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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
ARKANSAS

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ARKANSAS, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	766182 (A)	119244 (E)	646938 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	721723 (B)	76091 (F)	645632 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	721723 (C)	76091 (G)	645632 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	10871 (D)	10092 (H)	779 (L)

Source: Data for this table are from the MAX 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Arkansas in 2007 was $319,177,665, of which $6,267,831 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

All Medicaid Beneficiaries

TABLE 2

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

ARKANSAS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**721,723**	**46,806**	**103,477**	**134,149**	**436,525**	**766**	**7,129,700**	**487,372**	**1,087,969**	**1,156,418**	**4,391,943**	**5,998**
Age												
5 and younger	163,198	0	6,945	56	156,197	0	1,596,269	0	73,507	481	1,522,281	0
6-14	201,580	0	14,453	143	186,984	0	2,133,397	0	162,026	1,205	1,970,166	0
15-20	110,686	0	9,418	8,471	92,787	10	1,065,503	0	102,681	65,572	897,180	70
21-44	152,562	0	32,498	119,241	555	268	1,386,994	0	343,963	1,038,619	2,305	2,107
45-64	46,742	0	40,055	6,220	0	467	459,579	0	405,425	50,449	0	3,705
65-74	16,820	16,675	108	16	0	21	177,374	176,817	367	74	0	116
75-84	16,062	16,060	0	2	0	0	169,796	169,778	0	18	0	0
85 and older	14,071	14,071	0	0	0	0	140,777	140,777	0	0	0	0
Unknown	2	0	0	0	2	0	11	0	0	0	11	0
Gender												
Female	439,818	34,826	51,939	130,890	221,397	766	4,292,165	366,603	552,785	1,134,946	2,231,833	5,998
Male	281,712	11,971	51,532	3,249	214,960	0	2,835,403	120,661	535,118	21,381	2,158,243	0
Unknown	193	9	6	10	168	0	2,132	108	66	91	1,867	0
Race												
White	393,732	29,030	50,301	77,236	236,696	469	4,010,679	308,974	542,379	687,028	2,468,311	3,987
African American	194,425	11,098	27,076	39,330	116,795	126	2,013,190	122,017	297,012	361,832	1,231,277	1,052
Other/unknown	133,566	6,678	26,100	17,583	83,034	171	1,105,831	56,381	248,578	107,558	692,355	959
Use of Nursing Facilities[c]												
Entire year	10,871	9,341	1,530	0	0	0	106,704	90,928	15,776	0	0	0
Part year	7,090	5,959	1,128	2	0	1	72,567	60,562	11,977	22	0	6
None	703,762	31,506	100,819	134,147	436,525	765	6,950,429	335,882	1,060,216	1,156,396	4,391,943	5,992
Maintenance Assistance Status												
Cash	148,200	20,222	89,555	17,820	20,603	0	1,543,664	227,287	960,211	152,878	203,288	0
Medically needy	8,037	287	2,630	4,099	1,021	0	47,544	1,098	10,364	26,590	9,492	0
Poverty-related	331,782	5,671	1,180	22,800	301,365	766	3,252,346	58,644	9,233	143,481	3,034,990	5,998
Other/unknown	233,704	20,626	10,112	89,430	113,536	0	2,286,146	200,343	108,161	833,469	1,144,173	0
Dual Medicare Status[d]												
Full dual, all year	72,791	43,006	28,615	1,089	15	66	768,114	450,088	307,549	9,858	140	479
Full dual, part year	3,300	1,821	1,452	27	0	0	30,027	17,851	11,887	289	0	0
Non-dual, all year	645,632	1,979	73,410	133,033	436,510	700	6,331,559	19,433	768,533	1,146,271	4,391,803	5,519
Managed Care (MC) Status												
Fee-for-service (FFS) all year	721,723	46,806	103,477	134,149	436,525	766	7,129,700	487,372	1,087,969	1,156,418	4,391,943	5,998
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3

