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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	76,091	44,827	30,067	1,116	15	66	798,141	467,939	319,436	10,147	140	479
Age												
5 and younger	11	0	11	0	0	0	116	0	116	0	0	0
6-14	16	0	15	0	1	0	167	0	155	0	12	0
15-20	209	0	196	0	13	0	2,323	0	2,198	0	125	0
21-44	13,681	0	12,864	808	1	8	146,044	0	138,390	7,580	3	71
45-64	17,276	0	16,937	298	0	41	181,222	0	178,399	2,520	0	303
65-74	15,974	15,903	44	10	0	17	169,188	168,858	178	47	0	105
75-84	15,537	15,537	0	0	0	0	164,643	164,643	0	0	0	0
85 and older	13,387	13,387	0	0	0	0	134,438	134,438	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	50,792	33,536	16,246	935	9	66	538,196	353,896	174,809	8,932	80	479
Male	25,299	11,291	13,821	181	6	0	259,945	114,043	144,627	1,215	60	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	47,490	28,133	18,585	718	7	47	509,083	300,421	201,660	6,561	68	373
African American	18,713	10,423	7,957	316	6	11	205,119	114,871	87,034	3,088	57	69
Other/unknown	9,888	6,271	3,525	82	2	8	83,939	52,647	30,742	498	15	37
Use of Nursing Facilities^c												
Entire year	10,092	9,136	956	0	0	0	99,048	88,929	10,119	0	0	0
Part year	6,516	5,832	683	1	0	0	66,608	59,268	7,328	12	0	0
None	59,483	29,859	28,428	1,115	15	66	632,485	319,742	301,989	10,135	140	479
Maintenance Assistance Status												
Cash	42,266	19,180	22,766	320	0	0	466,285	215,490	247,753	3,042	0	0
Medically needy	1,078	212	723	142	1	0	4,324	671	2,851	793	9	0
Poverty-related	6,845	5,539	1,167	66	7	66	67,533	57,396	9,122	467	69	479
Other/unknown	25,902	19,896	5,411	588	7	0	259,999	194,382	59,710	5,845	62	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	76,091	44,827	30,067	1,116	15	66	798,141	467,939	319,436	10,147	140	479
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 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 2007. 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, 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	33.6	4.1	\$230	\$56	\$15,742	1.5	76,091
Age							
5 and younger	100.0	21.5	2,302	107	83,911	2.7	11
6-14	68.8	14.4	1,161	80	21,347	5.4	16
15-20	77.0	16.2	4,579	283	19,743	23.2	209
21-44	40.6	5.6	454	81	12,703	3.6	13,681
45-64	39.1	5.3	285	54	15,447	1.8	17,276
65-74	29.3	3.9	185	48	12,865	1.4	15,974
75-84	27.3	2.7	91	33	16,658	0.5	15,537
85 and older	30.8	2.7	77	29	21,473	0.4	13,387
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	29.0	3.1	120	38	16,762	0.7	44,827
Disabled	39.8	5.3	373	70	14,692	2.5	30,067
Adults	42.7	9.7	695	72	3,547	19.6	1,116
Children	53.3	10.5	629	60	3,627	17.3	15
Unknown	78.8	18.8	2,446	130	10,601	23.1	66
Gender							
Female	34.3	4.1	202	50	15,631	1.3	50,792
Male	32.1	4.1	288	69	15,965	1.8	25,299
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	36.6	4.4	240	55	17,265	1.4	47,490
African American	24.4	3.1	193	63	15,229	1.3	18,713
Other/unknown	36.1	4.5	256	57	9,400	2.7	9,888
Use of Nursing Facilities^f							
Entire year	46.6	6.5	257	40	37,880	0.7	10,092
Part year	45.9	5.1	198	39	29,903	0.7	6,516
None	30.0	3.6	230	64	10,435	2.2	59,483
Maintenance Assistance Status							
Cash	32.0	4.1	267	65	9,122	2.9	42,266
Medically needy	39.7	4.0	380	94	11,736	3.2	1,078
Poverty related	22.2	1.9	115	59	5,301	2.2	6,845
Other/unknown	38.8	4.6	195	42	29,470	0.7	25,902

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, 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 D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		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	
			None	None									
All	0.4	\$22	1.5	66.4	25.6	3.6	3.4	0.8	0.2	\$1,501	76,091	798,141	
Age													
5 and younger	2.0	218	2.7	0.0	54.5	9.1	18.2	18.2	0.0	7,957	11	116	
6-14	1.4	111	5.4	31.3	50.0	0.0	6.3	12.5	0.0	2,045	16	167	
15-20	1.5	412	23.2	23.0	40.7	15.3	16.7	3.8	0.5	1,776	209	2,323	
21-44	0.5	43	3.6	59.4	28.0	6.1	5.9	0.6	0.0	1,190	13,681	146,044	
45-64	0.5	27	1.8	60.9	28.5	4.9	4.7	0.8	0.2	1,473	17,276	181,222	
65-74	0.4	18	1.4	70.7	22.4	2.9	3.0	0.7	0.2	1,215	15,974	169,188	
75-84	0.3	9	0.5	72.7	23.0	1.8	1.5	0.7	0.2	1,572	15,537	164,643	
85 and older	0.3	8	0.4	69.2	26.2	2.1	1.5	0.9	0.2	2,138	13,387	134,438	
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	0.3	12	0.7	71.0	23.8	2.3	2.0	0.8	0.2	1,606	44,827	467,939	
Disabled	0.5	35	2.5	60.2	28.9	5.3	4.8	0.7	0.1	1,383	30,067	319,436	
Adults	1.1	77	19.6	57.3	14.5	9.6	16.7	2.0	0.0	390	1,116	10,147	
Children	1.1	67	17.3	46.7	13.3	26.7	13.3	0.0	0.0	389	15	140	
Unknown	2.6	337	23.1	21.2	12.1	27.3	39.4	0.0	0.0	1,461	66	479	
Gender													
Female	0.4	19	1.3	65.7	26.7	3.5	3.2	0.7	0.1	1,475	50,792	538,196	
Male	0.4	28	1.8	67.9	23.5	3.8	3.6	0.9	0.2	1,554	25,299	259,945	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	0.4	22	1.4	63.4	29.1	3.7	3.1	0.6	0.1	1,611	47,490	509,083	
African American	0.3	18	1.3	75.6	18.4	2.7	2.8	0.4	0.1	1,389	18,713	205,119	
Other/unknown	0.5	30	2.7	63.9	22.9	4.8	5.7	2.1	0.5	1,107	9,888	83,939	
Use of Nursing Facilities^f													
Entire year	0.7	26	0.7	53.4	34.4	4.7	3.9	2.6	1.0	3,860	10,092	99,048	
Part year	0.5	19	0.7	54.1	38.4	3.5	2.3	1.4	0.4	2,925	6,516	66,608	
None	0.3	22	2.2	70.0	22.8	3.4	3.4	0.4	0.0	981	59,483	632,485	
Maintenance Assistance Status													
Cash	0.4	24	2.9	68.0	24.3	3.5	3.7	0.5	0.0	827	42,266	466,285	
Medically needy	1.0	95	3.2	60.3	17.0	9.8	11.8	1.1	0.0	2,926	1,078	4,324	
Poverty related	0.2	12	2.2	77.8	17.4	2.8	1.9	0.0	0.0	537	6,845	67,533	
Other/unknown	0.5	19	0.7	61.2	30.4	3.7	2.8	1.4	0.4	2,936	25,902	259,999	

