0.4	10					
85 and older	21,774	1,005,088	578	5.1	5,926	0.2	22	589	5.2	6,347	0.3	7					
Male																	
All Males	62,478	4,856,846	2,067	8.2	22,361	0.3	75	2,519	10.0	27,562	0.4	26					
Male, Disabled																	
All Ages	40,371	3,576,725	1,497	10.8	16,509	0.3	87	1,841	13.3	20,448	0.4	31					
5 and younger	29	894	0	0.0	0	0.0	0	1	16.7	12	0.9	21					
6-14	32	3,201	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	853	130,681	27	25.2	304	0.6	222	21	19.6	215	0.8	146					
21-44	18,918	1,973,704	861	12.7	9,497	0.3	98	956	14.1	10,694	0.4	37					
45-64	19,680	1,394,356	599	8.7	6,603	0.2	64	842	12.3	9,313	0.4	21					
65-74	859	73,889	10	9.7	105	0.4	108	21	20.4	214	0.5	26					
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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	22,107	1,280,121	570	5.1	5,852	0.2	40	678	6.0	7,114	0.4	14
5 and younger	1	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	165	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	798	67,353	9	8.7	87	0.3	79	34	32.7	341	0.4	38
45-64	411	33,331	5	4.3	54	0.4	120	9	7.8	79	0.4	26
65-74	10,292	619,080	228	4.6	2,487	0.3	49	313	6.3	3,458	0.4	14
75-84	6,829	356,756	201	5.2	1,945	0.2	34	206	5.3	2,118	0.3	11
85 and older	3,773	203,406	127	5.9	1,279	0.2	24	116	5.4	1,118	0.3	10
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ 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 \$ 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 \$ Benefit Month
All	12,929	17.1	141,597	0.5	\$10	6,023	8.0	64,564	0.2	\$20	8,461	11.2	89,596	0.2	\$14
Female															
All Females	9,407	18.6	103,565	0.5	10	4,182	8.3	45,141	0.2	19	6,011	11.9	64,075	0.2	14
Female, Disabled															
All Ages	3,440	21.7	38,393	0.5	10	1,452	9.2	15,785	0.2	28	2,570	16.2	27,840	0.2	17
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	30	0	0.0	0	0.0	0
6-14	1	25.0	12	0.1	1	3	75.0	36	0.3	27	0	0.0	0	0.0	0
15-20	8	9.4	96	0.2	8	11	12.9	132	0.3	27	21	24.7	252	0.5	31
21-44	1,211	19.9	13,550	0.5	9	484	8.0	5,373	0.3	32	1,071	17.6	11,714	0.3	20
45-64	2,187	22.9	24,406	0.5	10	925	9.7	9,945	0.2	27	1,444	15.1	15,512	0.2	15
65-74	33	23.6	329	0.5	9	28	20.0	287	0.3	22	34	24.3	362	0.4	34
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
Female, Other Eligibles															
All Ages	5,967	17.2	65,172	0.5	10	2,730	7.9	29,356	0.2	14	3,441	9.9	36,235	0.2	11
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	100.0	12	0.3	35	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	6.7	5	0.4	4	2	13.3	18	0.5	40
21-44	108	14.1	1,103	0.4	7	80	10.5	835	0.3	41	197	25.8	1,999	0.4	35
45-64	39	15.4	372	0.3	10	36	14.2	366	0.4	61	78	30.7	774	0.4	36
65-74	1,771	17.1	19,928	0.5	11	651	6.3	7,289	0.2	19	779	7.5	8,515	0.2	12
75-84	2,041	17.1	22,421	0.5	10	878	7.4	9,487	0.1	12	1,081	9.1	11,630	0.2	8
85 and older	2,008	17.6	21,348	0.5	9	1,083	9.5	11,362	0.1	10	1,304	11.4	13,299	0.2	8
Male															
All Males	3,522	14.0	38,032	0.5	11	1,841	7.3	19,423	0.2	20	2,450	9.8	25,521	0.2	15
Male, Disabled															
All Ages	2,042	14.7	22,628	0.6	11	970	7.0	10,427	0.2	24	1,513	10.9	16,191	0.3	18
5 and younger	0	0.0	0	0.0	0	3	50.0	36	0.4	11	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	13.3	24	0.5	79	0	0.0	0	0.0	0
15-20	11	10.3	121	0.4	12	20	18.7	228	0.4	41	37	34.6	401	0.5	30
21-44	937	13.8	10,482	0.5	10	403	5.9	4,360	0.2	27	774	11.4	8,495	0.3	20
45-64	1,074	15.7	11,812	0.6	12	523	7.6	5,579	0.2	21	681	9.9	7,091	0.2	14
65-74	20	19.4	213	0.6	17	19	18.4	200	0.5	46	21	20.4	204	0.3	31
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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean	
		of Dual Benes		Rx per Benefit	Mean Rx \$		of Dual Benes		Rx per Benefit	Mean Rx \$		of Dual Benes		Rx per Benefit	Mean Rx \$
Male, Other Eligibles															
All Ages	1,480	13.1	15,404	0.5	10	871	7.7	8,996	0.2	16	937	8.3	9,330	0.2	10
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	3	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	26	25.0	230	0.6	8	25	24.0	233	0.5	59	45	43.3	428	0.3	29
45-64	16	13.9	130	0.6	7	23	20.0	199	0.4	34	21	18.3	202	0.3	31
65-74	614	12.3	6,626	0.5	10	339	6.8	3,731	0.2	17	313	6.3	3,319	0.2	10
75-84	517	13.3	5,378	0.5	10	271	7.0	2,802	0.2	12	300	7.7	2,949	0.2	8
85 and older	307	14.2	3,040	0.4	8	212	9.8	2,019	0.2	12	258	11.9	2,432	0.2	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,698	4.9	40,762	0.2	\$24	2,858	3.8	30,073	0.2	\$29	5,024	6.6	54,135	0.2	\$15
Female															
All Females	2,492	4.9	27,742	0.2	23	2,130	4.2	22,615	0.2	27	3,548	7.0	38,747	0.2	14
Female, Disabled															
All Ages	820	5.2	9,056	0.2	30	224	1.4	2,501	0.2	75	1,238	7.8	13,357	0.2	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	1.2	12	0.1	6	0	0.0	0	0.0	0	3	3.5	36	0.3	31
21-44	133	2.2	1,501	0.2	29	71	1.2	776	0.2	93	293	4.8	3,255	0.3	22
45-64	649	6.8	7,142	0.2	29	151	1.6	1,707	0.2	66	915	9.6	9,771	0.2	18