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

ARKANSAS, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**59.4**	**6.1**	**$434**	**$71**	**$4,276**	**10.1**	**721,723**
Age							
5 and younger	74.6	5.5	263	48	3,002	8.8	163,198
6-14	65.7	5.4	438	81	2,196	20.0	201,580
15-20	59.5	5.3	432	81	2,884	15.0	110,686
21-44	43.5	5.4	429	80	3,517	12.2	152,562
45-64	61.1	17.5	1,315	75	11,258	11.7	46,742
65-74	30.5	4.6	240	52	12,768	1.9	16,820
75-84	27.1	2.9	100	35	16,437	0.6	16,062
85 and older	29.9	2.7	81	30	20,784	0.4	14,071
Unknown	50.0	4.0	115	29	218	52.8	2
Basis of Eligibility[e]							
Aged	29.1	3.4	143	42	16,454	0.9	46,806
Disabled	69.2	16.3	1,607	99	12,615	12.7	103,477
Adults	37.8	3.2	156	49	1,197	13.0	134,149
Children	67.0	4.8	270	56	1,923	14.1	436,525
Unknown	86.2	14.7	1,307	89	13,827	9.5	766
Gender							
Female	56.2	5.8	365	63	3,997	9.1	439,818
Male	64.6	6.5	540	83	4,713	11.5	281,712
Unknown	35.2	1.8	87	47	1,848	4.7	193
Race							
White	62.3	6.9	488	71	4,577	10.7	393,732
African American	55.5	5.2	349	67	3,833	9.1	194,425
Other/unknown	56.5	5.0	397	79	4,031	9.8	133,566
Use of Nursing Facilities[f]							
Entire year	49.3	11.1	600	54	39,085	1.5	10,871
Part year	49.4	9.5	556	59	31,093	1.8	7,090
None	59.7	6.0	430	72	3,468	12.4	703,762
Maintenance Assistance Status							
Cash	64.0	12.7	1,148	91	8,347	13.7	148,200
Medically needy	61.5	7.0	517	74	6,317	8.2	8,037
Poverty related	67.0	4.8	252	53	2,148	11.7	331,782
Other/unknown	45.7	3.7	236	64	4,644	5.1	233,704

Source: Data for this table are from the MAX 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

ARKANSAS, 2007

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	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	**0.6**	**$44**	**10.1**	**40.6**	**48.2**	**5.6**	**4.7**	**0.9**	**0.1**	**$433**	**721,723**	**7,129,700**
Age												
5 and younger	0.6	27	8.8	25.4	66.2	6.2	2.0	0.2	0.0	307	163,198	1,596,269
6-14	0.5	41	20.0	34.3	57.0	5.1	3.2	0.4	0.0	208	201,580	2,133,397
15-20	0.6	45	15.0	40.5	50.1	5.4	3.4	0.5	0.0	300	110,686	1,065,503
21-44	0.6	47	12.2	56.5	31.6	5.4	5.7	0.8	0.0	387	152,562	1,386,994
45-64	1.8	134	11.7	38.9	22.1	10.2	21.7	6.6	0.5	1,145	46,742	459,579
65-74	0.4	23	1.9	69.5	22.1	3.2	3.9	1.1	0.3	1,211	16,820	177,374
75-84	0.3	10	0.6	72.9	22.6	1.8	1.6	0.8	0.3	1,555	16,062	169,796
85 and older	0.3	8	0.4	70.1	25.2	2.0	1.5	1.0	0.2	2,077	14,071	140,777
Unknown	0.7	21	52.8	50.0	50.0	0.0	0.0	0.0	0.0	40	2	11
Basis of Eligibility[e]												
Aged	0.3	14	0.9	70.9	23.2	2.3	2.4	0.9	0.2	1,580	46,806	487,372
Disabled	1.6	153	12.7	30.8	33.8	11.6	18.6	4.9	0.4	1,200	103,477	1,087,969
Adults	0.4	18	13.0	62.2	30.8	3.8	2.9	0.2	0.0	139	134,149	1,156,418
Children	0.5	27	14.1	33.0	59.6	5.1	2.1	0.2	0.0	191	436,525	4,391,943
Unknown	1.9	167	9.5	13.8	37.5	22.1	24.7	2.0	0.0	1,766	766	5,998
Gender												
Female	0.6	37	9.1	43.8	45.5	5.2	4.5	0.9	0.1	410	439,818	4,292,165
Male	0.6	54	11.5	35.4	52.4	6.3	4.9	0.9	0.1	468	281,712	2,835,403
Unknown	0.2	8	4.7	64.8	33.7	1.6	0.0	0.0	0.0	167	193	2,132
Race												
White	0.7	48	10.7	37.7	49.8	6.2	5.3	1.0	0.1	449	393,732	4,010,679
African American	0.5	34	9.1	44.5	46.7	4.6	3.5	0.6	0.1	370	194,425	2,013,190
Other/unknown	0.6	48	9.8	43.5	45.7	5.3	4.4	0.9	0.1	487	133,566	1,105,831
Use of Nursing Facilities[f]												
Entire year	1.1	61	1.5	50.7	32.3	4.6	4.8	5.0	2.5	3,982	10,871	106,704
Part year	0.9	54	1.8	50.6	36.1	3.7	4.1	4.0	1.4	3,038	7,090	72,567
None	0.6	44	12.4	40.3	48.6	5.7	4.7	0.8	0.0	351	703,762	6,950,429
Maintenance Assistance Status												
Cash	1.2	110	13.7	36.0	36.6	9.8	14.2	3.3	0.2	801	148,200	1,543,664
Medically needy	1.2	87	8.2	38.5	30.9	13.7	15.5	1.4	0.0	1,068	8,037	47,544
Poverty related	0.5	26	11.7	33.0	59.5	5.3	2.1	0.1	0.0	219	331,782	3,252,346
Other/unknown	0.4	24	5.1	54.3	40.2	3.1	1.9	0.4	0.1	475	233,704	2,286,146