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

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state. c. In eight states (DE, IA, IL, NE, NY, 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 D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

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	\$22	\$56	0.1	\$15	\$184	0.0	\$1	\$78	0.3	\$6	\$21
Age												
5 and younger	2.0	218	107	0.5	178	382	0.1	7	71	1.5	33	23
6-14	1.4	111	80	0.4	45	121	0.1	18	191	0.9	48	52
15-20	1.5	412	283	0.6	382	622	0.0	6	134	0.8	24	30
21-44	0.5	43	81	0.1	33	232	0.0	1	98	0.4	9	24
45-64	0.5	27	54	0.1	18	170	0.0	1	77	0.4	9	22
65-74	0.4	18	48	0.1	11	149	0.0	1	68	0.3	6	21
75-84	0.3	9	33	0.0	5	112	0.0	0	63	0.2	4	17
85 and older	0.3	8	29	0.0	4	107	0.0	0	56	0.2	3	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	12	38	0.1	7	130	0.0	0	65	0.2	4	18
Disabled	0.5	35	70	0.1	26	220	0.0	1	87	0.4	8	23
Adults	1.1	77	72	0.3	54	171	0.0	3	93	0.7	20	27
Children	1.1	67	60	0.3	37	116	0.1	10	111	0.7	21	29
Unknown	2.6	337	130	0.9	274	290	0.0	3	105	1.6	60	37
Gender												
Female	0.4	19	50	0.1	12	166	0.0	1	73	0.3	6	20
Male	0.4	28	69	0.1	21	213	0.0	1	85	0.3	6	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	22	55	0.1	15	190	0.0	1	81	0.3	7	21
African American	0.3	18	63	0.1	13	197	0.0	1	73	0.2	4	21
Other/unknown	0.5	30	57	0.1	22	152	0.0	1	74	0.4	8	20
Use of Nursing Facilities^e												
Entire year	0.7	26	40	0.1	17	132	0.0	1	58	0.5	9	17
Part year	0.5	19	39	0.1	12	132	0.0	1	70	0.4	7	18
None	0.3	22	64	0.1	15	205	0.0	1	83	0.3	6	22
Maintenance Assistance Status												
Cash	0.4	24	65	0.1	17	210	0.0	1	82	0.3	6	22
Medically needy	1.0	95	94	0.3	71	236	0.0	4	85	0.7	20	30
Poverty related	0.2	12	59	0.0	8	172	0.0	0	86	0.1	3	22
Other/unknown	0.5	19	42	0.1	12	140	0.0	1	67	0.4	7	18

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 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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.2	0.0	0.0	0.2	\$22	\$16	\$1	\$5	\$88	\$323	\$184	\$25	12,139	\$1,062,823	4,838	6.4	49,277
Biologicals	0.7	0.7	0.0	0.0	1,517	1,517	0	0	2191	2,191	0	0	27	59,157	5	0.0	39
Antineoplastic Agents	0.5	0.2	0.0	0.3	99	86	0	12	216	448	0	47	1,158	249,946	278	0.4	2,530
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	29	22	1	7	56	125	37	21	16,097	900,766	3,141	4.1	30,724
Cardiovascular Agents	0.9	0.1	0.1	0.6	32	13	7	12	36	96	62	19	38,119	1,378,530	4,547	6.0	43,461
Respiratory Agents	0.3	0.2	0.0	0.2	24	18	1	4	70	112	85	23	10,688	746,974	3,098	4.1	31,775
Gastrointestinal Agents	0.5	0.3	0.0	0.2	53	48	1	4	111	161	143	25	13,572	1,503,566	2,867	3.8	28,138
Genitourinary Agents	0.4	0.2	0.0	0.1	26	22	0	4	70	94	65	29	3,225	226,860	915	1.2	8,815
CNS Drugs	0.7	0.1	0.0	0.6	32	21	0	11	48	212	121	19	118,729	5,731,007	16,701	21.9	177,438
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	57	51	0	6	120	152	0	45	783	93,719	156	0.2	1,644
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	86	84	0	1	172	173	0	109	3,888	667,126	878	1.2	7,799
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	16	4	0	12	35	310	96	27	23,361	810,303	5,198	6.8	51,618
Neuromuscular Agents	0.6	0.1	0.0	0.5	38	24	2	12	62	189	132	26	36,860	2,291,297	5,721	7.5	60,151
Nutritional Products	0.4	0.0	0.0	0.3	8	0	0	7	21	24	55	20	4,880	101,615	1,408	1.9	13,324
Hematological Agents	0.5	0.1	0.0	0.5	30	26	0	4	55	437	24	9	22,595	1,233,572	3,981	5.2	41,487
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	49	87	59	23	5,027	247,820	2,041	2.7	20,798
Miscellaneous Products	0.4	0.2	0.0	0.2	167	153	2	12	386	715	276	56	586	225,907	147	0.2	1,354
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	30	0	0	0	60	1,775	34	0.0	346
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.	311,794	17,532,763	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 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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$2,988,466	2,048	2.7	20,571	0.5	\$282	\$145	
ANTICONVULSANT	2,092,225	5,119	6.7	54,751	0.6	65	38	
ANTIANKIETY AGENTS	1,506,612	12,670	16.7	138,188	0.6	19	11	
ULCER DRUGS	1,241,798	2,391	3.1	24,202	0.4	121	51	
ANTIDEPRESSANTS	873,952	3,680	4.8	37,064	0.4	57	24	
MISC. HEMATOLOGICAL	814,950	515	0.7	5,012	0.5	342	163	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	676,757	1,049	1.4	9,853	0.4	166	69	
ANTIDIABETIC	617,515	1,959	2.6	19,587	0.4	71	32	
ANTIHYPERTENSIVE	591,694	2,367	3.1	23,951	0.5	51	25	
ANTIASTHMATIC	567,765	2,110	2.8	21,627	0.3	84	26	
Total	11,971,734	33,908	n.a.	354,806	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 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 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; n.a. = not applicable.