65-74	36	25.7	389	0.5	56	2	1.4	18	0.6	94	27	19.3	295	0.4	28
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
Female, Other Eligibles															
All Ages	1,672	4.8	18,686	0.2	20	1,906	5.5	20,114	0.2	22	2,310	6.7	25,390	0.2	12
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	18	2.4	178	0.3	31	18	2.4	203	0.2	63	40	5.2	416	0.5	40
45-64	25	9.8	239	0.5	56	5	2.0	43	0.3	32	37	14.6	331	0.5	39
65-74	679	6.6	7,663	0.2	24	216	2.1	2,328	0.2	25	964	9.3	10,807	0.2	14
75-84	581	4.9	6,556	0.1	15	688	5.8	7,320	0.2	22	754	6.3	8,443	0.1	8
85 and older	369	3.2	4,050	0.1	15	979	8.6	10,220	0.2	20	515	4.5	5,393	0.1	7
Male															
All Males	1,206	4.8	13,020	0.2	26	728	2.9	7,458	0.2	33	1,476	5.9	15,388	0.2	16
Male, Disabled															
All Ages	612	4.4	6,630	0.3	30	178	1.3	1,909	0.2	61	713	5.1	7,343	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	6.7	12	0.2	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	1.9	18	0.8	89	0	0.0	0	0.0	0	1	0.9	8	1.1	15
21-44	181	2.7	1,984	0.3	32	54	0.8	545	0.3	98	233	3.4	2,424	0.3	21
45-64	417	6.1	4,498	0.2	28	121	1.8	1,339	0.2	46	465	6.8	4,752	0.3	17
65-74	11	10.7	118	0.6	71	3	2.9	25	0.2	31	14	13.6	159	0.6	52
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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	594	5.3	6,390	0.2	22	550	4.9	5,549	0.2	24	763	6.8	8,045	0.2	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	14	13.5	145	0.3	27	4	3.8	45	0.2	22	16	15.4	173	0.5	51
45-64	12	10.4	117	0.4	52	3	2.6	24	0.1	6	8	7.0	35	0.6	32
65-74	300	6.0	3,328	0.2	27	109	2.2	1,096	0.2	23	376	7.5	4,060	0.2	14
75-84	188	4.9	2,025	0.1	15	231	6.0	2,419	0.2	24	254	6.6	2,704	0.2	9
85 and older	80	3.7	775	0.2	17	203	9.4	1,965	0.2	24	109	5.0	1,073	0.1	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC						
	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 Beneficiaries	Number of Benefit Months
All	5,976	7.9	64,225	0.2	\$10	3,967	5.2	41,823	0.2	\$16	75,689	794,768
Female												
All Females	4,174	8.3	45,199	0.2	10	2,641	5.2	28,082	0.2	15	50,572	536,910
Female, Disabled												
All Ages	1,182	7.4	12,866	0.3	14	1,045	6.6	11,252	0.2	16	15,866	169,413
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	2	50.0	24	0.2	4	4	100.0	48	0.4	28	4	48
15-20	8	9.4	94	0.2	5	11	12.9	131	0.5	27	85	961
21-44	286	4.7	3,121	0.3	15	357	5.9	3,937	0.2	14	6,072	65,609
45-64	848	8.9	9,211	0.3	13	651	6.8	6,915	0.2	16	9,564	101,478
65-74	38	27.1	416	0.6	38	22	15.7	221	0.4	44	140	1,305
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	2,992	8.6	32,333	0.2	8	1,596	4.6	16,830	0.2	14	34,706	367,497
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	1	6.7	12	0.1	3	15	146
21-44	42	5.5	454	0.3	19	37	4.8	405	0.2	25	765	7,559
45-64	30	11.8	257	0.6	31	21	8.3	174	0.3	31	254	2,397
65-74	1,011	9.8	11,164	0.2	11	566	5.5	6,219	0.2	18	10,339	112,003
75-84	971	8.1	10,675	0.1	7	453	3.8	4,919	0.1	10	11,921	128,673
85 and older	938	8.2	9,783	0.1	7	518	4.5	5,101	0.2	11	11,410	116,700
Male												
All Males	1,802	7.2	19,026	0.2	11	1,326	5.3	13,741	0.2	18	25,117	257,858
Male, Disabled												
All Ages	872	6.3	9,173	0.3	14	623	4.5	6,722	0.2	20	13,862	143,987
5 and younger	1	16.7	12	0.1	1	4	66.7	45	0.1	6	6	71
6-14	5	33.3	60	0.2	12	3	20.0	36	0.1	12	15	170
15-20	11	10.3	122	0.5	16	17	15.9	195	0.4	26	107	1,162
21-44	275	4.1	2,920	0.3	13	245	3.6	2,726	0.2	18	6,778	71,981
45-64	566	8.3	5,896	0.3	14	325	4.7	3,409	0.2	18	6,853	69,703
65-74	14	13.6	163	0.6	35	29	28.2	311	0.4	48	103	900
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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					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 Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean			
				Rx per Benefit Month	Mean Rx \$ per Benefit				Rx per Benefit Month	Mean Rx \$ per Benefit		
Male, Other Eligibles												
All Ages	930	8.3	9,853	0.2	9	703	6.2	7,019	0.2	16	11,255	113,871
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	50.0	12	0.3	14	0	0.0	0	0.0	0	2	24
21-44	24	23.1	218	0.4	22	12	11.5	111	0.1	9	104	795
45-64	16	13.9	141	0.5	23	1	0.9	12	0.3	23	115	786
65-74	420	8.4	4,574	0.2	10	351	7.0	3,632	0.2	19	4,992	52,135
75-84	294	7.6	3,143	0.2	6	198	5.1	2,027	0.2	11	3,873	39,483
85 and older	175	8.1	1,765	0.1	5	141	6.5	1,237	0.2	13	2,168	20,636
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$34	0.8	10,226	100,633
Age				
0-64	68	1.3	882	9,289
65-74	47	1.0	1,415	14,169
75-84	32	0.7	3,221	31,611
85 and older	24	0.6	4,708	45,564
Unknown	0	0.0	0	0
Gender				
Female	32	0.7	7,486	74,430
Male	40	0.8	2,740	26,203
Unknown	0	0.0	0	0
Race				
White	34	0.8	8,503	82,878
African American	34	0.7	1,569	16,270
Other/unknown	25	0.6	154	1,485
Basis of Eligibility^c				
Aged	30	0.7	9,319	91,129
Disabled	72	1.3	907	9,504
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 Medicaid Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

