

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 MISSISSIPPI

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>153,476</b>	<b>84,840</b>	<b>68,070</b>	<b>560</b>	<b>6</b>	<b>0</b>	<b>1,673,851</b>	<b>924,727</b>	<b>744,788</b>	<b>4,298</b>	<b>38</b>	<b>0</b>
<b>Age</b>												
5 and younger	6	0	5	0	1	0	72	0	60	0	12	0
6-14	18	0	18	0	0	0	203	0	203	0	0	0
15-20	248	0	241	2	5	0	2,629	0	2,593	10	26	0
21-44	21,760	0	21,386	374	0	0	236,215	0	233,297	2,918	0	0
45-64	38,173	18	37,983	172	0	0	418,107	201	416,599	1,307	0	0
65-74	39,538	34,094	5,439	5	0	0	434,144	374,263	59,857	24	0	0
75-84	34,020	31,761	2,253	6	0	0	374,170	349,630	24,510	30	0	0
85 and older	19,713	18,967	745	1	0	0	208,311	200,633	7,669	9	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	98,335	61,674	36,242	417	2	0	1,081,861	679,054	399,534	3,265	8	0
Male	55,136	23,166	31,823	143	4	0	591,944	245,673	345,208	1,033	30	0
Unknown	5	0	5	0	0	0	46	0	46	0	0	0
<b>Race</b>												
White	66,558	39,393	26,930	233	2	0	717,863	421,159	294,960	1,736	8	0
African American	72,449	38,345	33,807	295	2	0	804,775	426,279	376,058	2,423	15	0
Other/unknown	14,469	7,102	7,333	32	2	0	151,213	77,289	73,770	139	15	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,390	10,913	1,477	0	0	0	127,827	111,829	15,998	0	0	0
Part year	5,922	5,051	871	0	0	0	60,337	51,218	9,119	0	0	0
None	135,164	68,876	65,722	560	6	0	1,485,687	761,680	719,671	4,298	38	0
<b>Maintenance Assistance Status</b>												
Cash	63,785	29,150	34,174	460	1	0	709,075	333,941	371,406	3,725	3	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	66,756	36,979	29,704	70	3	0	726,791	399,567	326,792	414	18	0
Other/unknown	22,935	18,711	4,192	30	2	0	237,985	191,219	46,590	159	17	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	152,083	83,879	67,640	558	6	0	1,659,451	914,919	740,220	4,274	38	0
Full dual, part year	1,393	961	430	2	0	0	14,400	9,808	4,568	24	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	153,476	84,840	68,070	560	6	0	1,673,851	924,727	744,788	4,298	38	0
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 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>		Number of Beneficiaries
						\$60	27.1 %	
<b>All</b>	<b>91.7 %</b>	<b>37.7</b>	<b>\$2,241</b>	<b>\$60</b>	<b>\$8,279</b>	<b>27.1 %</b>	<b>153,476</b>	
<b>Age</b>								
5 and younger	100.0	50.7	4,296	85	6,438	66.7	6	
6-14	100.0	39.8	5,160	130	12,443	41.5	18	
15-20	79.8	18.6	1,939	104	10,130	19.1	248	
21-44	86.3	24.9	2,137	86	6,808	31.4	21,760	
45-64	91.8	37.6	2,510	67	7,081	35.5	38,173	
65-74	91.6	38.1	2,091	55	6,143	34.0	39,538	
75-84	93.6	42.2	2,228	53	9,010	24.7	34,020	
85 and older	94.8	43.5	2,158	50	15,216	14.2	19,713	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	92.9	40.8	2,153	53	9,192	23.4	84,840	
Disabled	90.3	33.9	2,359	70	7,172	32.9	68,070	
Adults	87.7	19.6	1,209	62	4,549	26.6	560	
Children	66.7	15.3	1,566	102	7,640	20.5	6	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Gender</b>								