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

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
All	180,569	\$11,971,734	2,048	2.7	20,571	0.5	\$145	5,119	6.7	54,751	0.6	\$38
Female												
All Females	119,768	6,792,867	1,130	2.2	11,407	0.5	125	3,280	6.5	35,442	0.6	31
Female, Disabled												
All Ages	56,235	3,857,015	677	4.2	6,999	0.4	136	1,954	12.0	21,166	0.5	36
5 and younger	6	950	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	4,410	0	0.0	0	0.0	0	1	25.0	12	1.0	368
15-20	377	57,917	16	21.1	165	0.5	174	15	19.7	169	0.6	106
21-44	22,116	1,903,645	445	7.2	4,684	0.4	134	971	15.6	10,528	0.5	44
45-64	33,689	1,889,233	216	2.2	2,150	0.5	139	967	9.7	10,457	0.6	27
65-74	35	860	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	63,533	2,935,852	453	1.3	4,408	0.6	106	1,326	3.8	14,276	0.6	23
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	268	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	17	429	1	14.3	6	0.7	6	0	0.0	0	0.0	0
21-44	2,674	294,830	64	8.7	681	0.3	84	120	16.3	1,287	0.4	62
45-64	1,359	120,604	18	7.4	186	0.3	79	41	16.8	429	0.4	43
65-74	24,765	1,334,355	152	1.4	1,666	0.6	153	489	4.6	5,436	0.6	23
75-84	18,901	663,889	112	1.0	963	0.7	83	393	3.4	4,222	0.6	15
85 and older	15,813	521,477	106	0.9	906	0.5	65	283	2.5	2,902	0.6	14
Male												
All Males	60,801	5,178,867	918	3.6	9,164	0.6	171	1,839	7.3	19,309	0.6	52
Male, Disabled												
All Ages	39,097	3,923,398	684	4.9	7,075	0.5	186	1,414	10.2	15,137	0.6	58
5 and younger	22	840	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	26	418	0	0.0	0	0.0	0	1	9.1	12	1.1	14
15-20	1,283	716,768	32	26.7	373	0.5	231	53	44.2	625	0.9	169
21-44	19,160	2,018,728	480	7.2	4,992	0.5	184	786	11.8	8,439	0.6	64
45-64	18,593	1,186,137	172	2.5	1,710	0.6	181	574	8.2	6,061	0.6	38
65-74	13	507	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	21,704	1,255,469	234	2.0	2,089	0.7	122	425	3.7	4,172	0.6	30
5 and younger	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
15-20	6	103	0	0.0	0	0.0	0	1	16.7	9	0.3	8
21-44	571	63,555	9	11.3	73	0.5	160	35	43.8	298	0.4	65
45-64	441	41,353	4	4.2	36	0.3	102	13	13.7	122	0.4	55
65-74	10,959	652,422	89	1.7	880	0.6	136	205	3.8	2,125	0.7	31
75-84	6,618	340,930	81	2.1	673	0.8	121	115	3.0	1,118	0.7	24
85 and older	3,109	157,106	51	2.4	427	0.5	90	56	2.7	500	0.6	18
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

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 \$ 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	12,670	16.7	138,188	0.6	\$11	2,391	3.1	24,202	0.4	\$51	3,680	4.8	37,064	0.4	\$24
Female															
All Females	9,201	18.1	100,750	0.6	11	1,568	3.1	16,115	0.4	50	2,548	5.0	25,996	0.4	24
Female, Disabled															
All Ages	3,526	21.7	39,452	0.6	11	885	5.4	9,372	0.4	51	1,543	9.5	16,162	0.4	23
5 and younger	0	0.0	0	0.0	0	1	50.0	11	0.3	65	1	50.0	11	0.1	5
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	7	9.2	84	0.2	3	7	9.2	78	0.3	28	21	27.6	228	0.4	28
21-44	1,274	20.5	14,207	0.5	10	358	5.8	3,865	0.4	50	805	13.0	8,644	0.3	23
45-64	2,242	22.6	25,138	0.6	11	517	5.2	5,402	0.4	53	714	7.2	7,271	0.4	24
65-74	3	11.5	23	0.7	10	2	7.7	16	0.5	30	2	7.7	8	0.8	5
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	5,675	16.4	61,298	0.6	11	683	2.0	6,743	0.4	49	1,005	2.9	9,834	0.5	24
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	1	14.3	12	0.1	13	2	28.6	18	0.6	13
21-44	102	13.8	1,032	0.5	9	67	9.1	749	0.3	51	190	25.8	1,972	0.3	29
45-64	40	16.4	394	0.4	7	37	15.2	374	0.5	76	82	33.6	845	0.5	34
65-74	1,724	16.3	19,225	0.6	12	326	3.1	3,430	0.4	50	326	3.1	3,404	0.4	23
75-84	1,883	16.1	20,580	0.6	11	128	1.1	1,141	0.5	41	210	1.8	1,952	0.5	19
85 and older	1,926	17.1	20,067	0.5	10	124	1.1	1,037	0.5	41	195	1.7	1,643	0.6	21
Male															
All Males	3,469	13.7	37,438	0.6	11	823	3.3	8,087	0.5	54	1,132	4.5	11,068	0.4	24
Male, Disabled															
All Ages	2,025	14.7	22,296	0.6	12	520	3.8	5,173	0.4	54	776	5.6	7,781	0.4	24
5 and younger	0	0.0	0	0.0	0	2	22.2	19	0.6	33	0	0.0	0	0.0	0
6-14	1	9.1	2	0.5	36	2	18.2	24	0.5	7	0	0.0	0	0.0	0
15-20	6	5.0	72	0.4	11	16	13.3	191	0.4	63	28	23.3	324	0.6	37
21-44	901	13.5	9,968	0.6	11	264	4.0	2,735	0.4	53	475	7.1	4,821	0.4	23
45-64	1,115	15.9	12,245	0.6	13	236	3.4	2,204	0.5	55	272	3.9	2,631	0.4	25
65-74	2	11.1	9	0.4	6	0	0.0	0	0.0	0	1	5.6	5	0.2	5
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	1,444	12.6	15,142	0.6	10	303	2.6	2,914	0.5	54	356	3.1	3,287	0.5	22
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	1	16.7	9	0.2	2	1	16.7	9	0.1	1	0	0.0	0	0.0	0
21-44	17	21.3	152	0.4	7	18	22.5	172	0.5	76	37	46.3	384	0.4	25
45-64	13	13.7	103	0.6	7	16	16.8	148	0.5	71	19	20.0	183	0.3	29
65-74	625	11.7	6,818	0.6	11	168	3.1	1,744	0.5	55	138	2.6	1,410	0.5	21
75-84	506	13.2	5,275	0.6	11	65	1.7	587	0.5	44	91	2.4	791	0.6	24
85 and older	282	13.4	2,785	0.5	8	35	1.7	254	0.6	42	71	3.4	519	0.6	17
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 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); 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, 2007