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	0.2	0.1	0.0	0.1	\$11	\$6	\$1	\$4	\$61	\$121	\$109	\$32	1,974	\$119,974	1,153	11.3	11,024
Biologicals	0.2	0.0	0.0	0.2	2	0	0	2	11	0	0	11	2	22	1	0.0	12
Antineoplastic Agents	0.2	0.0	0.0	0.2	21	8	0	14	116	655	0	80	485	56,460	288	2.8	2,652
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	12	8	1	2	50	99	86	17	4,151	207,183	1,754	17.2	17,848
Cardiovascular Agents	0.4	0.1	0.0	0.2	11	4	3	4	31	59	95	14	10,346	322,569	2,914	28.5	29,318
Respiratory Agents	0.2	0.1	0.0	0.1	10	7	1	2	48	100	38	20	2,945	141,852	1,371	13.4	14,096
Gastrointestinal Agents	0.2	0.1	0.0	0.1	13	10	0	2	58	129	93	16	4,333	250,816	1,902	18.6	19,455
Genitourinary Agents	0.2	0.1	0.0	0.0	13	10	2	1	70	82	96	29	1,333	93,297	681	6.7	6,989
CNS Drugs	0.5	0.1	0.0	0.4	23	15	1	7	44	136	82	18	24,097	1,054,239	4,410	43.1	44,898
Stimulants/Anti-obesity/Anorexia	0.2	0.1	0.0	0.1	16	13	0	3	66	132	12	21	54	3,566	21	0.2	228
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	32	32	0	0	138	138	0	66	2,604	359,916	1,122	11.0	11,322
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	7	3	0	4	32	117	51	22	3,034	96,651	1,348	13.2	13,258
Neuromuscular Agents	0.4	0.1	0.0	0.4	16	8	0	8	38	120	56	23	6,617	253,031	1,486	14.5	15,440
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	19	18	41	19	2,160	40,439	1,197	11.7	11,805
Hematological Agents	0.5	0.0	0.0	0.5	12	8	0	4	25	192	16	9	11,189	274,205	2,138	20.9	21,994
Topical Products	0.2	0.1	0.0	0.1	10	5	3	2	53	76	66	24	1,874	99,838	1,011	9.9	10,038
Miscellaneous Products	0.2	0.0	0.0	0.1	21	18	0	3	120	566	0	19	81	9,734	50	0.5	468
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	30	0	0	0	53	1,573	45	0.4	436
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.	77,332	3,385,365	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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 2006. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Number of Users	Users				Among Users	
			As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$512,332	1,242	12.1	13,146	0.2	\$165	\$39	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	359,916	1,306	12.8	13,580	0.2	138	27	
ANTIANKXIETY AGENTS	263,783	2,427	23.7	25,167	0.6	19	10	
ANTIDEPRESSANTS	223,245	2,148	21.0	22,141	0.2	52	10	
ANTICONVULSANT	192,254	1,312	12.8	14,023	0.4	35	14	
ULCER DRUGS	188,254	1,487	14.5	15,505	0.2	66	12	
HEMATOPOIETIC AGENTS	152,688	1,480	14.5	15,810	0.6	16	10	
ANTIHYPERLIPIDEMIC	110,162	539	5.3	5,728	0.2	108	19	
ANTIDIABETIC	105,033	859	8.4	9,068	0.2	58	12	
ANTIASTHMATIC	101,610	862	8.4	8,626	0.2	73	12	
Total	2,209,277	13,662	n.a.	142,794	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	46,178	\$2,209,277	1,242	12.1	13,146	0.2	\$39	1,306	12.8	13,580	0.2	\$27					
Female																	
All Females	33,441	1,536,958	855	11.4	9,103	0.2	35	996	13.3	10,480	0.2	26					
Female, Disabled																	
All Ages	3,562	232,446	80	18.9	917	0.3	57	33	7.8	375	0.3	109					
64 or younger	3,357	221,644	78	18.9	895	0.3	57	32	7.8	369	0.3	110					
65-74	205	10,802	2	16.7	22	1.5	28	1	8.3	6	0.2	26					
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	29,879	1,304,512	775	11.0	8,186	0.2	32	963	13.6	10,105	0.2	23					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	4,963	270,125	140	17.7	1,523	0.3	62	87	11.0	930	0.2	28					
75-84	11,087	488,669	289	12.3	3,140	0.2	27	360	15.3	3,802	0.2	24					
85 and older	13,829	545,718	346	8.8	3,523	0.2	24	516	13.2	5,373	0.2	21					
Male																	
All Males	12,737	672,319	387	14.1	4,043	0.3	49	310	11.3	3,100	0.2	29					
Male, Disabled																	
All Ages	3,854	234,674	102	21.1	1,123	0.3	79	30	6.2	320	0.2	51					
64 or younger	3,676	216,673	97	20.6	1,070	0.3	78	28	6.0	300	0.2	54					
65-74	178	18,001	5	38.5	53	0.5	95	2	15.4	20	0.1	15					
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	8,883	437,645	285	12.6	2,920	0.2	37	280	12.4	2,780	0.2	26					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	2,898	147,058	93	15.6	1,015	0.2	45	50	8.4	473	0.2	29					
75-84	3,225	163,880	109	12.6	1,050	0.2	39	115	13.3	1,232	0.2	24					
85 and older	2,760	126,707	83	10.5	855	0.2	24	115	14.5	1,075	0.2	28					
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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 2006. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year		Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year		Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year		Mean Number of Rx	Mean Rx \$
		Nursing Facility Residents	Number of Benefit Months Among Users				Nursing Facility Residents	Number of Benefit Months Among Users				Nursing Facility Residents	Number of Benefit Months Among Users		
All	2,427	23.7	25,167	0.6	\$11	2,148	21.0	22,141	0.2	\$10	1,312	12.8	14,023	0.4	\$14
Female															
All Females	1,821	24.3	19,007	0.6	10	1,615	21.6	16,791	0.2	10	882	11.8	9,466	0.4	13
Female, Disabled															
All Ages	146	34.4	1,566	0.7	14	128	30.2	1,410	0.3	19	133	31.4	1,492	0.5	17