Source: Data for this table are from the MAX 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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 5

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

ARKANSAS, 2007

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**0.6**	**$44**	**$71**	**0.2**	**$33**	**$162**	**0.0**	**$2**	**$69**	**0.4**	**$9**	**$24**
Age												
5 and younger	0.6	27	48	0.1	16	117	0.0	2	45	0.4	8	22
6-14	0.5	41	81	0.2	33	148	0.0	2	78	0.3	7	25
15-20	0.6	45	81	0.2	36	183	0.0	2	92	0.3	8	23
21-44	0.6	47	80	0.2	36	193	0.0	2	99	0.4	10	25
45-64	1.8	134	75	0.5	98	182	0.1	6	77	1.2	30	26
65-74	0.4	23	52	0.1	15	153	0.0	1	68	0.3	7	21
75-84	0.3	10	35	0.0	5	115	0.0	0	61	0.2	4	17
85 and older	0.3	8	30	0.0	4	107	0.0	0	58	0.2	4	15
Unknown	0.7	21	29	0.0	0	0	0.2	3	19	0.5	18	32
Basis of Eligibility[d]												
Aged	0.3	14	42	0.1	8	134	0.0	1	65	0.3	5	18
Disabled	1.6	153	99	0.5	122	223	0.1	6	92	0.9	25	27
Adults	0.4	18	49	0.1	12	111	0.0	1	75	0.3	6	22
Children	0.5	27	56	0.2	19	120	0.0	2	55	0.3	7	22
Unknown	1.9	167	89	0.6	128	215	0.0	3	69	1.2	35	29
Gender												
Female	0.6	37	63	0.2	27	148	0.0	2	68	0.4	9	23
Male	0.6	54	83	0.2	42	178	0.0	2	70	0.4	9	25
Unknown	0.2	8	47	0.1	5	92	0.0	0	34	0.1	3	24
Race												
White	0.7	48	71	0.2	36	158	0.0	2	72	0.4	10	24
African American	0.5	34	67	0.2	25	157	0.0	2	63	0.3	7	22
Other/unknown	0.6	48	79	0.2	37	187	0.0	2	67	0.4	9	24
Use of Nursing Facilities[e]												
Entire year	1.1	61	54	0.3	43	158	0.0	2	67	0.8	16	20
Part year	0.9	54	59	0.2	38	171	0.0	2	83	0.7	14	21
None	0.6	44	72	0.2	33	162	0.0	2	69	0.4	9	24
Maintenance Assistance Status												
Cash	1.2	110	91	0.4	86	212	0.0	4	88	0.8	20	26
Medically needy	1.2	87	74	0.3	64	197	0.0	3	75	0.8	20	25
Poverty related	0.5	26	53	0.2	18	116	0.0	2	53	0.3	7	22
Other/unknown	0.4	24	64	0.1	18	132	0.0	1	69	0.2	5	23