Beneficiary Characteristics	MISC. HEMATOLOGICAL					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	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	515	0.7	5,012	0.5	\$163	1,049	1.4	9,853	0.4	\$69	1,959	2.6	19,587	0.4	\$32
Female															
All Females	288	0.6	2,806	0.5	76	692	1.4	6,581	0.4	68	1,294	2.5	13,115	0.4	31
Female, Disabled															
All Ages	112	0.7	1,175	0.5	107	223	1.4	2,362	0.2	61	648	4.0	6,619	0.4	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	22	0.1	8
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	16	0.3	151	0.4	281	98	1.6	1,066	0.2	65	196	3.2	2,005	0.4	29
45-64	96	1.0	1,024	0.5	82	125	1.3	1,296	0.2	58	450	4.5	4,592	0.5	34
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	176	0.5	1,631	0.5	53	469	1.4	4,219	0.5	71	646	1.9	6,496	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	4	0.5	33	0.5	48	16	2.2	190	0.2	119	34	4.6	338	0.3	23
45-64	3	1.2	27	0.7	91	8	3.3	94	0.1	12	25	10.2	210	0.4	29
65-74	79	0.7	816	0.5	53	116	1.1	1,116	0.5	71	400	3.8	4,196	0.5	33
75-84	51	0.4	443	0.6	65	171	1.5	1,470	0.6	71	124	1.1	1,206	0.5	23
85 and older	39	0.3	312	0.5	35	158	1.4	1,349	0.6	70	63	0.6	546	0.5	24
Male															
All Males	227	0.9	2,206	0.5	273	357	1.4	3,272	0.4	71	665	2.6	6,472	0.5	33
Male, Disabled															
All Ages	96	0.7	928	0.4	576	150	1.1	1,564	0.3	67	357	2.6	3,499	0.4	37
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	2	1.7	24	0.5	20,406	0	0.0	0	0.0	0	2	1.7	24	0.6	69
21-44	14	0.2	143	0.3	35	63	0.9	667	0.3	70	112	1.7	1,164	0.4	39
45-64	80	1.1	761	0.5	52	86	1.2	893	0.3	65	241	3.4	2,303	0.4	36
65-74	0	0.0	0	0.0	0	1	5.6	4	0.8	63	2	11.1	8	0.6	23
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	131	1.1	1,278	0.5	53	207	1.8	1,708	0.6	75	308	2.7	2,973	0.5	27
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	3	3.8	27	0.7	99	5	6.3	43	0.2	15	11	13.8	110	0.4	30
45-64	5	5.3	34	0.4	43	0	0.0	0	0.0	0	8	8.4	63	0.4	27
65-74	77	1.4	778	0.5	56	44	0.8	391	0.5	63	174	3.3	1,785	0.5	28
75-84	33	0.9	319	0.4	49	86	2.2	746	0.6	86	77	2.0	739	0.5	25
85 and older	13	0.6	120	0.4	38	72	3.4	528	0.6	73	38	1.8	276	0.6	25
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, b, c
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

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 Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	2,367	3.1	23,951	0.5	\$25	2,110	2.8	21,627	0.3	\$26	76,091	798,141
Female												
All Females	1,448	2.9	14,989	0.5	25	1,326	2.6	13,856	0.3	25	50,792	538,196
Female, Disabled												
All Ages	729	4.5	7,716	0.4	24	765	4.7	8,128	0.3	24	16,246	174,809
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	37
15-20	3	3.9	36	0.3	3	13	17.1	153	0.3	15	76	840
21-44	227	3.7	2,434	0.4	19	309	5.0	3,421	0.3	20	6,212	67,660
45-64	498	5.0	5,234	0.5	26	441	4.4	4,530	0.3	27	9,926	106,129
65-74	1	3.8	12	0.1	1	2	7.7	24	0.1	4	26	120
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	719	2.1	7,273	0.5	26	561	1.6	5,728	0.3	27	34,546	363,387
5 and younger	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	2	200.0	24	0.2	11	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	65
21-44	23	3.1	245	0.5	25	51	6.9	514	0.3	28	737	7,081
45-64	29	11.9	307	0.6	33	40	16.4	418	0.2	18	244	2,212
65-74	417	3.9	4,509	0.5	26	271	2.6	2,927	0.3	33	10,585	113,759
75-84	143	1.2	1,307	0.5	24	99	0.8	904	0.3	21	11,690	125,588
85 and older	107	0.9	905	0.5	26	98	0.9	941	0.2	14	11,282	114,670
Male												
All Males	919	3.6	8,962	0.5	25	784	3.1	7,771	0.4	29	25,299	259,945
Male, Disabled												
All Ages	535	3.9	5,091	0.5	24	455	3.3	4,611	0.3	25	13,821	144,627
5 and younger	1	11.1	7	0.9	4	4	44.4	29	0.1	6	9	93
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	118
15-20	13	10.8	153	0.6	19	25	20.8	281	0.3	22	120	1,358
21-44	222	3.3	2,122	0.4	21	228	3.4	2,412	0.3	23	6,652	70,730
45-64	299	4.3	2,809	0.5	26	198	2.8	1,889	0.4	28	7,011	72,270
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	58
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	384	3.3	3,871	0.5	26	329	2.9	3,160	0.4	35	11,478	115,318
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	60
21-44	11	13.8	98	0.4	23	3	3.8	28	0.1	9	80	573
45-64	18	18.9	169	0.6	32	15	15.8	145	0.4	39	95	611
65-74	230	4.3	2,464	0.6	28	195	3.6	2,021	0.4	38	5,345	55,251
75-84	75	1.9	734	0.5	21	78	2.0	677	0.4	26	3,847	39,055
85 and older	50	2.4	406	0.5	19	38	1.8	289	0.4	34	2,105	19,768
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. 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 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); 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, 2007