64 or younger	139	33.7	1,511	0.7	14	116	28.2	1,298	0.3	17	128	31.1	1,454	0.5	17
65-74	7	58.3	55	0.7	13	12	100.0	112	0.4	39	5	41.7	38	0.8	13
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
Female, Other Eligibles															
All Ages	1,675	23.7	17,441	0.6	10	1,487	21.1	15,381	0.2	9	749	10.6	7,974	0.4	12
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	232	29.3	2,444	0.6	12	192	24.2	2,029	0.2	13	164	20.7	1,787	0.5	17
75-84	595	25.3	6,275	0.6	10	563	23.9	5,931	0.2	9	329	14.0	3,460	0.4	12
85 and older	848	21.7	8,722	0.5	9	732	18.7	7,421	0.2	8	256	6.5	2,727	0.3	9
Male															
All Males	606	22.1	6,160	0.6	11	533	19.5	5,350	0.2	10	430	15.7	4,557	0.4	16
Male, Disabled															
All Ages	146	30.2	1,571	0.7	15	111	23.0	1,222	0.3	16	160	33.1	1,767	0.5	20
64 or younger	144	30.6	1,550	0.7	15	105	22.3	1,161	0.3	16	151	32.1	1,674	0.5	20
65-74	2	15.4	21	0.5	4	6	46.2	61	0.4	33	9	69.2	93	0.5	30
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
Male, Other Eligibles															
All Ages	460	20.4	4,589	0.5	10	422	18.7	4,128	0.2	8	270	12.0	2,790	0.3	13
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	121	20.2	1,242	0.6	11	115	19.2	1,218	0.2	10	119	19.9	1,307	0.3	12
75-84	182	21.0	1,833	0.5	10	151	17.4	1,463	0.2	8	95	11.0	957	0.3	13
85 and older	157	19.8	1,514	0.5	9	156	19.7	1,447	0.2	8	56	7.1	526	0.3	13
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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 2006. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ULCER DRUGS					HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,487	14.5	15,505	0.2	\$12	1,480	14.5	15,810	0.6	\$10	539	5.3	5,728	0.2	\$19
Female															
All Females	1,085	14.5	11,409	0.2	12	1,119	14.9	12,092	0.6	10	362	4.8	3,887	0.2	18
Female, Disabled															
All Ages	83	19.6	923	0.3	20	55	13.0	630	0.7	23	42	9.9	468	0.2	28
64 or younger	79	19.2	891	0.3	20	52	12.6	609	0.7	23	40	9.7	446	0.2	26
65-74	4	33.3	32	0.4	18	3	25.0	21	0.8	49	2	16.7	22	0.5	59
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
Female, Other Eligibles															
All Ages	1,002	14.2	10,486	0.2	11	1,064	15.1	11,462	0.6	9	320	4.5	3,419	0.2	17
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	120	15.2	1,311	0.2	14	113	14.3	1,262	0.6	9	58	7.3	637	0.2	18
75-84	347	14.7	3,561	0.2	11	362	15.4	3,888	0.6	11	136	5.8	1,436	0.2	16
85 and older	535	13.7	5,614	0.2	10	589	15.0	6,312	0.6	9	126	3.2	1,346	0.2	18
Male															
All Males	402	14.7	4,096	0.2	14	361	13.2	3,718	0.6	8	177	6.5	1,841	0.2	21
Male, Disabled															
All Ages	101	20.9	1,126	0.3	16	55	11.4	623	0.7	6	38	7.9	437	0.3	24
64 or younger	95	20.2	1,063	0.3	14	55	11.7	623	0.7	6	38	8.1	437	0.2	22
65-74	6	46.2	63	0.6	53	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	301	13.3	2,970	0.2	13	306	13.6	3,095	0.6	8	139	6.2	1,404	0.2	20
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	78	13.0	817	0.2	11	93	15.6	967	0.6	5	49	8.2	517	0.2	22
75-84	113	13.0	1,122	0.2	13	95	11.0	974	0.6	11	52	6.0	513	0.2	19
85 and older	110	13.9	1,031	0.2	14	118	14.9	1,154	0.6	9	38	4.8	374	0.2	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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 2006. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	ANTI-DIABETIC						ANTI-ASTHMATIC						
	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	Benefit Months Among All-Year Nursing Facility Residents
All	859	8.4	9,068	0.2	\$12		862	8.4	8,626	0.2	\$12	10,226	100,633
Female													
All Females	590	7.9	6,281	0.2	11		600	8.0	6,103	0.2	12	7,486	74,430
Female, Disabled													
All Ages	53	12.5	583	0.3	23		50	11.8	553	0.1	12	424	4,489
64 or younger	49	11.9	539	0.3	23		46	11.2	524	0.1	12	412	4,390
65-74	4	33.3	44	0.5	27		4	33.3	29	0.1	13	12	99
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	537	7.6	5,698	0.2	9		550	7.8	5,550	0.2	12	7,062	69,941
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
65-74	98	12.4	1,095	0.2	10		74	9.3	722	0.2	14	792	8,063
75-84	230	9.8	2,448	0.2	10		182	7.7	1,932	0.1	10	2,354	23,414
85 and older	209	5.3	2,155	0.2	8		294	7.5	2,896	0.2	12	3,916	38,464
Male													
All Males	269	9.8	2,787	0.2	14		262	9.6	2,523	0.2	12	2,740	26,203
Male, Disabled													
All Ages	57	11.8	650	0.3	21		36	7.5	357	0.2	14	483	5,015
64 or younger	56	11.9	640	0.3	17		33	7.0	326	0.2	14	470	4,899
65-74	1	7.7	10	2.4	279		3	23.1	31	0.1	15	13	116
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	212	9.4	2,137	0.2	11		226	10.0	2,166	0.2	12	2,257	21,188
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
65-74	81	13.5	839	0.2	14		68	11.4	701	0.2	13	598	5,891
75-84	80	9.2	792	0.2	10		79	9.1	746	0.2	11	867	8,197
85 and older	51	6.4	506	0.1	8		79	10.0	719	0.2	12	792	7,100
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.
 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 2006. A total of 6,646 beneficiaries who were in nursing facilities for part of their enrollment and their 67,539 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
ARKANSAS, 2006

