

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 ARKANSAS

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ARKANSAS, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	491,245 (A)	92,080 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	470,165 (B)	73,018 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	412,101 (C)	73,016 (G)
4. Benes who were all-year nursing facility residents ^f	13,335 (D)	12,201 (H)

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- 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 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Arkansas in 1999 was \$187,294,261, of which \$5,423,031 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. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. 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 were excluded from the analysis 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 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. 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. 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 1999. All benefit months of such dual eligible beneficiaries, of which 1.0 percent were restricted benefit months without a pharmacy benefit in Arkansas, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of 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 = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 ARKANSAS, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	412,101	41,106	96,833	102,746	171,403	13	3,808,752	422,832	1,047,045	900,796	1,437,923	156		
Age														
5 and younger	89,189	1	4,333	76	84,778	1	723,876	10	44,915	452	678,487	12		
6-14	82,107	2	11,749	275	70,079	2	756,334	24	131,068	1,868	623,350	24		
15-20	50,968	0	7,897	26,554	16,515	2	449,428	0	85,010	228,540	135,854	24		
21-44	103,509	60	30,009	73,414	20	6	979,389	604	326,554	652,016	143	72		
45-64	33,456	148	30,892	2,413	1	2	342,466	1,345	323,224	17,865	8	24		
65-74	17,021	9,386	7,625	10	0	0	182,812	95,878	86,902	32	0	0		
75-84	18,941	15,575	3,365	1	0	0	201,325	162,753	38,566	6	0	0		
85 and older	16,897	15,932	963	2	0	0	173,018	162,197	10,806	15	0	0		
Unknown	13	2	0	1	10	0	104	21	0	2	81	0		
Gender														
Female	269,353	31,025	52,428	99,548	86,347	5	2,512,239	324,407	575,822	882,253	729,697	60		
Male	142,644	10,074	44,378	3,173	85,011	8	1,295,716	98,382	470,931	18,426	707,881	96		
Unknown	104	7	27	25	45	0	797	43	292	117	345	0		
Race														
White	245,256	28,524	54,901	65,290	96,531	10	2,240,020	287,840	589,654	572,999	789,407	120		
African American	145,934	9,969	32,614	34,957	68,391	3	1,377,819	106,460	360,268	311,221	599,834	36		
Other/unknown	20,911	2,613	9,318	2,499	6,481	0	190,913	28,532	97,123	16,576	48,682	0		
Use of Nursing Facilities														
All year	13,335	11,297	2,038	0	0	0	131,442	109,173	22,269	0	0	0		
Part year	7,065	5,734	1,330	1	0	0	73,041	58,643	14,392	6	0	0		
None	391,701	24,075	93,465	102,745	171,403	13	3,604,269	255,016	1,010,384	900,790	1,437,923	156		
Maintenance Assistance Status														
Cash	154,879	17,351	85,849	15,013	36,666	0	1,587,361	194,960	950,565	121,504	320,332	0		
Medically needy	31,159	465	3,560	10,794	16,340	0	230,424	1,762	17,634	75,963	135,065	0		
Poverty-related	122,065	429	401	21,594	99,641	0	979,071	3,765	3,587	135,991	835,728	0		
Other/unknown	103,998	22,861	7,023	55,345	18,756	13	1,011,896	222,345	75,259	567,338	146,798	156		
Dual Medicare Status^c														
Full dual, all year	71,545	37,882	33,222	437	2	2	761,242	391,613	366,326	3,255	24	24		
Full dual, part year	1,471	947	519	5	0	0	15,009	9,896	5,053	60	0	0		
Non-dual, all year	339,085	2,277	63,092	102,304	171,401	11	3,032,501	21,323	675,666	897,481	1,437,899	132		
Managed Care Status														
FFS all year	404,414	41,106	96,612	102,359	164,324	13	3,767,527	422,832	1,045,638	898,836	1,400,065	156		
FFS part year, with Rx claims	5,719	0	192	279	5,248	0	31,629	0	1,235	1,423	28,971	0		
FFS part year, no Rx claims	1,968	0	29	108	1,831	0	9,596	0	172	537	8,897	0		

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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. 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 1999. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARKANSAS, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	61.4 %	10.3	\$441	\$43	\$3,281	13.4 %	\$7	412,101
Age								
5 and younger	67.8	4.6	124	27	2,327	5.3	2	89,189
6-14	58.2	4.6	215	47	1,791	12.0	2	82,107
15-20	41.6	3.3	155	48	2,057	7.5	2	50,968
21-44	47.1	6.1	354	58	2,570	13.8	4	103,509
45-64	80.1	24.3	1,176	48	6,055	19.4	26	33,456
65-74	86.8	31.0	1,263	41	5,961	21.2	32	17,021
75-84	91.7	36.9	1,396	38	7,996	17.5	19	18,941
85 and older	92.7	37.5	1,267	34	10,133	12.5	6	16,897
Unknown	61.5	9.2	321	35	3,249	9.9	0	13
Basis of Eligibility								
Aged	89.9	35.7	1,320	37	8,661	15.2	13	41,106
Disabled	78.6	19.7	1,059	54	6,744	15.7	18	96,833
Adults	34.6	2.3	71	30	879	8.1	1	102,746
Children	60.8	3.8	104	27	1,475	7.0	2	171,403
Unknown	61.5	7.0	132	19	1,041	12.7	0	13
Gender								
Female	59.1	11.0	436	40	3,019	14.4	8	269,353
Male	65.7	9.2	452	49	3,775	12.0	5	142,644
Unknown	52.9	7.2	260	36	4,166	6.2	4	104
Race								
White	62.9	11.8	510	43	3,603	14.1	6	245,256
African American	58.4	7.6	303	40	2,623	11.6	7	145,934
Other/unknown	63.2	12.5	605	49	4,103	14.7	10	20,911
Use of Nursing Facilities								
Entire year	97.0	52.5	1,934	37	16,136	12.0	0	13,335
Part year	93.1	46.5	1,845	40	14,306	12.9	5	7,065
None	59.6	8.3	365	44	2,645	13.8	7	391,701
Maintenance Assistance Status								
Cash	73.4	15.3	728	48	4,147	17.5	14	154,879
Medically needy	57.8	4.8	220	46	2,002	11.0	3	31,159
Poverty related	59.9	3.5	92	26	1,347	6.8	2	122,065
Other/unknown	46.2	12.6	491	39	4,647	10.6	3	103,998