Female	94.4	41.8	2,372	57	8,777	27.0	98,335	
Male	87.0	30.4	2,007	66	7,391	27.2	55,136	
Unknown	80.0	41.8	3,912	94	8,238	47.5	5	
<b>Race</b>								
White	93.1	43.2	2,651	61	10,180	26.0	66,558	
African American	91.5	33.3	1,912	57	6,967	27.4	72,449	
Other/unknown	86.9	34.1	2,003	59	6,106	32.8	14,469	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	98.0	70.1	3,870	55	37,895	10.2	12,390	
Part year	96.1	49.4	2,811	57	21,719	12.9	5,922	
None	91.0	34.2	2,067	61	4,975	41.5	135,164	
<b>Maintenance Assistance Status</b>								
Cash	89.8	32.8	1,928	59	5,166	37.3	63,785	
Medically needy	0.0	0.0	0	0	0	0.0	0	
Poverty related	92.1	35.2	2,166	62	3,838	56.4	66,756	
Other/unknown	95.9	58.3	3,331	57	29,861	11.2	22,935	

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less			More than 10	Mean \$, All Medicaid FFS <sup>d</sup>
<b>All</b>	<b>3.5</b>	<b>\$206</b>	<b>27.1 %</b>	<b>8.3 %</b>	<b>17.0 %</b>	<b>13.5 %</b>	<b>43.7 %</b>	<b>16.2 %</b>	<b>1.4 %</b>	<b>\$759</b>	<b>153,476</b>	<b>1,673,851</b>
<b>Age</b>												
5 and younger	4.2	358	66.7	0.0	0.0	0.0	83.3	16.7	0.0	537	6	72
6-14	3.5	458	41.5	0.0	11.1	11.1	66.7	11.1	0.0	1,103	18	203
15-20	1.8	183	19.1	20.2	42.7	11.7	19.4	5.6	0.4	956	248	2,629
21-44	2.3	197	31.4	13.7	30.3	16.1	33.4	6.4	0.1	627	21,760	236,215
45-64	3.4	229	35.5	8.2	16.2	13.3	45.1	16.6	0.6	647	38,173	418,107
65-74	3.5	191	34.0	8.4	15.5	13.5	45.5	16.1	1.1	560	39,538	434,144
75-84	3.8	203	24.7	6.4	13.4	12.6	46.3	19.0	2.4	819	34,020	374,170
85 and older	4.1	204	14.2	5.2	12.7	12.8	44.5	21.5	3.2	1,440	19,713	208,311
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.7	198	23.4	7.1	14.2	13.0	45.3	18.3	2.1	843	84,840	924,727
Disabled	3.1	216	32.9	9.7	20.3	14.1	41.7	13.7	0.5	655	68,070	744,788
Adults	2.6	158	26.6	12.3	23.2	17.3	42.5	4.6	0.0	593	560	4,298
Children	2.4	247	20.5	33.3	33.3	16.7	16.7	0.0	0.0	1,206	6	38
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	3.8	216	27.0	5.6	13.3	13.1	47.2	19.0	1.6	798	98,335	1,081,861
Male	2.8	187	27.2	13.0	23.5	14.2	37.4	11.1	0.9	688	55,136	591,944
Unknown	4.5	425	47.5	20.0	20.0	0.0	40.0	20.0	0.0	896	5	46
<b>Race</b>												
White	4.0	246	26.0	6.9	13.3	11.2	44.1	22.0	2.5	944	66,558	717,863
African American	3.0	172	27.4	8.5	20.5	15.7	43.5	11.2	0.5	627	72,449	804,775
Other/unknown	3.3	192	32.8	13.1	16.0	13.5	42.4	14.4	0.6	584	14,469	151,213
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	6.8	375	10.2	2.0	3.9	5.7	30.0	44.0	14.3	3,673	12,390	127,827
Part year	4.9	276	12.9	3.9	9.4	10.5	42.9	28.5	4.7	2,132	5,922	60,337
None	3.1	188	41.5	9.0	18.5	14.4	45.0	13.1	0.0	453	135,164	1,485,687
<b>Maintenance Assistance Status</b>												
Cash	3.0	173	37.3	10.2	20.2	14.6	42.9	12.0	0.2	465	63,785	709,075
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	3.2	199	56.4	7.9	17.3	14.5	46.8	13.5	0.0	353	66,756	726,791
Other/unknown	5.6	321	11.2	4.1	7.1	7.9	36.7	35.5	8.6	2,878	22,935	237,985