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
All	19,977	26.4	1.5	114,831	\$28	\$2,152,269	\$19	11.0	75,689
Age									
5 and younger	8	88.9	9.9	89	268	2,414	27	19.9	9
6-14	12	60.0	7.5	149	81	1,611	11	2.2	20
15-20	51	24.4	1.2	245	40	8,318	34	2.1	209
21-44	3,526	25.7	1.6	21,332	33	456,595	21	7.6	13,719
45-64	5,003	29.8	1.9	32,713	36	607,359	19	11.2	16,786
65-74	3,603	23.1	1.4	21,667	25	390,477	18	11.8	15,574
75-84	4,020	25.5	1.4	21,576	25	387,956	18	17.0	15,794
85 and older	3,754	27.6	1.3	17,060	22	297,539	17	14.4	13,578
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	11,294	25.3	1.3	59,716	24	1,064,676	18	14.4	44,678
Disabled	8,395	28.2	1.8	53,777	36	1,061,449	20	9.4	29,728
Adults	265	21.4	1.0	1,228	19	23,524	19	2.9	1,238
Children	3	37.5	3.5	28	80	638	23	6.5	8
Unknown	20	54.1	2.2	82	54	1,982	24	2.3	37
Gender									
Female	14,308	28.3	1.6	80,010	30	1,512,363	19	12.4	50,572
Male	5,669	22.6	1.4	34,821	25	639,906	18	8.7	25,117
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	15,078	29.9	1.8	91,360	35	1,747,477	19	12.7	50,344
African American	3,578	18.5	0.8	16,193	14	277,571	17	6.2	19,332
Other/unknown	1,321	22.0	1.2	7,278	21	127,221	17	9.2	6,013
Use of Nursing Facilities^d									
Entire year	3,889	38.0	2.3	23,013	40	411,119	18	12.1	10,226
Part year	2,597	39.1	2.0	13,184	37	244,066	19	12.9	6,646
None	13,491	22.9	1.3	78,634	25	1,497,084	19	10.4	58,817
Maintenance Assistance Status									
Cash	10,625	24.6	1.5	62,831	28	1,212,268	19	10.7	43,157
Medically needy	308	20.1	0.7	1,025	14	20,735	20	3.4	1,532
Poverty related	766	14.6	0.7	3,722	12	64,670	17	9.8	5,245
Other/unknown	8,278	32.1	1.8	47,253	33	854,596	18	12.2	25,755