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; 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, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	1.1	\$48	13.4 %	38.6 %	39.6 %	7.8 %	10.6 %	3.0 %	0.4 %	\$355	412,101	3,808,752
Age												
5 and younger	0.6	15	5.3	32.2	59.3	6.0	2.3	0.2	0.1	287	89,189	723,876
6-14	0.5	23	12.0	41.8	50.0	4.7	3.0	0.4	0.1	194	82,107	756,334
15-20	0.4	18	7.5	58.4	35.4	3.5	2.2	0.4	0.1	233	50,968	449,428
21-44	0.6	37	13.8	52.9	32.9	7.1	6.4	0.7	0.0	272	103,509	979,389
45-64	2.4	115	19.4	19.9	23.7	16.7	31.7	7.6	0.5	592	33,456	342,466
65-74	2.9	118	21.2	13.2	20.1	16.5	37.2	11.6	1.4	555	17,021	182,812
75-84	3.5	131	17.5	8.3	16.2	15.7	40.4	16.9	2.5	752	18,941	201,325
85 and older	3.7	124	12.5	7.3	15.7	15.2	40.1	19.4	2.4	990	16,897	173,018
Unknown	1.1	40	9.9	38.5	38.5	7.7	15.4	0.0	0.0	406	13	104
Basis of Eligibility												
Aged	3.5	128	15.2	10.1	16.9	15.1	37.8	17.4	2.6	842	41,106	422,832
Disabled	1.8	98	15.7	21.4	34.2	15.0	24.1	5.1	0.3	624	96,833	1,047,045
Adults	0.3	8	8.1	65.4	29.5	3.4	1.5	0.1	0.0	100	102,746	900,796
Children	0.5	12	7.0	39.2	54.0	4.7	1.9	0.2	0.1	176	171,403	1,437,923
Unknown	0.6	11	12.7	38.5	53.8	0.0	7.7	0.0	0.0	87	13	156
Gender												
Female	1.2	47	14.4	40.9	36.2	7.6	11.4	3.5	0.4	324	269,353	2,512,239
Male	1.0	50	12.0	34.3	45.8	8.4	9.0	2.2	0.3	416	142,644	1,295,716
Unknown	0.9	34	6.2	47.1	37.5	4.8	6.7	3.8	0.0	544	104	797
Race												
White	1.3	56	14.1	37.1	38.2	8.2	12.0	4.0	0.5	395	245,256	2,240,020
African American	0.8	32	11.6	41.6	42.4	6.9	7.7	1.3	0.1	278	145,934	1,377,819
Other/unknown	1.4	66	14.7	36.8	35.6	9.8	14.3	3.3	0.1	449	20,911	190,913
Use of Nursing Facilities												
Entire year	5.3	196	12.0	3.0	8.1	9.2	37.6	35.1	7.1	1,637	13,335	131,442
Part year	4.5	178	12.9	6.9	11.2	11.7	37.4	28.4	4.4	1,384	7,065	73,041
None	0.9	40	13.8	40.4	41.1	7.7	9.2	1.5	0.0	287	391,701	3,604,269
Maintenance Assistance Status												
Cash	1.5	71	17.5	26.6	39.0	12.4	18.5	3.4	0.1	405	154,879	1,587,361
Medically needy	0.7	30	11.0	42.2	43.9	8.1	5.5	0.4	0.0	271	31,159	230,424
Poverty related	0.4	12	6.8	40.1	54.1	4.3	1.4	0.1	0.0	168	122,065	979,071
Other/unknown	1.3	51	10.6	53.8	22.0	5.1	11.1	6.7	1.2	478	103,998	1,011,896

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 ARKANSAS, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.1	\$48	0.4	\$29	0.2	\$8	0.5	\$9
Age								
5 and younger	0.6	15	0.2	10	0.0	1	0.3	4
6-14	0.5	23	0.2	16	0.0	2	0.2	4
15-20	0.4	18	0.1	12	0.0	3	0.2	3
21-44	0.6	37	0.2	25	0.1	6	0.3	5
45-64	2.4	115	0.9	71	0.4	20	1.0	19
65-74	2.9	118	1.0	68	0.5	22	1.3	22
75-84	3.5	131	1.1	73	0.6	27	1.6	25
85 and older	3.7	124	1.0	65	0.7	27	1.8	26
Unknown	1.1	40	0.3	24	0.1	1	0.7	11
Basis of Eligibility								
Aged	3.5	128	1.1	71	0.7	26	1.6	25
Disabled	1.8	98	0.7	63	0.3	16	0.8	15
Adults	0.3	8	0.1	5	0.0	1	0.1	2
Children	0.5	12	0.2	8	0.0	1	0.2	3
Unknown	0.6	11	0.1	5	0.0	0	0.5	5
Gender								
Female	1.2	47	0.4	28	0.2	8	0.5	9
Male	1.0	50	0.3	32	0.1	8	0.5	9
Unknown	0.9	34	0.3	19	0.1	6	0.4	6
Race								
White	1.3	56	0.4	34	0.2	10	0.6	10
African American	0.8	32	0.3	20	0.1	5	0.4	6
Other/unknown	1.4	66	0.5	42	0.2	11	0.6	11
Use of Nursing Facilities								
Entire year	5.3	196	1.5	109	1.0	40	2.6	40
Part year	4.5	178	1.4	104	0.8	34	2.1	34
None	0.9	40	0.3	25	0.1	6	0.4	7
Maintenance Assistance Status								
Cash	1.5	71	0.5	45	0.2	12	0.7	12
Medically needy	0.7	30	0.2	20	0.1	4	0.3	5
Poverty related	0.4	12	0.1	7	0.0	1	0.2	3
Other/unknown	1.3	51	0.4	29	0.2	10	0.6	10

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

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.

Table 5

All Medicaid Beneficiaries

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, 4.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and 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, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.3	0.1	0.0	0.1	\$10	\$8	\$0	\$2	\$39	\$69	\$44	\$13	456,091	\$17,931,468	171,078	41.5%	1,750,422
Biologicals	0.3	0.2	0.0	0.0	412	349	22	41	1434	1,404	1,112	2,162	1,160	1,663,749	452	0.1	4,034
Antineoplastic Agents	0.5	0.2	0.1	0.2	83	57	18	8	171	297	155	47	16,024	2,739,382	3,117	0.8	32,901
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	20	15	2	2	37	56	24	14	356,697	13,233,478	61,987	15.0	662,330
Cardiovascular Agents	1.2	0.4	0.3	0.6	38	18	12	8	31	50	40	14	872,886	27,129,799	66,621	16.2	722,096
Respiratory Agents	0.4	0.1	0.0	0.2	12	8	1	3	32	54	19	16	355,951	11,552,138	97,995	23.8	1,003,311
Gastrointestinal Agents	0.5	0.2	0.1	0.2	32	21	7	4	63	98	75	19	243,462	15,418,213	45,075	10.9	485,007
Genitourinary Agents	0.3	0.2	0.0	0.1	11	8	0	2	39	50	41	19	60,083	2,317,420	20,875	5.1	219,698
CNS Drugs	0.7	0.3	0.1	0.4	46	30	9	7	64	114	108	18	564,724	36,086,315	72,757	17.7	778,947
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.3	20	7	3	10	39	41	46	36	59,471	2,305,814	11,168	2.7	118,122
Miscellaneous Psychological/Neurological Agents	0.6	0.4	0.0	0.2	57	52	0	5	96	127	105	27	19,450	1,873,309	3,069	0.7	32,961
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	12	7	2	4	32	91	63	13	368,015	11,694,398	92,315	22.4	975,509
Neuromuscular Agents	0.6	0.2	0.1	0.3	33	21	6	7	51	97	42	22	252,322	12,877,791	35,775	8.7	390,592
Nutritional Products	0.4	0.0	0.2	0.3	8	0	4	3	18	29	27	12	139,721	2,515,397	30,320	7.4	310,500
Hematological Agents	0.6	0.1	0.3	0.2	53	34	11	7	87	393	42	29	94,815	8,271,376	14,637	3.6	156,742
Topical Products	0.2	0.1	0.0	0.1	7	4	1	2	28	44	35	14	206,923	5,711,977	83,640	20.3	872,296
Miscellaneous Products	0.5	0.2	0.1	0.2	88	57	22	9	190	343	231	45	9,393	1,780,994	1,903	0.5	20,276
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	37	0	0	0	184,762	6,768,212	62,800	15.2	673,785
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.	4,261,950	181,871,230	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 6 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 therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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, 4.4 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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, 1999