Source: Data for this table are from the MAX 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Arkansas, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

ARKANSAS, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
	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 All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	$11	$4	$1	$6	$46	$187	$96	$28	756,164	$34,700,761	293,594	40.7	3,159,294
Biologicals	0.4	0.4	0.0	0.0	521	521	0	0	1408	1,408	0	0	5,155	7,259,958	1,509	0.2	13,922
Antineoplastic Agents	0.5	0.2	0.0	0.3	155	139	2	14	309	782	812	43	8,783	2,715,035	1,749	0.2	17,552
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	22	15	1	6	63	114	59	29	359,235	22,468,816	96,984	13.4	1,041,217
Cardiovascular Agents	0.8	0.1	0.1	0.6	27	11	5	11	35	93	64	19	349,692	12,183,046	42,372	5.9	447,093
Respiratory Agents	0.3	0.2	0.0	0.1	19	15	1	3	56	93	33	18	724,153	40,842,832	201,238	27.9	2,183,757
Gastrointestinal Agents	0.3	0.2	0.0	0.1	36	31	1	5	103	160	95	31	206,691	21,328,219	56,128	7.8	591,703
Genitourinary Agents	0.2	0.1	0.0	0.1	12	8	1	4	57	96	99	28	39,818	2,255,814	17,775	2.5	181,390
CNS Drugs	0.6	0.2	0.0	0.4	67	58	0	9	111	257	118	23	621,235	69,089,871	95,845	13.3	1,026,728
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	68	65	1	3	116	129	54	39	214,288	24,872,230	32,831	4.5	364,324
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	76	74	0	2	250	260	76	118	12,010	3,007,664	3,865	0.5	39,546
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	8	3	0	5	29	179	50	20	382,249	11,085,204	130,073	18.0	1,369,141
Neuromuscular Agents	0.6	0.3	0.0	0.3	71	54	7	11	115	202	168	34	274,353	31,577,035	41,353	5.7	443,366
Nutritional Products	0.3	0.0	0.0	0.2	4	0	0	3	14	11	11	14	62,112	859,338	23,741	3.3	236,471
Hematological Agents	0.5	0.2	0.0	0.4	135	129	0	5	254	840	50	13	52,785	13,415,055	9,581	1.3	99,665
Topical Products	0.2	0.1	0.0	0.1	8	5	0	2	41	90	62	19	289,770	11,821,029	144,567	20.0	1,571,314
Miscellaneous Products	0.1	0.1	0.0	0.0	17	15	0	1	135	148	320	59	25,004	3,370,747	18,619	2.6	201,385
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	32	0	0	0	1,777	57,180	1,170	0.2	12,962
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.	4,385,274	312,909,834	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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 2007.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

ARKANSAS, 2007

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$51,637,755	30,757	4.3	338,064	0.5	$308	$153
ANTICONVULSANT	29,104,816	33,948	4.7	368,868	0.6	133	79
ANTIASTHMATIC	27,423,986	125,049	17.3	1,377,526	0.2	81	20
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	24,872,254	38,264	5.3	428,267	0.5	116	58
ULCER DRUGS	17,412,172	44,403	6.2	467,368	0.3	116	37
ANTIDEPRESSANTS	11,353,538	51,493	7.1	549,801	0.4	53	21
MISC. HEMATOLOGICAL	10,946,529	2,664	0.4	27,788	0.6	715	394
CEPHALOSPORINS	8,669,778	115,799	16.0	1,278,213	0.1	56	7
ANTIDIABETIC	7,406,074	15,010	2.1	159,163	0.5	87	47
MISC. ENDOCRINE	7,294,084	4,446	0.6	49,732	0.4	343	147
Total	196,120,986	461,833	n.a.	5,044,790	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.