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARKANSAS, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$3	\$19	\$0	\$2	794,768
Age						
5 and younger	0.9	24	27	0	0	102
6-14	0.6	7	11	0	0	230
15-20	0.1	4	34	0	1	2,293
21-44	0.1	3	21	0	2	145,944
45-64	0.2	3	19	0	3	174,364
65-74	0.1	2	18	0	2	166,343
75-84	0.1	2	18	0	2	168,156
85 and older	0.1	2	17	0	2	137,336
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	2	18	0	2	469,477
Disabled	0.2	3	20	0	3	313,400
Adults	0.1	2	19	0	2	11,470
Children	0.4	8	23	0	0	76
Unknown	0.2	6	24	0	3	345
Gender						
Female	0.1	3	19	0	2	536,910
Male	0.1	2	18	0	2	257,858
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	19	0	3	522,344
African American	0.1	1	17	0	1	208,130
Other/unknown	0.1	2	17	0	2	64,294
Use of Nursing Facilities^d						
Entire year	0.2	4	18	0	3	100,633
Part year	0.2	4	19	0	3	67,539
None	0.1	2	19	0	2	626,596
Maintenance Assistance Status						
Cash	0.1	3	19	0	2	474,028
Medically needy	0.2	3	20	0	3	6,125
Poverty related	0.1	1	17	0	1	55,916
Other/unknown	0.2	3	18	0	3	258,699