Top 10 Drug Groups	Users					Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$17,355,185	23,572	5.7 %	259,290	0.5	\$122	\$67	
ANTIDEPRESSANTS	13,429,864	48,921	11.9	528,948	0.5	56	25	
ULCER DRUGS	11,960,385	41,717	10.1	454,148	0.4	69	26	
ANTICONVULSANT	10,205,896	23,573	5.7	259,929	0.6	62	39	
ANTIHYPERTENSIVE	8,388,203	37,257	9.0	408,451	0.6	34	21	
CALCIUM BLOCKERS	7,720,125	21,674	5.3	238,561	0.7	48	32	
ANTIASTHMATIC	6,708,615	56,040	13.6	591,682	0.3	38	11	
ANTIDIABETIC	6,439,826	22,363	5.4	247,665	0.6	43	26	
ANALGESICS - Narcotic	6,280,192	83,562	20.3	888,437	0.2	30	7	
MISC. HEMATOLOGICAL	4,938,981	5,657	1.4	61,630	0.5	158	80	

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 ARKANSAS, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,698,042	\$93,427,272	23,572	5.7 %	259,290	0.5	\$67	48,921	11.9 %	528,948	0.5	\$25					
Female	1,168,464	59,849,062	13,790	5.1	151,973	0.5	59	34,858	12.9	378,247	0.5	26					
Disabled	588,757	34,260,069	7,401	14.1	85,214	0.5	75	17,412	33.2	199,588	0.4	26					
5 and younger	5,664	222,943	15	0.8	174	0.3	31	17	1.0	196	0.3	6					
6-14	16,818	917,695	237	5.6	2,798	0.5	49	500	11.9	5,810	0.4	18					
15-20	12,994	845,740	243	8.0	2,790	0.4	54	614	20.2	7,097	0.4	24					
21-44	132,872	9,460,072	2,973	19.5	34,395	0.5	80	6,261	41.1	71,911	0.4	26					
45-64	277,246	16,175,409	3,008	15.7	34,313	0.6	82	7,886	41.0	89,627	0.5	29					
65-74	89,280	4,284,254	539	9.8	6,300	0.6	55	1,375	25.1	16,049	0.5	21					
75-84	43,025	1,909,507	292	10.8	3,405	0.6	37	592	21.9	6,954	0.5	22					
85 and older	10,858	444,449	94	12.3	1,039	0.5	23	167	21.8	1,944	0.5	21					
Other Eligibles	579,700	25,588,308	6,389	2.9	66,759	0.6	40	17,446	8.0	178,659	0.5	25					
5 and younger	16,482	380,752	31	0.1	307	0.2	10	64	0.2	665	0.3	9					
6-14	22,969	864,061	305	0.9	3,237	0.3	34	1,339	3.8	14,267	0.3	15					
15-20	16,037	557,076	186	0.5	1,804	0.3	25	1,202	3.4	11,606	0.3	17					
21-44	56,047	2,163,363	551	0.8	5,298	0.2	29	4,376	6.1	41,180	0.3	18					
45-64	7,835	393,296	51	2.6	543	0.4	42	398	20.5	3,830	0.4	24					
65-74	91,274	4,544,267	895	14.3	9,619	0.7	58	1,908	30.6	20,690	0.6	31					
75-84	189,225	8,810,513	2,025	17.1	21,320	0.6	44	4,027	34.0	42,956	0.6	30					
85 and older	179,831	7,874,980	2,345	18.3	24,631	0.6	34	4,132	32.2	43,465	0.6	30					
Male	529,302	33,565,052	9,777	6.9	107,270	0.6	78	14,053	9.9	150,596	0.4	25					
Disabled	328,525	24,724,271	7,005	15.8	79,492	0.6	91	8,213	18.5	92,061	0.4	26					
5 and younger	8,050	528,152	40	1.6	458	0.3	35	51	2.0	598	0.3	14					
6-14	37,759	3,629,396	784	10.4	9,073	0.5	48	1,296	17.2	14,956	0.4	20					
15-20	19,707	1,655,742	516	10.6	5,921	0.5	64	776	16.0	8,849	0.4	25					
21-44	104,153	9,781,452	3,382	22.9	38,414	0.6	110	3,248	22.0	36,560	0.4	29					
45-64	120,524	7,300,035	1,945	16.7	21,693	0.6	90	2,425	20.8	26,342	0.5	26					
65-74	27,426	1,336,613	216	10.1	2,542	0.7	68	304	14.2	3,475	0.5	20					
75-84	8,358	379,831	88	13.4	1,032	0.7	52	81	12.3	926	0.6	26					
85 and older	2,548	113,050	34	17.3	359	0.5	27	32	16.2	355	0.6	31					
Other Eligibles	200,763	8,840,635	2,771	2.8	27,766	0.5	40	5,840	5.9	58,535	0.5	23					
5 and younger	24,528	655,758	62	0.1	676	0.3	18	136	0.3	1,430	0.3	7					
6-14	33,146	1,394,364	587	1.7	6,093	0.4	35	2,085	6.0	21,545	0.4	15					
15-20	6,738	331,354	145	2.0	1,367	0.4	46	631	8.7	5,911	0.3	19					
21-44	4,558	248,246	59	2.9	566	0.3	41	282	13.6	2,493	0.3	20					
45-64	2,717	138,136	32	5.2	314	0.4	49	112	18.1	981	0.3	15					
65-74	39,082	1,918,286	519	16.5	5,355	0.7	52	734	23.3	7,465	0.6	30					
75-84	52,541	2,490,970	751	20.1	7,460	0.6	43	1,062	28.4	10,788	0.6	34					
85 and older	37,453	1,663,521	616	20.0	5,935	0.6	34	798	25.9	7,922	0.7	32					
Unknown	297	13,989	6	5.1	59	0.6	22	10	8.5	105	0.5	18					