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	\$26	0.7	10,092	99,048
Age				
0-64	55	1.2	953	10,103
65-74	48	1.0	1,452	14,808
75-84	24	0.6	3,081	30,126
85 and older	14	0.5	4,606	44,011
Unknown	0	0.0	0	0
Gender				
Female	22	0.6	7,321	72,480
Male	37	0.8	2,771	26,568
Unknown	0	0.0	0	0
Race				
White	21	0.6	7,324	75,789
African American	20	0.5	1,506	15,864
Other/unknown	96	2	1,262	7,395
Basis of Eligibility^c				
Aged	23	0.6	9,136	88,929
Disabled	55	1.2	956	10,119
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

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	0.3	0.1	0.0	0.2	\$15	\$9	\$0	\$5	\$49	\$138	\$97	\$23	1,519	\$75,056	584	5.8	5,013
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.1	0.0	0.4	51	32	0	19	98	271	0	48	285	27,989	72	0.7	548
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.5	37	27	1	10	47	97	39	19	3,054	142,814	481	4.8	3,832
Cardiovascular Agents	1.3	0.1	0.1	1.0	30	8	7	15	24	68	56	15	7,513	179,097	750	7.4	5,945
Respiratory Agents	0.3	0.1	0.0	0.2	14	8	2	4	46	108	52	20	1,849	84,962	634	6.3	6,064
Gastrointestinal Agents	0.7	0.2	0.0	0.4	43	33	2	7	63	133	98	18	2,488	157,824	452	4.5	3,677
Genitourinary Agents	0.6	0.4	0.0	0.2	37	30	0	7	65	84	32	33	1,094	71,315	239	2.4	1,912
CNS Drugs	0.8	0.1	0.0	0.6	31	20	0	11	41	155	75	18	22,995	931,870	3,052	30.2	30,123
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	11	0	0	11	25	0	0	25	11	275	2	0.0	24
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	109	108	0	0	136	136	0	69	2,034	276,136	336	3.3	2,537
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	17	1	1	16	28	99	105	26	2,250	62,332	444	4.4	3,622
Neuromuscular Agents	0.9	0.2	0.0	0.7	38	22	1	15	43	136	58	21	6,570	281,756	766	7.6	7,412
Nutritional Products	0.5	0.0	0.0	0.5	9	1	0	8	18	28	68	17	1,895	34,889	474	4.7	3,908
Hematological Agents	0.7	0.0	0.0	0.6	13	8	0	5	19	211	12	8	10,449	202,210	1,521	15.1	15,416
Topical Products	0.4	0.1	0.0	0.2	17	11	1	5	46	75	49	24	1,252	57,166	379	3.8	3,307
Miscellaneous Products	0.3	0.1	0.0	0.2	18	13	0	5	60	179	0	22	91	5,446	38	0.4	302
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	33	0	0	0	11	365	8	0.1	65
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.	65,360	2,591,502	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 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 2007. 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, 2007

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$474,499	369	3.7	3,268	0.8	\$184	\$145	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	276,136	333	3.3	2,735	0.7	136	101	
ANTIANKXIETY AGENTS	267,780	2,332	23.1	24,124	0.6	18	11	
ANTICONVULSANT	231,673	681	6.7	6,925	0.8	40	33	
ANTIDEPRESSANTS	129,963	498	4.9	4,453	0.7	41	29	
ULCER DRUGS	127,639	296	2.9	2,551	0.6	79	50	
HEMATOPOIETIC AGENTS	118,747	1,376	13.6	14,701	0.6	13	8	
ANTIDIABETIC	86,679	249	2.5	2,221	0.7	56	39	
ANTIHYPERTENSIVE	75,107	307	3.0	2,649	0.6	44	28	
ANTIASTHMATIC	60,360	253	2.5	2,238	0.4	68	27	
Total	1,848,583	6,694	n.a.	65,865	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 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 2007. 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 2007 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.