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.5</b>	<b>\$206</b>	<b>\$60</b>	<b>1.6</b>	<b>\$157</b>	<b>\$97</b>	<b>0.1</b>	<b>\$3</b>	<b>\$30</b>	<b>1.7</b>	<b>\$46</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	4.2	358	85	2.0	289	148	0.2	26	127	2.0	43	21
6-14	3.5	458	130	1.6	384	243	0.1	18	138	1.8	55	31
15-20	1.8	183	104	0.9	150	173	0.1	6	108	0.8	27	33
21-44	2.3	197	86	1.0	160	153	0.1	3	55	1.2	33	28
45-64	3.4	229	67	1.6	178	108	0.1	3	36	1.7	48	28
65-74	3.5	191	55	1.7	143	86	0.1	2	26	1.7	44	26
75-84	3.8	203	53	1.8	151	84	0.1	3	25	1.9	49	25
85 and older	4.1	204	50	1.8	147	84	0.1	3	24	2.2	53	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.7	198	53	1.7	147	84	0.1	2	25	1.9	48	25
Disabled	3.1	216	70	1.5	169	116	0.1	3	39	1.6	43	28
Adults	2.6	158	62	1.1	122	108	0.0	1	25	1.4	34	25
Children	2.4	247	102	1.4	216	155	0.0	3	94	1.0	28	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.8	216	57	1.8	163	92	0.1	3	28	1.9	49	26
Male	2.8	187	66	1.3	144	111	0.1	2	37	1.5	40	27
Unknown	4.5	425	94	2.8	394	143	0.1	1	10	1.7	30	18
<b>Race</b>												
White	4.0	246	61	1.9	188	99	0.1	3	31	2.0	54	27
African American	3.0	172	57	1.4	131	95	0.1	2	30	1.5	39	25
Other/unknown	3.3	192	59	1.5	145	95	0.1	2	29	1.6	43	26
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.8	375	55	2.9	276	94	0.2	5	31	3.7	92	25
Part year	4.9	276	57	2.2	208	96	0.1	4	30	2.5	64	25
None	3.1	188	61	1.5	144	98	0.1	2	30	1.5	41	26
<b>Maintenance Assistance Status</b>												
Cash	3.0	173	59	1.4	131	97	0.1	2	30	1.5	40	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.2	199	62	1.6	154	98	0.1	2	31	1.6	42	26
Other/unknown	5.6	321	57	2.5	240	96	0.2	5	31	2.9	76	26

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 other than the original patent holder. In Mississippi, 0.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>									
	Total	Patented	Off-Patent	Brand-Name	Generic	Total	Patented	Off-Patent	Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months			
																\$21	\$17	\$0
Anti-infective Agents	0.3	0.1	0.0	0.0	0.1	\$21	\$17	\$0	\$4	\$77	\$123	\$84	\$28	272,488	\$20,864,053	87,550	57.0 %	998,760
Biologics	0.1	0.0	0.0	0.0	0.1	45	2	21	21	386	63	1,756	311	481	185,513	364	0.2	4,148
Antineoplastic Agents	0.4	0.2	0.0	0.0	0.3	92	63	1	29	213	386	132	109	32,169	6,850,472	6,923	4.5	74,359
Endocrine/Metabolic Drugs	0.8	0.5	0.1	0.0	0.3	40	33	1	6	51	70	16	25	581,584	29,777,438	65,122	42.4	739,686
Cardiovascular Agents	1.5	0.7	0.0	0.0	0.8	61	44	0	17	41	63	16	22	1,805,598	74,201,182	108,119	70.4	1,218,295
Respiratory Agents	0.4	0.3	0.0	0.0	0.1	24	19	1	4	57	77	36	26	268,488	15,318,702	56,316	36.7	643,498
Gastrointestinal Agents	0.6	0.2	0.0	0.0	0.4	40	24	0	16	73	137	106	43	389,459	28,347,399	61,596	40.1	700,329
Genitourinary Agents	0.4	0.3	0.0	0.0	0.1	27	25	0	2	67	75	37	26	97,206	6,492,076	21,080	13.7	240,559
CNS Drugs	0.9	0.5	0.0	0.0	0.4	79	67	1	11	88	140	100	27	705,523	62,430,044	70,189	45.7	789,583