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 7A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 ARKANSAS, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	41,717	10.1 %	454,148	0.4	\$26	23,573	5.7 %	259,929	0.6	\$39	37,257	9.0 %	403,451	0.6	\$21
Female	29,617	11.0	325,404	0.4	27	13,620	5.1	150,819	0.6	37	25,950	9.6	286,614	0.6	21
Disabled	13,512	25.8	156,181	0.4	26	8,920	17.0	101,911	0.6	42	12,305	23.5	141,086	0.6	21
5 and younger	260	14.5	2,820	0.3	17	196	11.0	2,270	0.7	34	39	2.2	426	0.7	14
6-14	257	6.1	3,028	0.4	23	699	16.6	8,109	0.7	49	236	5.6	2,756	0.5	9
15-20	285	9.4	3,301	0.2	15	532	17.5	6,160	0.7	59	81	2.7	940	0.5	15
21-44	3,198	21.0	37,211	0.3	22	3,522	23.1	40,433	0.6	45	1,545	10.1	17,810	0.5	16
45-64	6,185	32.2	70,711	0.4	28	3,210	16.7	36,153	0.6	38	6,275	32.7	71,100	0.6	21
65-74	2,037	37.2	23,995	0.4	28	506	9.2	5,877	0.6	26	2,521	46.0	29,396	0.6	23
75-84	1,014	37.4	11,911	0.4	29	210	7.8	2,436	0.6	23	1,291	47.7	15,004	0.6	22
85 and older	276	36.0	3,204	0.5	32	45	5.9	473	0.6	23	317	41.4	3,654	0.6	22
Other Eligibles	16,104	7.4	169,214	0.4	27	4,700	2.2	48,908	0.6	26	13,645	6.3	145,528	0.6	22
5 and younger	1,224	3.0	10,749	0.2	5	119	0.3	1,194	0.4	13	61	0.1	634	0.5	5
6-14	825	2.3	8,850	0.2	7	385	1.1	4,017	0.5	25	263	0.7	2,744	0.5	7
15-20	650	1.8	6,521	0.1	8	232	0.6	2,347	0.4	21	126	0.4	1,207	0.2	4
21-44	2,151	3.0	21,018	0.2	13	896	1.3	8,426	0.3	22	1,007	1.4	9,413	0.3	12
45-64	266	13.7	2,631	0.3	22	83	4.3	819	0.5	29	271	13.9	2,579	0.5	19
65-74	1,929	30.9	21,280	0.4	32	791	12.7	8,547	0.7	35	2,378	38.1	25,831	0.6	23
75-84	4,388	37.1	48,342	0.5	34	1,244	10.5	13,391	0.7	27	4,958	41.9	54,372	0.7	23
85 and older	4,671	36.4	49,823	0.6	36	950	7.4	10,167	0.7	25	4,581	35.7	48,748	0.7	23
Male	12,091	8.5	128,670	0.4	25	9,947	7.0	109,050	0.7	43	11,305	7.9	121,827	0.6	19
Disabled	6,517	14.7	73,633	0.4	27	7,675	17.3	86,531	0.7	47	6,559	14.8	73,077	0.6	19
5 and younger	262	10.3	2,881	0.3	16	247	9.7	2,820	0.6	27	113	4.4	1,240	0.5	10
6-14	430	5.7	4,985	0.3	20	1,377	18.2	15,970	0.7	40	789	10.5	9,114	0.6	11
15-20	304	6.3	3,443	0.3	22	768	15.8	8,748	0.7	55	246	5.1	2,832	0.5	11
21-44	1,956	13.2	22,356	0.3	26	3,181	21.5	35,800	0.7	53	1,310	8.9	14,646	0.5	18
45-64	2,653	22.7	29,468	0.4	29	1,832	15.7	20,141	0.7	41	2,957	25.3	32,208	0.6	21
65-74	648	30.2	7,445	0.4	28	197	9.2	2,236	0.7	35	820	38.2	9,298	0.6	22
75-84	188	28.6	2,159	0.5	31	55	8.4	632	0.7	33	249	37.9	2,873	0.6	23
85 and older	76	38.6	896	0.5	31	18	9.1	184	0.6	17	75	38.1	866	0.6	23
Other Eligibles	5,574	5.7	55,037	0.4	24	2,272	2.3	22,519	0.6	27	4,746	4.8	48,750	0.6	20
5 and younger	1,482	3.4	13,040	0.2	6	171	0.4	1,734	0.4	19	150	0.3	1,546	0.4	5
6-14	580	1.7	6,255	0.2	8	638	1.8	6,428	0.5	22	811	2.3	8,336	0.5	7
15-20	203	2.8	1,995	0.2	10	216	3.0	2,004	0.5	27	83	1.1	847	0.3	6
21-44	160	7.7	1,356	0.3	26	130	6.3	1,148	0.4	32	104	5.0	865	0.4	16
45-64	85	13.7	717	0.3	27	40	6.5	339	0.5	36	109	17.6	915	0.5	21
65-74	832	26.4	8,652	0.5	34	398	12.6	4,046	0.8	33	1,064	33.7	11,133	0.6	22
75-84	1,247	33.3	13,099	0.5	36	416	11.1	4,212	0.8	32	1,401	37.5	14,611	0.7	25
85 and older	985	31.9	9,923	0.6	35	263	8.5	2,608	0.7	26	1,024	33.2	10,497	0.7	23
Unknown	10	8.5	83	0.5	37	6	5.1	60	1.3	82	2	1.7	10	0.6	5