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, 2007

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 \$
All	42,992	\$1,848,583	369	3.7	3,268	0.8	\$145	333	3.3	2,735	0.7	\$101
Female												
All Females	29,424	1,170,787	210	2.9	1,903	0.8	144	226	3.1	1,904	0.7	99
Female, Disabled												
All Ages	3,763	217,543	26	5.8	277	0.9	191	11	2.4	116	0.7	111
64 or younger	3,753	217,395	26	5.8	277	0.9	191	11	2.5	116	0.7	111
65-74	10	148	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	25,661	953,244	184	2.7	1,626	0.8	136	215	3.1	1,788	0.7	98
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,289	332,597	46	5.6	482	1.0	257	29	3.5	255	0.9	164
75-84	9,066	294,125	69	3.1	558	0.8	97	93	4.2	729	0.7	85
85 and older	11,306	326,522	69	1.8	586	0.6	73	93	2.4	804	0.7	89
Male												
All Males	13,568	677,796	159	5.7	1,365	0.8	147	107	3.9	831	0.8	106
Male, Disabled												
All Ages	3,777	168,645	31	6.1	274	0.7	132	7	1.4	58	0.5	47
64 or younger	3,769	168,212	31	6.1	274	0.7	132	6	1.2	54	0.4	46
65-74	8	433	0	0.0	0	0.0	0	1	100.0	4	0.8	63
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	9,791	509,151	128	5.7	1,091	0.8	151	100	4.4	773	0.8	110
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,569	192,826	40	6.3	408	0.8	181	13	2.1	88	1.0	128
75-84	3,930	222,984	57	6.7	459	0.9	144	45	5.3	423	0.8	122
85 and older	2,292	93,341	31	4.0	224	0.7	113	42	5.4	262	0.7	85
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	2,332	23.1	24,124	0.6	\$11	681	6.7	6,925	0.8	\$34	498	4.9	4,453	0.7	\$29
Female															
All Females	1,725	23.6	17,842	0.6	11	446	6.1	4,633	0.8	30	319	4.4	2,903	0.7	30
Female, Disabled															
All Ages	136	30.3	1,514	0.7	16	79	17.6	865	1.0	59	37	8.2	366	0.8	43
64 or younger	135	30.2	1,510	0.7	16	79	17.7	865	1.0	59	37	8.3	366	0.8	43
65-74	1	50.0	4	2.5	37	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
Female, Other Eligibles															
All Ages	1,589	23.1	16,328	0.6	10	367	5.3	3,768	0.8	24	282	4.1	2,537	0.7	28
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	242	29.5	2,577	0.6	12	91	11.1	1,007	0.9	40	59	7.2	604	0.8	42
75-84	529	23.8	5,457	0.6	11	151	6.8	1,494	0.7	17	110	4.9	960	0.7	25
85 and older	818	21.4	8,294	0.5	10	125	3.3	1,267	0.7	19	113	3.0	973	0.7	24
Male															
All Males	607	21.9	6,282	0.6	12	235	8.5	2,292	0.9	40	179	6.5	1,550	0.7	27
Male, Disabled															
All Ages	153	30.2	1,656	0.8	15	85	16.8	872	1.0	48	46	9.1	424	0.6	30
64 or younger	153	30.2	1,656	0.8	15	85	16.8	872	1.0	48	46	9.1	424	0.6	30
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	454	20.1	4,626	0.6	11	150	6.6	1,420	0.8	35	133	5.9	1,126	0.7	26
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	131	20.8	1,402	0.7	13	77	12.2	771	0.8	41	49	7.8	478	0.7	24
75-84	191	22.3	1,937	0.6	11	47	5.5	440	0.9	30	41	4.8	376	0.8	35
85 and older	132	16.9	1,287	0.5	8	26	3.3	209	0.6	22	43	5.5	272	0.8	18
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ULCER DRUGS					HEMATOPOIETIC AGENTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	296	2.9	2,551	0.6	\$50	1,376	13.6	14,701	0.6	\$8	249	2.5	2,221	0.7	\$39
Female															
All Females	191	2.6	1,636	0.6	48	1,013	13.8	10,925	0.6	7	138	1.9	1,302	0.7	42
Female, Disabled															
All Ages	29	6.5	282	0.8	65	58	12.9	651	0.7	16	22	4.9	214	0.8	51
64 or younger	29	6.5	282	0.8	65	58	13.0	651	0.7	16	22	4.9	214	0.8	51
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	162	2.4	1,354	0.6	44	955	13.9	10,274	0.6	7	116	1.7	1,088	0.7	40
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	35	4.3	361	0.7	46	114	13.9	1,232	0.7	18	34	4.2	357	0.7	46
75-84	54	2.4	400	0.6	41	329	14.8	3,603	0.6	6	47	2.1	424	0.8	38
85 and older	73	1.9	593	0.6	45	512	13.4	5,439	0.6	5	35	0.9	307	0.7	35
Male															
All Males	105	3.8	915	0.6	54	363	13.1	3,776	0.6	10	111	4.0	919	0.7	36
Male, Disabled															
All Ages	19	3.7	180	0.7	60	80	15.8	878	0.7	14	27	5.3	226	0.7	49
64 or younger	19	3.8	180	0.7	60	80	15.8	878	0.7	14	25	4.9	218	0.7	50
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	8	0.6	23
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	86	3.8	735	0.6	53	283	12.5	2,898	0.6	9	84	3.7	693	0.6	31
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	30	4.8	274	0.7	55	89	14.1	951	0.6	6	25	4.0	223	0.7	45
75-84	29	3.4	277	0.6	58	106	12.4	1,057	0.6	17	34	4.0	301	0.5	23
85 and older	27	3.5	184	0.6	43	88	11.3	890	0.6	4	25	3.2	169	0.8	28
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	307	3.0	2,649	0.6	\$28	253	2.5	2,238	0.4	\$27	10,092	99,048
Female												
All Females	175	2.4	1,497	0.6	29	152	2.1	1,388	0.3	24	7,321	72,480
Female, Disabled												
All Ages	40	8.9	376	0.7	31	30	6.7	256	0.4	38	449	4,806
64 or younger	40	8.9	376	0.7	31	30	6.7	256	0.4	38	447	4,794
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
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	135	2.0	1,121	0.6	28	122	1.8	1,132	0.3	20	6,872	67,674
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	20	2.4	198	0.8	45	23	2.8	228	0.4	37	819	8,491
75-84	59	2.7	482	0.5	20	32	1.4	268	0.3	23	2,226	22,070
85 and older	56	1.5	441	0.7	29	67	1.8	636	0.2	13	3,827	37,113
Male												
All Males	132	4.8	1,152	0.7	28	101	3.6	850	0.5	33	2,771	26,568
Male, Disabled												
All Ages	30	5.9	277	0.7	37	17	3.4	172	0.4	35	507	5,313
64 or younger	30	5.9	277	0.7	37	17	3.4	172	0.4	35	506	5,309
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
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	102	4.5	875	0.7	25	84	3.7	678	0.5	32	2,264	21,255
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	29	4.6	257	0.8	36	24	3.8	192	0.5	38	630	6,301
75-84	41	4.8	388	0.6	20	35	4.1	311	0.6	33	855	8,056
85 and older	32	4.1	230	0.6	22	25	3.2	175	0.4	24	779	6,898
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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,516 beneficiaries who were in nursing facilities for part of their enrollment and their 66,608 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 2007. 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 2007 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, 2007

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	18,416	24.2	1.6	123,022	\$30	\$2,261,725	\$18	12.9	76,091	
Age										
5 and younger	11	100.0	10.2	112	304	3,348	30	13.2	11	
6-14	11	68.8	6.8	108	66	1,055	10	5.7	16	
15-20	52	24.9	1.5	312	40	8,370	27	0.9	209	
21-44	3,468	25.3	1.7	23,563	36	486,010	21	7.8	13,681	
45-64	5,054	29.3	2.2	37,799	39	679,406	18	13.8	17,276	
65-74	3,395	21.3	1.5	23,466	26	410,752	18	13.9	15,974	
75-84	3,414	22.0	1.4	21,344	24	380,494	18	27.0	15,537	
85 and older	3,011	22.5	1.2	16,318	22	292,290	18	28.2	13,387	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	9,809	21.9	1.4	61,080	24	1,082,915	18	20.1	44,827	
Disabled	8,368	27.8	2.0	60,734	39	1,158,090	19	10.3	30,067	
Adults	218	19.5	1.0	1,091	17	18,494	17	2.4	1,116	
Children	5	33.3	2.7	41	71	1,061	26	11.2	15	
Unknown	16	24.2	1.2	76	18	1,165	15	0.7	66	
Gender										
Female	13,008	25.6	1.7	85,529	30	1,547,902	18	15.1	50,792	
Male	5,408	21.4	1.5	37,493	28	713,823	19	9.8	25,299	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	13,197	27.8	2.0	94,073	36	1,731,574	18	15.2	47,490	
African American	3,064	16.4	0.9	17,240	15	284,292	16	7.9	18,713	
Other/unknown	2,155	21.8	1.2	11,709	25	245,859	21	9.7	9,888	
Use of Nursing Facilities^d										
Entire year	3,336	33.1	2.3	23,070	41	409,418	18	15.8	10,092	
Part year	2,207	33.9	2.0	13,101	38	245,599	19	19.0	6,516	
None	12,873	21.6	1.5	86,851	27	1,606,708	18	11.8	59,483	
Maintenance Assistance Status										
Cash	10,008	23.7	1.6	69,473	31	1,299,275	19	11.5	42,266	
Medically needy	211	19.6	0.7	759	14	14,787	19	3.6	1,078	
Poverty related	876	12.8	0.6	4,370	11	72,504	17	9.2	6,845	
Other/unknown	7,321	28.3	1.9	48,420	34	875,159	18	17.3	25,902	