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.0	0.2	46	35	1	10	108	164	75	51	3,893	421,924	815	0.5	9,191
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	0.1	73	69	0	4	124	144	60	34	70,810	8,769,596	10,831	7.1	120,027
Analgesics and Anesthetics	0.6	0.2	0.0	0.0	0.4	30	20	0	9	51	131	61	22	587,361	30,081,454	87,380	56.9	995,218
Neuromuscular Agents	0.6	0.3	0.0	0.0	0.3	48	37	1	10	74	127	37	31	324,794	24,004,845	44,020	28.7	500,381
Nutritional Products	0.5	0.0	0.0	0.0	0.5	10	0	0	9	20	21	20	20	171,671	3,435,236	31,345	20.4	353,053
Hematological Agents	0.6	0.3	0.0	0.0	0.2	53	47	1	5	87	145	32	21	233,277	20,291,455	33,804	22.0	379,514
Topical Products	0.3	0.2	0.0	0.0	0.1	16	13	0	3	48	62	55	24	205,399	9,899,496	53,433	34.8	613,711
Miscellaneous Products	0.3	0.1	0.0	0.0	0.2	64	48	5	11	209	447	288	60	6,086	1,273,696	1,786	1.2	19,926
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	0.0	13	0	0	0	51	0	0	0	25,434	1,305,651	8,864	5.8	102,227
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,781,721	343,950,232	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Mississippi, 0.7 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$35,746,972	29,029	18.9 %	326,967	0.6	\$196
ANTIDIABETIC	25,074,719	55,513	36.2	634,270	0.6	68
ANTIHYPERTENSIVE	24,991,923	89,006	58.0	1,017,099	0.6	42
ULCER DRUGS	21,659,803	59,386	38.7	681,103	0.4	78
ANTIDEPRESSANTS	20,550,400	55,698	36.3	630,439	0.5	64
ANTHYPERLIPIDEMIC	19,727,375	34,491	22.5	397,935	0.5	91
ANTICONVULSANT	18,740,281	31,089	20.3	352,606	0.6	90
ANALGESICS - ANTI-INFLAMMATORY	14,449,989	47,882	31.2	555,347	0.3	77
CALCIUM BLOCKERS	14,148,247	36,221	23.6	412,425	0.7	52
ANALGESICS - Narcotic	13,333,579	97,318	63.4	1,113,496	0.3	40
<b>Total</b>	<b>208,423,288</b>	<b>535,633</b>		<b>6,121,687</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDIABETIC				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of 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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month		
<b>All</b>	<b>2,964,982</b>	<b>\$208,423,288</b>	<b>29,029</b>	<b>18.9 %</b>	<b>0.6</b>	<b>326,967</b>	<b>0.6</b>	<b>\$109</b>	<b>55,513</b>	<b>36.2 %</b>	<b>634,270</b>	<b>0.6</b>	<b>\$40</b>		
<b>Female</b>	2,074,105	141,064,477	17,339	17.6	0.5	195,455	0.5	99	40,265	40.9	461,663	0.6	39		
<b>Disabled</b>	750,811	58,554,696	8,128	22.4	0.5	93,778	0.5	113	14,855	41.0	171,128	0.5	41		
5 and younger	21	1,070	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	112	7,265	0	0.0	0.0	0	0.0	0	1	14.3	12	0.3	23		
15-20	878	81,256	16	16.8	0.6	186	0.6	118	6	6.3	72	0.6	39		
21-44	142,250	13,169,556	2,968	30.6	0.5	34,181	0.5	116	1,778	18.3	20,497	0.5	38		
45-64	475,380	36,730,597	4,274	20.9	0.5	49,616	0.5	116	9,875	48.3	114,391	0.5	42		
65-74	85,080	5,646,466	479	13.0	0.6	5,453	0.6	99	2,187	59.6	24,816	0.6	42		
75-84	36,571	2,292,334	285	16.8	0.6	3,196	0.6	88	822	48.5	9,300	0.6	37		
85 and older	10,519	626,152	106	17.4	0.6	1,146	0.6	77	186	30.5	2,040	0.6	32		