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 7B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 ARKANSAS, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIASTHMATIC					ANTIIDIABETIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	21,674	5.3 %	238,561	0.7	\$32	56,040	13.6 %	591,682	0.3	\$11	22,363	5.4 %	247,665	0.6	\$26
Female	16,659	6.2	184,212	0.7	32	30,960	11.5	329,761	0.3	12	17,198	6.4	192,036	0.6	26
Disabled	7,752	14.8	88,730	0.6	33	12,093	23.1	138,403	0.4	15	10,071	19.2	115,431	0.6	28
5 and younger	5	0.3	47	0.2	4	802	44.9	9,135	0.3	9	1	0.1	12	1.7	40
6-14	24	0.6	288	0.7	67	921	21.9	10,688	0.3	14	31	0.7	367	0.8	28
15-20	33	1.1	371	0.4	22	474	15.6	5,472	0.3	10	62	2.0	677	0.7	27
21-44	935	6.1	10,795	0.5	26	2,588	17.0	29,705	0.3	12	1,315	8.6	15,128	0.5	24
45-64	3,957	20.6	44,608	0.6	33	5,223	27.2	59,149	0.4	18	5,522	28.7	62,659	0.6	29
65-74	1,683	30.7	19,610	0.7	36	1,458	26.6	16,988	0.4	18	2,152	39.3	25,120	0.6	29
75-84	889	32.8	10,414	0.7	35	513	18.9	5,944	0.4	19	810	29.9	9,438	0.6	27
85 and older	226	29.5	2,597	0.7	34	114	14.9	1,322	0.3	10	178	23.2	2,030	0.6	19
Other Eligibles	8,907	4.1	95,482	0.7	32	18,867	8.7	191,358	0.3	9	7,127	3.3	76,605	0.6	23
5 and younger	0	0.0	0	0.0	0	6,220	15.0	61,324	0.2	5	9	0.0	108	0.9	26
6-14	24	0.1	253	0.3	8	3,308	9.4	35,009	0.2	9	53	0.2	541	1.0	35
15-20	85	0.2	822	0.1	4	1,240	3.5	11,935	0.2	7	72	0.2	755	0.5	17
21-44	639	0.9	5,979	0.3	16	2,276	3.2	21,283	0.2	7	639	0.9	5,859	0.4	16
45-64	166	8.5	1,547	0.5	27	174	8.9	1,694	0.3	11	217	11.2	1,973	0.5	24
65-74	1,591	25.5	17,314	0.7	34	1,383	22.2	14,730	0.4	19	1,692	27.1	18,663	0.6	26
75-84	3,364	28.4	36,934	0.7	34	2,205	18.6	23,687	0.4	17	2,853	24.1	31,438	0.6	24
85 and older	3,038	23.6	32,633	0.8	32	2,061	16.0	21,696	0.3	12	1,592	12.4	17,268	0.7	21
Male	5,012	3.5	54,328	0.7	33	25,070	17.6	261,840	0.3	11	5,161	3.6	55,590	0.6	26
Disabled	3,066	6.9	34,189	0.6	33	8,090	18.2	91,394	0.4	15	3,359	7.6	37,297	0.6	27
5 and younger	7	0.3	74	0.6	19	1,215	47.8	13,900	0.3	10	3	0.1	27	0.8	20
6-14	43	0.6	498	0.6	26	1,976	26.2	22,780	0.3	14	30	0.4	351	0.8	24
15-20	38	0.8	433	0.5	29	698	14.4	8,015	0.4	15	56	1.2	632	0.7	30
21-44	690	4.7	7,684	0.6	30	1,086	7.4	12,341	0.3	13	810	5.5	9,150	0.6	28
45-64	1,621	13.9	17,857	0.6	34	2,235	19.2	24,337	0.4	19	1,848	15.8	20,134	0.6	26
65-74	472	22.0	5,382	0.7	35	665	31.0	7,592	0.4	18	479	22.3	5,485	0.7	30
75-84	148	22.5	1,716	0.7	33	181	27.5	2,034	0.4	17	105	16.0	1,218	0.6	20
85 and older	47	23.9	545	0.8	39	34	17.3	395	0.3	11	28	14.2	300	0.6	22
Other Eligibles	1,946	2.0	20,139	0.7	32	16,979	17.3	170,434	0.3	9	1,802	1.8	18,293	0.6	24
5 and younger	3	0.0	35	0.3	13	9,051	20.9	88,852	0.2	5	5	0.0	51	0.9	22
6-14	26	0.1	284	0.4	15	4,284	12.2	44,774	0.3	10	49	0.1	477	0.8	23
15-20	13	0.2	130	0.3	14	606	8.4	6,052	0.2	9	28	0.4	249	0.7	25
21-44	53	2.6	456	0.4	18	124	6.0	1,084	0.2	9	77	3.7	630	0.5	24
45-64	47	7.6	382	0.5	25	70	11.3	587	0.4	22	54	8.7	435	0.5	22
65-74	553	17.5	5,736	0.7	34	851	27.0	8,907	0.5	20	607	19.3	6,334	0.6	26
75-84	712	19.0	7,503	0.7	33	1,174	31.4	12,024	0.4	17	637	17.0	6,587	0.6	23
85 and older	539	17.5	5,613	0.7	31	819	26.5	8,154	0.4	16	345	11.2	3,530	0.6	21
Unknown	3	2.6	21	0.9	41	11	9.4	93	0.3	6	4	3.4	39	0.3	6

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 7C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 ARKANSAS, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic				MISC. HEMATOLOGICAL					
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Benes	No. of Bene Mos
All	83,562	20.3 %	888,437	0.2	5,657	1.4 %	61,630	0.5	412,101	3,808,752
Female	62,032	23.0	657,384	0.2	4,144	1.5	45,755	0.5	269,346	2,512,175
Disabled	24,449	46.6	280,861	0.3	1,451	2.8	16,574	0.4	52,428	575,822
5 and younger	195	10.9	2,250	0.1	0	0.0	0	0.0	1,788	18,657
6-14	514	12.2	6,046	0.1	1	0.0	12	0.8	4,202	47,171
15-20	856	28.2	9,790	0.1	0	0.0	0	0.0	3,040	33,073
21-44	8,637	56.7	99,730	0.2	77	0.5	870	0.3	15,236	168,351
45-64	10,168	52.9	115,251	0.3	689	3.6	7,636	0.4	19,212	205,824
65-74	2,537	46.3	29,754	0.3	395	7.2	4,653	0.4	5,476	62,955
75-84	1,204	44.5	14,137	0.3	223	8.2	2,653	0.5	2,708	31,181
85 and older	338	44.1	3,903	0.3	66	8.6	750	0.5	766	8,610
Other Eligibles	37,582	17.3	376,514	0.2	2,693	1.2	29,181	0.6	216,918	1,936,353
5 and younger	1,586	3.8	16,551	0.1	0	0.0	0	0.0	41,489	332,977
6-14	2,677	7.6	28,417	0.1	1	0.0	12	0.1	4	35,328
15-20	5,382	15.0	51,743	0.1	1	0.0	9	0.3	4,624	307,862
21-44	15,377	21.5	144,707	0.2	30	0.0	280	0.2	71,411	640,680
45-64	546	28.1	5,164	0.3	17	0.9	155	0.3	1,945	15,537
65-74	2,320	37.2	25,401	0.3	406	6.5	4,458	0.5	6,242	64,981
75-84	4,757	40.2	52,086	0.3	1,016	8.6	11,249	0.6	11,831	125,951
85 and older	4,937	38.4	52,445	0.3	1,222	9.5	13,018	0.6	12,846	132,392
Male	21,523	15.1	230,988	0.2	1,511	1.1	15,861	0.5	142,638	1,295,676
Disabled	11,929	26.9	133,412	0.3	625	1.4	6,821	0.4	44,378	470,931
5 and younger	269	10.6	3,146	0.1	6	0.2	60	0.7	2,543	26,234
6-14	778	10.3	9,135	0.1	23	0.3	274	0.7	7,546	83,885
15-20	784	16.1	8,974	0.1	6	0.1	69	0.7	4,856	51,929
21-44	4,756	32.2	53,699	0.3	78	0.5	893	0.3	14,766	158,139
45-64	4,318	37.0	46,839	0.3	339	2.9	3,531	0.4	11,666	117,240
65-74	746	34.7	8,460	0.3	120	5.6	1,386	0.4	2,147	23,923
75-84	190	28.9	2,136	0.3	39	5.9	463	0.5	657	7,385
85 and older	88	44.7	1,023	0.2	14	7.1	145	0.7	197	2,196
Other Eligibles	9,594	9.8	97,576	0.2	886	0.9	9,040	0.5	98,260	824,745
5 and younger	2,153	5.0	22,610	0.1	2	0.0	22	0.5	1,946	345,807
6-14	2,532	7.2	26,875	0.1	7	0.0	65	0.3	1,792	309,163
15-20	788	10.9	7,847	0.1	2	0.0	24	0.1	7,235	56,495
21-44	677	32.7	5,679	0.3	8	0.4	88	0.2	2,070	12,061
45-64	226	36.5	1,934	0.3	16	2.6	116	0.3	619	3,705
65-74	1,028	32.6	10,274	0.4	201	6.4	2,097	0.5	3,153	30,923
75-84	1,223	32.7	12,458	0.3	356	9.5	3,631	0.5	3,740	36,779
85 and older	967	31.3	9,899	0.3	294	9.5	2,997	0.6	3,087	29,812
Unknown	8	6.8	74	0.3	2	1.7	14	0.7	117	901