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	0.2	\$3	\$18	\$0	\$2	798,141
Age						
5 and younger	1.0	29	30	0	0	116
6-14	0.6	6	10	0	0	167
15-20	0.1	4	27	0	1	2,323
21-44	0.2	3	21	0	3	146,044
45-64	0.2	4	18	0	3	181,222
65-74	0.1	2	18	0	2	169,188
75-84	0.1	2	18	0	2	164,643
85 and older	0.1	2	18	0	2	134,438
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	2	18	0	2	467,939
Disabled	0.2	4	19	0	3	319,436
Adults	0.1	2	17	0	2	10,147
Children	0.3	8	26	0	0	140
Unknown	0.2	2	15	0	2	479
Gender						
Female	0.2	3	18	0	3	538,196
Male	0.1	3	19	0	2	259,945
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	18	0	3	509,083
African American	0.1	1	16	0	1	205,119
Other/unknown	0.1	3	21	0	2	83,939
Use of Nursing Facilities^d						
Entire year	0.2	4	18	0	3	99,048
Part year	0.2	4	19	0	3	66,608
None	0.1	3	18	0	2	632,485
Maintenance Assistance Status						
Cash	0.1	3	19	0	2	466,285
Medically needy	0.2	3	19	0	3	4,324
Poverty related	0.1	1	17	0	1	67,533
Other/unknown	0.2	3	18	0	3	259,999

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	20,120	\$112	\$2,261,725	100.0	123,022	\$18	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	1	72	72	0.0	6	12	0.0
Cough and cold medications	774	38	29,150	1.3	1,346	22	1.1
Vitamins and minerals	1,196	77	91,834	4.1	4,499	20	3.7
Non-prescription drugs	2,006	39	78,680	3.5	7,790	10	6.3
Barbiturates	631	80	50,272	2.2	6,161	8	5.0
Benzodiazepines	15,055	127	1,914,936	84.7	101,787	19	82.7
Other Part D Excl Rx Drugs	457	212	96,781	4.3	1,433	68	1.2

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ARKANSAS, 2007

Total Number of Dual Eligible Beneficiaries: 76,091
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$17,532,763
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$230

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	50,561	66.4	\$0	0.0
1-500	19,868	26.1	2,391,788	13.6
501-1,000	2,008	2.6	1,420,740	8.1
1,001-1,500	941	1.2	1,150,456	6.6
1,501-2,000	576	0.8	998,638	5.7
2,001-2,500	386	0.5	865,417	4.9
2,501-3,000	342	0.4	933,828	5.3
3,001-3,500	247	0.3	794,688	4.5
3,501-4,000	205	0.3	767,120	4.4
4,001-4,500	139	0.2	590,525	3.4
4,501-5,000	122	0.2	577,852	3.3
5,001-5,500	96	0.1	503,500	2.9
5,501-6,000	81	0.1	465,441	2.7
6,001-6,500	74	0.1	462,072	2.6
6,501-7,000	55	0.1	371,430	2.1
7,001-7,500	42	0.1	303,986	1.7
7,501-8,000	35	0.0	270,370	1.5
8,001-8,500	42	0.1	347,825	2.0
8,501-9,000	26	0.0	227,661	1.3
9,001-9,500	23	0.0	213,290	1.2
9,501-10,000	13	0.0	126,669	0.7
10,001+	209	0.3	3,749,467	21.4

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. 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 2007.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ARKANSAS, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 30,023
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$11,204,261
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$373

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	18,061	60.2		\$0	0.0
1-500	8,625	28.7		1,195,545	10.7
501-1,000	1,106	3.7		790,919	7.1
1,001-1,500	585	1.9		713,271	6.4
1,501-2,000	318	1.1		555,279	5.0
2,001-2,500	228	0.8		510,055	4.6
2,501-3,000	201	0.7		548,651	4.9
3,001-3,500	134	0.4		430,200	3.8
3,501-4,000	127	0.4		474,909	4.2
4,001-4,500	78	0.3		332,618	3.0
4,501-5,000	71	0.2		336,905	3.0
5,001-5,500	61	0.2		319,993	2.9
5,501-6,000	43	0.1		247,293	2.2
6,001-6,500	47	0.2		293,303	2.6
6,501-7,000	35	0.1		236,332	2.1
7,001-7,500	34	0.1		246,599	2.2
7,501-8,000	27	0.1		208,810	1.9
8,001-8,500	31	0.1		256,120	2.3
8,501-9,000	20	0.1		174,878	1.6
9,001-9,500	21	0.1		194,843	1.7
9,501-10,000	9	0.0		87,302	0.8
10,001+	161	0.5		3,050,436	27.2

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. 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ARKANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 44,898
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$5,402,800
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$120

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	31,852	70.9	\$0	0.0
1-500	11,042	24.6	1,155,545	21.4
501-1,000	830	1.8	578,750	10.7
1,001-1,500	301	0.7	369,269	6.8
1,501-2,000	214	0.5	366,770	6.8
2,001-2,500	135	0.3	303,690	5.6
2,501-3,000	119	0.3	324,395	6.0
3,001-3,500	83	0.2	268,899	5.0
3,501-4,000	63	0.1	236,462	4.4
4,001-4,500	50	0.1	211,415	3.9
4,501-5,000	39	0.1	184,260	3.4
5,001-5,500	29	0.1	151,928	2.8
5,501-6,000	36	0.1	206,748	3.8
6,001-6,500	18	0.0	112,124	2.1
6,501-7,000	14	0.0	94,657	1.8
7,001-7,500	7	0.0	50,132	0.9
7,501-8,000	7	0.0	53,633	1.0
8,001-8,500	10	0.0	83,385	1.5
8,501-9,000	4	0.0	35,550	0.7
9,001-9,500	2	0.0	18,447	0.3
9,501-10,000	4	0.0	39,367	0.7
10,001+	39	0.1	557,374	10.3