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
ARKANSAS, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
All	22,392	\$96	\$2,152,269	100.0	114,831	\$19	100.0
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	0	0	0	0.0	0	0	0.0
Cough and cold medications	1,155	41	46,793	2.2	2,127	22	1.9
Vitamins and minerals	3,220	37	119,575	5.6	5,965	20	5.2
Non-prescription drugs	2,019	38	75,935	3.5	6,671	11	5.8
Barbiturates	674	81	54,519	2.5	6,216	9	5.4
Benzodiazepines	14,850	118	1,758,391	81.7	92,566	19	80.6
Other Part D Excl Rx Drugs	474	205	97,056	4.5	1,286	75	1.1

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ARKANSAS, 2006

Total Number of Dual Eligible Beneficiaries: 75,689
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$19,607,074
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$259

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	36,612	48.4	\$0	0.0
1-500	30,589	40.4	4,497,858	22.9
501-1,000	4,256	5.6	2,978,183	15.2
1,001-1,500	1,539	2.0	1,875,785	9.6
1,501-2,000	756	1.0	1,301,951	6.6
2,001-2,500	449	0.6	997,273	5.1
2,501-3,000	338	0.4	924,905	4.7
3,001-3,500	253	0.3	817,393	4.2
3,501-4,000	174	0.2	648,097	3.3
4,001-4,500	124	0.2	523,636	2.7
4,501-5,000	95	0.1	448,745	2.3
5,001-5,500	74	0.1	386,878	2.0
5,501-6,000	56	0.1	321,456	1.6
6,001-6,500	52	0.1	324,884	1.7
6,501-7,000	47	0.1	316,453	1.6
7,001-7,500	40	0.1	289,339	1.5
7,501-8,000	25	0.0	193,562	1.0
8,001-8,500	26	0.0	213,987	1.1
8,501-9,000	17	0.0	147,936	0.8
9,001-9,500	23	0.0	212,649	1.1
9,501-10,000	17	0.0	166,357	0.8
10,001+	127	0.2	2,019,747	10.3

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ARKANSAS, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 29,485
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$11,037,227
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$374

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	13,542	45.9	\$0	0.0
1-500	11,623	39.4	1,765,607	16.0
501-1,000	1,819	6.2	1,283,945	11.6
1,001-1,500	817	2.8	997,313	9.0
1,501-2,000	428	1.5	737,397	6.7
2,001-2,500	267	0.9	592,360	5.4
2,501-3,000	213	0.7	583,645	5.3
3,001-3,500	167	0.6	539,074	4.9
3,501-4,000	109	0.4	404,543	3.7
4,001-4,500	79	0.3	334,222	3.0
4,501-5,000	57	0.2	269,797	2.4
5,001-5,500	48	0.2	250,572	2.3
5,501-6,000	31	0.1	177,744	1.6
6,001-6,500	38	0.1	237,325	2.2
6,501-7,000	30	0.1	201,977	1.8
7,001-7,500	30	0.1	216,876	2.0
7,501-8,000	14	0.0	108,943	1.0
8,001-8,500	19	0.1	156,693	1.4
8,501-9,000	15	0.1	130,461	1.2
9,001-9,500	17	0.1	157,264	1.4
9,501-10,000	13	0.0	127,332	1.2
10,001+	109	0.4	1,764,137	16.0

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ARKANSAS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 44,946
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$7,663,286
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$170

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	22,392	49.8	\$0	0.0
1-500	18,723	41.7	2,682,963	35.0
501-1,000	2,345	5.2	1,628,195	21.2
1,001-1,500	671	1.5	814,882	10.6
1,501-2,000	291	0.6	501,509	6.5
2,001-2,500	144	0.3	319,122	4.2
2,501-3,000	107	0.2	292,264	3.8
3,001-3,500	63	0.1	203,436	2.7
3,501-4,000	50	0.1	187,551	2.4
4,001-4,500	28	0.1	117,999	1.5
4,501-5,000	28	0.1	131,776	1.7
5,001-5,500	17	0.0	89,119	1.2
5,501-6,000	16	0.0	91,890	1.2
6,001-6,500	12	0.0	74,823	1.0
6,501-7,000	14	0.0	94,189	1.2
7,001-7,500	10	0.0	72,463	0.9
7,501-8,000	8	0.0	61,616	0.8
8,001-8,500	6	0.0	49,142	0.6
8,501-9,000	2	0.0	17,475	0.2
9,001-9,500	6	0.0	55,385	0.7
9,501-10,000	2	0.0	19,705	0.3
10,001+	11	0.0	157,782	2.1

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ARKANSAS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 15,574
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,314,763
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$212

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,370	53.7	\$0	0.0
1-500	5,738	36.8	836,202	25.2
501-1,000	725	4.7	510,835	15.4
1,001-1,500	278	1.8	341,534	10.3
1,501-2,000	124	0.8	215,543	6.5
2,001-2,500	74	0.5	166,530	5.0
2,501-3,000	66	0.4	181,527	5.5
3,001-3,500	44	0.3	141,900	4.3
3,501-4,000	34	0.2	128,452	3.9
4,001-4,500	21	0.1	89,193	2.7
4,501-5,000	22	0.1	103,637	3.1
5,001-5,500	13	0.1	68,446	2.1
5,501-6,000	11	0.1	63,181	1.9
6,001-6,500	6	0.0	37,258	1.1
6,501-7,000	12	0.1	80,936	2.4
7,001-7,500	9	0.1	65,330	2.0
7,501-8,000	7	0.0	54,088	1.6
8,001-8,500	3	0.0	24,614	0.7
8,501-9,000	2	0.0	17,475	0.5
9,001-9,500	4	0.0	36,678	1.1
9,501-10,000	2	0.0	19,705	0.6
10,001+	9	0.1	131,699	4.0