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 7D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 ARKANSAS, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$196	5.3	13,335	131,442
Age				
0-64	258	5.7	1,382	14,893
65-74	235	5.8	1,695	17,062
75-84	207	5.6	3,987	38,916
85 and older	163	4.9	6,269	60,550
Unknown	165	4.0	2	21
Gender				
Female	194	5.4	9,589	95,520
Male	202	5.2	3,741	35,877
Unknown	111	3.8	5	45
Race				
White	202	5.5	10,768	104,843
African American	167	4.5	2,258	23,348
Other/unknown	208	5.4	309	3,251
Basis of Eligibility				
Aged	189	5.3	11,297	109,173
Disabled	231	5.4	2,038	22,269
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 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 ARKANSAS, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos				
	Patented		Generic		Patented		Generic										
	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent									
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$13	\$0	\$2	\$47	\$75	\$49	\$15	33,262	\$1,555,855	9,343	70.1 %	96,859
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	0.2	0.2	60	21	31	8	127	173	169	48	3,420	433,452	718	5.4	7,190
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	25	17	4	4	25	43	16	11	48,196	1,204,028	4,808	36.1	48,867
Cardiovascular Agents	1.8	0.3	0.4	1.0	40	15	14	12	22	44	31	12	170,344	3,765,764	9,406	70.5	94,098
Respiratory Agents	0.6	0.2	0.0	0.4	16	9	1	7	29	49	23	19	29,375	856,059	5,108	38.3	52,844
Gastrointestinal Agents	0.9	0.3	0.2	0.4	51	30	14	8	54	92	63	19	59,124	3,218,786	6,122	45.9	62,688
Genitourinary Agents	0.5	0.3	0.0	0.3	21	16	0	5	40	60	43	20	15,021	602,359	2,646	19.8	28,022
CNS Drugs	1.4	0.6	0.2	0.7	74	51	13	10	54	92	83	15	121,641	6,550,101	8,664	65.0	88,798
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	11	0	1	10	21	23	65	20	382	8,206	73	0.5	723
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	85	82	0	4	108	119	59	36	7,171	778,021	908	6.8	9,145
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	19	11	2	6	29	72	56	13	41,095	1,182,003	5,957	44.7	60,686
Neuromuscular Agents	1.1	0.3	0.3	0.6	45	20	12	13	41	81	43	23	43,765	1,793,414	3,750	28.1	39,498
Nutritional Products	0.8	0.0	0.3	0.5	14	0	7	6	18	30	27	12	38,385	681,339	4,967	37.2	49,661
Hematological Agents	0.9	0.1	0.3	0.4	33	14	10	9	38	150	28	21	29,560	1,124,662	3,388	25.4	34,388
Topical Products	0.4	0.1	0.1	0.2	13	8	3	3	33	52	40	14	27,268	893,216	6,436	48.3	68,967
Miscellaneous Products	0.2	0.0	0.0	0.2	11	3	3	5	46	86	323	27	1,004	46,128	406	3.0	4,194
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	17	0	0	0	35	0	0	0	31,435	1,095,535	5,986	44.9	62,901
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.	700,448	25,788,928	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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 1999. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). In Arkansas, 4.4 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 = Center for Medicare and 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 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}
 ARKANSAS, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$3,028,006	5,387	40.4 %	57,015	0.7	\$73	\$53
ANTIDEPRESSANTS	2,542,160	6,493	48.7	66,997	0.8	51	38
ULCER DRUGS	2,488,046	5,807	43.5	60,206	0.7	63	41
ANTHYPERTENSIVE	1,197,347	4,503	33.8	45,490	0.8	32	26
ANTICONVULSANT	1,159,227	2,683	20.1	28,516	0.9	45	41
CALCIUM BLOCKERS	979,040	2,723	20.4	27,546	0.8	42	36
ANTIANSIETY AGENTS	869,177	4,115	30.9	42,722	0.6	36	20
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	778,021	916	6.9	9,248	0.8	108	84
MINERALS & ELECTROLYTES	651,809	5,227	39.2	52,353	0.7	17	12
ANTIASTHMATIC	610,790	3,619	27.1	36,435	0.4	38	17

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d} ARKANSAS, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Users	Mean No. of Rx	Mean Rx \$
All	302,523	\$14,303,623	5,387	40.4 %	57,015	0.7	\$53	6,493	48.7 %	66,997	0.8	\$38					
Female	217,577	10,135,457	3,719	38.8	39,693	0.7	52	4,823	50.3	50,164	0.8	38					
Disabled	33,080	1,814,300	680	59.9	7,929	0.8	78	568	50.0	6,371	0.8	43					
64 or younger	21,713	1,307,187	426	61.3	4,940	0.9	94	415	59.7	4,620	0.8	45					
65-74	4,163	216,182	109	71.7	1,291	0.8	69	48	31.6	540	0.8	40					
75-84	4,790	204,383	115	59.9	1,338	0.7	44	72	37.5	822	0.7	36					
85 and older	2,414	86,548	30	31.3	360	0.6	21	33	34.4	389	0.8	35					
Other Eligibles	184,492	8,320,663	3,039	36.0	31,764	0.7	46	4,255	50.3	43,793	0.7	37					
64 or younger	57	2,154	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	24,756	1,312,971	520	62.4	5,601	0.8	66	557	66.9	5,911	0.7	41					
75-84	63,853	2,979,781	1,086	41.4	11,254	0.7	50	1,486	56.7	15,133	0.8	39					
85 and older	95,826	4,025,757	1,433	28.7	14,909	0.6	35	2,212	44.3	22,749	0.7	35					
Male	84,883	4,166,957	1,667	44.6	17,319	0.8	55	1,668	44.6	16,809	0.8	39					
Disabled	25,112	1,391,504	540	59.9	6,189	0.9	72	363	40.3	3,882	0.8	42					
64 or younger	19,458	1,103,503	407	60.2	4,636	0.9	76	289	42.8	3,041	0.8	44					
65-74	2,872	154,283	69	71.9	811	0.9	66	36	37.5	409	0.7	35					
75-84	2,047	101,852	48	55.8	568	0.9	66	29	33.7	330	0.7	37					
85 and older	735	31,866	16	37.2	174	0.7	39	9	20.9	102	0.6	33					
Other Eligibles	59,757	2,775,307	1,126	39.7	11,118	0.7	45	1,305	46.0	12,927	0.8	39					
64 or younger	179	9,733	2	40.0	24	0.8	56	1	20.0	12	0.8	51					
65-74	15,184	711,376	296	48.2	3,094	0.7	53	322	52.4	3,255	0.7	37					
75-84	24,002	1,138,548	437	40.3	4,358	0.7	45	529	48.8	5,254	0.8	41					
85 and older	20,392	915,650	391	34.4	3,642	0.6	38	453	39.9	4,406	0.7	37					
Unknown	82	1,849	2	28.6	15	1.0	8	2	28.6	24	0.5	8					