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 15,974
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,958,247
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$185

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,295	70.7	\$0	0.0
1-500	3,595	22.5	434,384	14.7
501-1,000	417	2.6	291,060	9.8
1,001-1,500	158	1.0	194,286	6.6
1,501-2,000	120	0.8	205,609	7.0
2,001-2,500	76	0.5	170,783	5.8
2,501-3,000	68	0.4	185,357	6.3
3,001-3,500	48	0.3	156,121	5.3
3,501-4,000	34	0.2	127,574	4.3
4,001-4,500	31	0.2	130,296	4.4
4,501-5,000	22	0.1	104,224	3.5
5,001-5,500	22	0.1	114,533	3.9
5,501-6,000	18	0.1	103,513	3.5
6,001-6,500	11	0.1	68,837	2.3
6,501-7,000	10	0.1	67,644	2.3
7,001-7,500	5	0.0	35,895	1.2
7,501-8,000	4	0.0	30,788	1.0
8,001-8,500	6	0.0	49,962	1.7
8,501-9,000	4	0.0	35,550	1.2
9,001-9,500	1	0.0	9,371	0.3
9,501-10,000	1	0.0	9,957	0.3
10,001+	28	0.2	432,503	14.6

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. 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 2007.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ARKANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 15,537
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,409,794
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$90

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,297	72.7	\$0	0.0
1-500	3,732	24.0	388,214	27.5
501-1,000	234	1.5	164,857	11.7
1,001-1,500	62	0.4	77,110	5.5
1,501-2,000	55	0.4	95,731	6.8
2,001-2,500	30	0.2	67,462	4.8
2,501-3,000	30	0.2	82,282	5.8
3,001-3,500	15	0.1	48,387	3.4
3,501-4,000	16	0.1	60,866	4.3
4,001-4,500	14	0.1	59,988	4.3
4,501-5,000	9	0.1	42,224	3.0
5,001-5,500	6	0.0	32,180	2.3
5,501-6,000	13	0.1	74,189	5.3
6,001-6,500	4	0.0	24,617	1.7
6,501-7,000	3	0.0	20,297	1.4
7,001-7,500	1	0.0	7,025	0.5
7,501-8,000	1	0.0	7,559	0.5
8,001-8,500	3	0.0	25,003	1.8
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	3	0.0	29,410	2.1
10,001+	9	0.1	102,393	7.3

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. 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 2007.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARKANSAS, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,387
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,034,759
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$77

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,260	69.2	\$0	0.0
1-500	3,715	27.8	332,947	32.2
501-1,000	179	1.3	122,833	11.9
1,001-1,500	81	0.6	97,873	9.5
1,501-2,000	39	0.3	65,430	6.3
2,001-2,500	29	0.2	65,445	6.3
2,501-3,000	21	0.2	56,756	5.5
3,001-3,500	20	0.1	64,391	6.2
3,501-4,000	13	0.1	48,022	4.6
4,001-4,500	5	0.0	21,131	2.0
4,501-5,000	8	0.1	37,812	3.7
5,001-5,500	1	0.0	5,215	0.5
5,501-6,000	5	0.0	29,046	2.8
6,001-6,500	3	0.0	18,670	1.8
6,501-7,000	1	0.0	6,716	0.6
7,001-7,500	1	0.0	7,212	0.7
7,501-8,000	2	0.0	15,286	1.5
8,001-8,500	1	0.0	8,420	0.8
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,076	0.9
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	22,478	2.2

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. 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 2007.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARKANSAS, 2007

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	76,091	44,827	30,067	1,116	15	66	798,141	467,939	319,436	10,147	140	479
Age												
5 and younger	11	0	11	0	0	0	116	0	116	0	0	0
6-14	16	0	15	0	1	0	167	0	155	0	12	0
15-20	209	0	196	0	13	0	2,323	0	2,198	0	125	0
21-44	13,681	0	12,864	808	1	8	146,044	0	138,390	7,580	3	71
45-64	17,276	0	16,937	298	0	41	181,222	0	178,399	2,520	0	303
65-74	15,974	15,903	44	10	0	17	169,188	168,858	178	47	0	105
75-84	15,537	15,537	0	0	0	0	164,643	164,643	0	0	0	0
85 and older	13,387	13,387	0	0	0	0	134,438	134,438	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	50,792	33,536	16,246	935	9	66	538,196	353,896	174,809	8,932	80	479
Male	25,299	11,291	13,821	181	6	0	259,945	114,043	144,627	1,215	60	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	47,490	28,133	18,585	718	7	47	509,083	300,421	201,660	6,561	68	373
African American	18,713	10,423	7,957	316	6	11	205,119	114,871	87,034	3,088	57	69
Other/unknown	9,888	6,271	3,525	82	2	8	83,939	52,647	30,742	498	15	37
Use of Nursing Facilities^c												
Entire year	10,092	9,136	956	0	0	0	99,048	88,929	10,119	0	0	0
Part year	6,516	5,832	683	1	0	0	66,608	59,268	7,328	12	0	0
None	59,483	29,859	28,428	1,115	15	66	632,485	319,742	301,989	10,135	140	479
Maintenance Assistance Status												
Cash	42,266	19,180	22,766	320	0	0	466,285	215,490	247,753	3,042	0	0
Medically needy	1,078	212	723	142	1	0	4,324	671	2,851	793	9	0
Poverty related	6,845	5,539	1,167	66	7	66	67,533	57,396	9,122	467	69	479
Other/unknown	25,902	19,896	5,411	588	7	0	259,999	194,382	59,710	5,845	62	0
Dual 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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	76,091	44,827	30,067	1,116	15	66	798,141	467,939	319,436	10,147	140	479
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
	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 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 2007. 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, 2007

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	76,091	798,141	76,091	798,141	0	0
Fee-for-service (FFS) all year	76,091	798,141	76,091	798,141	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 2007 file for Arkansas, released by CMS in 3/2010. This table was produced on 10/06/2010.

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