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ARKANSAS, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 15,794
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,281,202
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$144

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,036	50.9	\$0	0.0
1-500	6,561	41.5	937,968	41.1
501-1,000	809	5.1	562,396	24.7
1,001-1,500	181	1.1	221,191	9.7
1,501-2,000	88	0.6	150,576	6.6
2,001-2,500	44	0.3	96,140	4.2
2,501-3,000	24	0.2	64,488	2.8
3,001-3,500	16	0.1	52,066	2.3
3,501-4,000	10	0.1	36,599	1.6
4,001-4,500	4	0.0	16,636	0.7
4,501-5,000	2	0.0	9,580	0.4
5,001-5,500	2	0.0	10,458	0.5
5,501-6,000	4	0.0	22,927	1.0
6,001-6,500	5	0.0	31,368	1.4
6,501-7,000	2	0.0	13,253	0.6
7,001-7,500	1	0.0	7,133	0.3
7,501-8,000	0	0.0	0	0.0
8,001-8,500	2	0.0	16,257	0.7
8,501-9,000	0	0.0	0	0.0
9,001-9,500	2	0.0	18,707	0.8
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	13,459	0.6

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARKANSAS, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,578
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,067,321
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$152

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,986	44.1	\$0	0.0
1-500	6,424	47.3	908,793	44.0
501-1,000	811	6.0	554,964	26.8
1,001-1,500	212	1.6	252,157	12.2
1,501-2,000	79	0.6	135,390	6.5
2,001-2,500	26	0.2	56,452	2.7
2,501-3,000	17	0.1	46,249	2.2
3,001-3,500	3	0.0	9,470	0.5
3,501-4,000	6	0.0	22,500	1.1
4,001-4,500	3	0.0	12,170	0.6
4,501-5,000	4	0.0	18,559	0.9
5,001-5,500	2	0.0	10,215	0.5
5,501-6,000	1	0.0	5,782	0.3
6,001-6,500	1	0.0	6,197	0.3
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,528	0.4
8,001-8,500	1	0.0	8,271	0.4
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	12,624	0.6

Source: Data for this table are from the MAX 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

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
All	75,689	44,678	29,728	1,238	8	37	794,768	469,477	313,400	11,470	76	345
Age												
5 and younger	9	0	7	0	2	0	102	0	83	0	19	0
6-14	20	0	19	0	1	0	230	0	218	0	12	0
15-20	209	0	192	12	5	0	2,293	0	2,123	125	45	0
21-44	13,719	0	12,850	866	0	3	145,944	0	137,590	8,328	0	26
45-64	16,786	0	16,417	339	0	30	174,364	0	171,181	2,891	0	292
65-74	15,574	15,309	243	18	0	4	166,343	163,999	2,205	112	0	27
75-84	15,794	15,791	0	3	0	0	168,156	168,142	0	14	0	0
85 and older	13,578	13,578	0	0	0	0	137,336	137,336	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	50,572	33,656	15,866	1,008	5	37	536,910	357,264	169,413	9,848	40	345
Male	25,117	11,022	13,862	230	3	0	257,858	112,213	143,987	1,622	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	50,344	30,237	19,199	876	7	25	522,344	312,102	201,916	8,028	64	234
African American	19,332	10,916	8,068	336	1	11	208,130	118,896	85,933	3,190	12	99
Other/unknown	6,013	3,525	2,461	26	0	1	64,294	38,479	25,551	252	0	12
Use of Nursing Facilities^c												
Entire year	10,226	9,319	907	0	0	0	100,633	91,129	9,504	0	0	0
Part year	6,646	5,957	689	0	0	0	67,539	60,291	7,248	0	0	0
None	58,817	29,402	28,132	1,238	8	37	626,596	318,057	296,648	11,470	76	345
Maintenance Assistance Status												
Cash	43,157	19,971	22,844	342	0	0	474,028	223,966	246,760	3,302	0	0
Medically needy	1,532	297	1,049	186	0	0	6,125	950	4,121	1,054	0	0
Poverty related	5,245	4,483	666	52	7	37	55,916	49,519	5,594	389	69	345
Other/unknown	25,755	19,927	5,169	658	1	0	258,699	195,042	56,925	6,725	7	0
Dual Status^d												
Full dual, all year	69,661	39,617	28,788	1,211	8	37	729,595	412,796	305,187	11,191	76	345
Full dual, part year	6,028	5,061	940	27	0	0	65,173	56,681	8,213	279	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	75,689	44,678	29,728	1,238	8	37	794,768	469,477	313,400	11,470	76	345
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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 2006. 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^a
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	75,689	794,768	75,689	794,768	0	0
Fee-for-service (FFS) all year	75,689	794,768	75,689	794,768	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 2006 file for Arkansas, released by CMS in 9/2009. This table was produced on 02/09/2010.

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 Medicaid Beneficiaries