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 ARKANSAS, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					ANTICONVULSANT				
	Users as %			Mean		Users as %			Mean		Users as %			Mean	
	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	Mean Rx \$	Mean No. of Rx
All	5,807	43.5 %	60,206	0.7	\$41	4,503	33.8 %	45,490	0.8	\$26	2,683	20.1 %	28,516	0.9	\$41
Female	4,188	43.7	43,649	0.7	41	3,197	33.3	32,453	0.8	26	1,742	18.2	18,694	0.9	39
Disabled	465	41.0	5,275	0.7	43	343	30.2	3,761	0.8	25	468	41.2	5,293	1.0	51
64 or younger	279	40.1	3,139	0.7	44	199	28.6	2,146	0.8	26	369	53.1	4,163	1.0	55
65-74	61	40.1	705	0.7	46	51	33.6	542	0.8	25	47	30.9	545	0.9	41
75-84	77	40.1	874	0.7	39	54	28.1	624	0.9	27	43	22.4	488	0.9	30
85 and older	48	50.0	557	0.7	39	39	40.6	449	0.7	20	9	9.4	97	0.7	26
Other Eligibles	3,722	44.0	38,365	0.7	41	2,854	33.8	28,692	0.8	26	1,274	15.1	13,401	0.8	34
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	24	1.4	35
65-74	355	42.6	3,705	0.6	42	312	37.5	3,167	0.9	27	310	37.2	3,333	0.9	43
75-84	1,198	45.7	12,413	0.7	41	1,029	39.2	10,362	0.8	26	491	18.7	5,108	0.8	32
85 and older	2,169	43.4	22,247	0.7	40	1,513	30.3	15,163	0.8	25	471	9.4	4,936	0.8	30
Male	1,617	43.2	16,548	0.7	42	1,306	34.9	13,037	0.8	28	939	25.1	9,804	0.9	44
Disabled	401	44.5	4,488	0.7	43	272	30.2	2,992	0.8	29	411	45.6	4,565	1.0	56
64 or younger	316	46.7	3,501	0.7	44	204	30.2	2,228	0.8	30	334	49.4	3,679	1.0	59
65-74	42	43.8	487	0.6	35	30	31.3	338	0.8	31	43	44.8	496	1.2	53
75-84	26	30.2	312	0.6	42	23	26.7	262	0.8	24	29	33.7	340	0.8	43
85 and older	17	39.5	188	0.7	38	15	34.9	164	0.8	25	5	11.6	50	0.7	22
Other Eligibles	1,216	42.8	12,060	0.6	42	1,034	36.4	10,045	0.8	28	528	18.6	5,239	0.9	34
64 or younger	2	40.0	24	0.6	42	3	60.0	36	0.9	24	1	20.0	12	0.9	13
65-74	273	44.5	2,701	0.7	42	232	37.8	2,345	0.8	26	172	28.0	1,736	0.9	36
75-84	479	44.2	4,820	0.6	44	430	39.7	4,055	0.8	30	215	19.8	2,141	0.9	35
85 and older	462	40.7	4,515	0.6	40	369	32.5	3,609	0.8	27	140	12.3	1,350	0.8	29
Unknown	3	42.9	18	0.6	39	0	0.0	0	0.0	0	2	28.6	18	1.3	30

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 ARKANSAS, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTI-ANXIETY AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,723	20.4 %	27,546	0.8	\$36	4,115	30.9 %	42,722	0.6	\$20	916	6.9 %	9,248	0.8	\$84
Female	2,059	21.5	20,970	0.8	36	3,068	32.0	32,073	0.6	20	681	7.1	6,965	0.8	84
Disabled	214	18.9	2,364	0.8	38	373	32.9	4,187	0.7	25	37	3.3	417	0.7	68
64 or younger	124	17.8	1,356	0.8	42	244	35.1	2,689	0.7	28	19	2.7	201	0.7	71
65-74	30	19.7	317	0.7	34	44	28.9	491	0.6	21	4	2.6	48	1.2	79
75-84	31	16.1	359	0.7	32	57	29.7	671	0.6	22	9	4.7	108	0.5	51
85 and older	29	30.2	332	0.8	33	28	29.2	336	0.7	21	5	5.2	60	0.9	82
Other Eligibles	1,845	21.8	18,606	0.9	35	2,694	31.9	27,877	0.5	19	644	7.6	6,548	0.8	85
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	1.0	99
65-74	196	23.5	2,037	0.9	44	330	39.6	3,393	0.6	24	58	7.0	626	0.8	79
75-84	661	25.2	6,613	0.9	35	913	34.8	9,338	0.6	20	242	9.2	2,442	0.8	84
85 and older	988	19.8	9,956	0.8	34	1,451	29.1	15,146	0.5	18	343	6.9	3,468	0.8	88
Male	663	17.7	6,573	0.8	36	1,045	27.9	10,631	0.6	21	235	6.3	2,283	0.8	83
Disabled	149	16.5	1,657	0.8	39	260	28.9	2,833	0.6	24	25	2.8	293	0.7	84
64 or younger	110	16.3	1,202	0.8	39	201	29.7	2,161	0.7	25	11	1.6	125	0.6	113
65-74	19	19.8	227	1.0	53	30	31.3	334	0.6	28	6	6.3	72	0.8	71
75-84	13	15.1	150	0.7	21	18	20.9	216	0.5	16	5	5.8	60	0.9	43
85 and older	7	16.3	78	1.0	39	11	25.6	122	0.2	5	3	7.0	36	0.7	80
Other Eligibles	514	18.1	4,916	0.8	35	785	27.7	7,798	0.6	20	210	7.4	1,990	0.8	83
64 or younger	1	20.0	12	1.0	43	1	20.0	12	0.8	26	0	0.0	0	0.0	0
65-74	132	21.5	1,292	0.9	37	179	29.2	1,799	0.6	23	32	5.2	310	0.8	78
75-84	213	19.6	1,997	0.9	34	316	29.2	3,134	0.6	21	91	8.4	819	0.7	81
85 and older	168	14.8	1,615	0.8	34	269	25.4	2,853	0.5	18	87	7.7	861	0.8	87
Unknown	1	14.3	3	1.0	47	3	42.9	27	0.4	3	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 ARKANSAS, 1999

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ANTI-ASTHMATIC						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	%	No. of Users	%		No. of Users	%	No. of Users	%			
All	5,227	39.2 %	52,353	0.7	\$13	3,619	27.1 %	36,435	0.4	\$17	13,335	131,442
Female	3,952	41.2	39,872	0.7	12	2,318	24.2	23,490	0.4	15	9,588	95,511
Disabled	381	33.6	4,245	0.7	14	257	22.6	2,819	0.5	18	1,135	12,600
64 or younger	193	27.8	2,120	0.7	14	164	23.6	1,795	0.5	20	695	7,635
65-74	55	36.2	621	0.8	15	34	22.4	360	0.4	11	152	1,692
75-84	89	46.4	994	0.8	13	26	13.5	288	0.5	25	192	2,174
85 and older	44	45.8	510	0.8	12	33	34.4	376	0.3	8	96	1,099
Other Eligibles	3,571	42.2	35,627	0.7	12	2,061	24.4	20,671	0.4	15	8,453	82,911
64 or younger	1	25.0	12	1.0	11	0	0.0	0	0.0	0	4	48
65-74	307	36.9	3,044	0.7	13	281	33.7	2,821	0.5	21	833	8,384
75-84	1,105	42.1	10,976	0.7	13	695	26.5	6,835	0.4	17	2,622	25,811
85 and older	2,158	43.2	21,595	0.7	12	1,085	21.7	11,015	0.3	12	4,994	48,668
Male	1,272	34.0	12,454	0.7	13	1,301	34.8	12,945	0.5	19	3,740	35,865
Disabled	223	24.8	2,450	0.8	15	242	26.9	2,658	0.4	18	901	9,645
64 or younger	168	24.9	1,840	0.8	15	180	26.6	1,971	0.5	20	676	7,137
65-74	14	14.6	142	0.9	13	29	30.2	327	0.4	15	96	1,077
75-84	26	30.2	312	0.8	16	28	32.6	308	0.4	14	86	965
85 and older	15	34.9	156	0.8	15	5	11.6	52	0.2	6	43	466
Other Eligibles	1,049	36.9	10,004	0.7	12	1,058	37.3	10,275	0.5	20	2,839	26,220
64 or younger	2	40.0	24	0.3	5	6	120.0	72	0.9	67	5	49
65-74	207	33.7	2,080	0.7	13	246	40.1	2,473	0.6	21	614	5,909
75-84	402	37.1	3,861	0.7	11	419	38.7	3,928	0.5	20	1,084	9,945
85 and older	438	38.6	4,039	0.7	12	387	34.1	3,802	0.5	18	1,136	10,317
Unknown	3	42.9	27	0.1	1	1	14.3	12	0.2	3	7	66

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,065 beneficiaries who were in nursing facilities for part of their enrollment and their 73,041 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 ARKANSAS, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	470,165	41,106	96,866	102,909	229,271	4,378,388	422,832	1,048,469	904,215	2,002,716	156
Age											
5 and younger	103,558	1	4,342	80	99,134	862,895	10	45,384	490	816,999	12
6-14	112,607	2	11,765	283	100,555	1,056,533	24	131,639	1,945	922,901	24
15-20	64,096	0	7,905	26,680	29,509	579,432	0	85,394	231,751	262,263	24
21-44	103,567	60	30,009	73,436	56	979,751	604	326,554	652,099	422	72
45-64	33,464	148	30,892	2,416	6	342,514	1,345	323,224	17,875	46	24
65-74	17,022	9,386	7,625	10	1	182,816	95,878	86,902	32	4	0
75-84	18,941	15,575	3,365	1	0	201,325	162,753	38,566	6	0	0
85 and older	16,897	15,932	963	2	0	173,018	162,197	10,806	15	0	0
Unknown	13	2	0	1	10	104	21	0	2	81	0
Gender											
Female	297,472	31,025	52,443	99,694	114,305	2,793,109	324,407	576,403	885,540	1,006,699	60
Male	172,577	10,074	44,396	3,190	114,909	1,584,377	98,382	471,774	18,558	995,567	96
Unknown	116	7	27	25	57	902	43	292	117	450	0
Race											
White	286,781	28,524	54,917	65,409	137,921	2,650,276	287,840	590,390	575,205	1,196,721	120
African American	160,242	9,969	32,627	34,996	82,647	1,517,355	106,460	360,702	312,386	737,771	36
Other/unknown	23,142	2,613	9,322	2,504	8,703	210,757	28,532	97,377	16,624	68,224	0
Use of Nursing Facilities											
All year	13,335	11,297	2,038	0	0	131,442	109,173	22,269	0	0	0
Part year	7,065	5,734	1,330	1	0	73,041	58,643	14,392	6	0	0
None	449,765	24,075	93,498	102,908	229,271	4,173,905	255,016	1,011,808	904,209	2,002,716	156
Maintenance Assistance Status											
Cash	154,959	17,351	85,871	15,014	36,723	1,592,222	194,960	951,663	121,757	323,842	0
Medically needy	31,189	465	3,560	10,795	16,369	231,906	1,762	17,650	76,035	136,459	0
Poverty related	122,213	429	401	21,621	99,762	986,657	3,765	3,587	136,963	842,342	0
Other/unknown	161,804	22,861	7,034	55,479	76,417	1,567,603	222,345	75,569	569,460	700,073	156
Dual Status^c											
Full dual, all year	71,547	37,882	33,222	437	4	761,256	391,613	366,327	3,255	37	24
Full dual, part year	1,471	947	519	5	0	15,009	9,896	5,053	60	0	0
Non-dual, all year	397,147	2,277	63,125	102,467	229,267	3,602,123	21,323	677,089	900,900	2,002,679	132
Managed Care Status											
FFS all year	404,414	41,106	96,612	102,359	164,324	3,767,527	422,832	1,045,638	898,836	1,400,065	156
FFS part year, with Rx claims	5,719	0	192	279	5,248	62,506	0	2,180	2,939	57,387	0
FFS part year, no Rx claims	1,968	0	29	108	1,831	18,928	0	302	1,050	17,576	0
MC all year, with Rx claims	30,513	0	27	88	30,398	320,995	0	277	954	319,764	0
MC all year, no Rx claims	27,551	0	6	75	27,470	208,432	0	72	436	207,924	0

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains 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 or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 ARKANSAS, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	470,165	4,378,388	412,101	3,808,752	58,064	569,636
FFS all year	404,414	3,767,527	404,414	3,767,527	0	0
FFS part year, with Rx claims	5,719	62,506	5,719	31,629	0	30,877
FFS part year, with no Rx claims	1,968	18,928	1,968	9,596	0	9,332
MC all year, with Rx claims	30,513	320,995	0	0	30,513	320,995
MC all year, with no Rx claims	27,551	208,432	0	0	27,551	208,432

Source: Data for this table are from the MAX 1999 file for Arkansas, released by CMS in 9/2003. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.