<b>Other Eligibles</b>	1,323,294	82,509,781	9,211	14.8	0.6	101,677	0.6	85	25,410	40.9	290,535	0.6	39		
5 and younger	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		
15-20	2	98	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
21-44	2,799	201,599	69	23.6	0.3	665	0.3	67	37	12.7	365	0.4	35		
45-64	1,833	117,683	16	12.6	0.5	124	0.5	104	63	49.6	611	0.5	41		
65-74	496,618	32,018,784	2,244	10.0	0.6	25,731	0.6	96	11,272	50.1	130,150	0.6	42		
75-84	527,865	32,853,586	3,524	14.8	0.6	39,221	0.6	86	9,867	41.4	113,215	0.6	37		
85 and older	294,177	17,318,031	3,358	21.9	0.6	35,936	0.6	77	4,171	27.2	46,194	0.6	32		
<b>Male</b>	890,758	67,345,456	11,686	21.2	0.6	131,464	0.6	125	15,245	27.6	172,571	0.6	40		
<b>Disabled</b>	523,683	44,913,067	8,457	26.6	0.6	97,172	0.6	140	8,282	26.0	94,706	0.6	41		
5 and younger	16	896	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	77	6,298	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	1,206	116,615	33	22.6	0.6	344	0.6	119	7	4.8	84	0.5	36		
21-44	151,362	15,921,961	4,080	35.0	0.6	47,048	0.6	145	1,500	12.9	17,081	0.5	39		
45-64	328,565	26,197,671	4,022	22.9	0.6	46,248	0.6	138	5,938	33.9	68,106	0.6	42		
65-74	31,787	2,048,508	214	12.1	0.6	2,361	0.6	108	653	36.9	7,356	0.6	44		
75-84	8,829	507,040	85	15.3	0.6	934	0.6	71	148	26.6	1,683	0.6	36		
85 and older	1,841	114,078	23	17.0	0.6	237	0.6	89	36	26.7	396	0.6	30		
<b>Other Eligibles</b>	367,075	22,432,389	3,229	13.9	0.6	34,292	0.6	84	6,963	29.9	77,865	0.6	38		
5 and younger	20	1,324	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		
15-20	18	1,295	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
21-44	988	73,633	13	15.9	0.4	98	0.4	73	14	17.1	132	0.5	37		
45-64	720	45,811	4	6.3	0.2	31	0.2	9	20	31.7	169	0.5	38		
65-74	190,033	11,866,192	1,225	10.6	0.6	13,580	0.6	95	4,014	34.6	45,369	0.6	39		
75-84	123,611	7,431,927	1,186	14.9	0.5	12,494	0.5	80	2,218	27.9	24,638	0.6	37		
85 and older	51,685	3,012,207	801	22.2	0.5	8,089	0.5	73	697	19.3	7,557	0.6	33		
<b>Unknown</b>	119	13,355	4	80.0	0.5	48	0.5	153	3	60.0	36	0.3	17		

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>89,006</b>	<b>58.0 %</b>	<b>1,017,099</b>	<b>\$25</b>	<b>0.6</b>	<b>59,386</b>	<b>38.7 %</b>	<b>681,103</b>	<b>\$32</b>	<b>0.4</b>	<b>55,698</b>	<b>36.3 %</b>	<b>630,439</b>	<b>0.5</b>	<b>\$33</b>
<b>Female</b>	61,695	62.7	707,368	25	0.6	42,176	42.9	484,869	32	0.4	40,784	41.5	462,731	0.5	33
<b>Disabled</b>	19,504	53.8	224,549	24	0.5	16,012	44.2	185,771	30	0.3	19,593	54.1	224,626	0.5	32
5 and younger	1	33.3	12	4	0.1	3	100.0	36	16	0.3	0	0.0	0	0.0	0
6-14	5	71.4	58	15	0.3	7	100.0	81	9	0.4	3	42.9	36	0.5	28
15-20	25	26.3	295	22	0.5	17	17.9	198	35	0.4	26	27.4	307	0.4	28
21-44	2,446	25.2	28,231	19	0.5	3,318	34.2	38,566	25	0.3	5,591	57.6	63,800	0.4	32
45-64	12,755	62.4	147,408	24	0.5	9,920	48.5	115,673	31	0.4	12,065	59.0	139,022	0.5	33
65-74	2,702	73.6	31,017	26	0.6	1,707	46.5	19,653	29	0.4	1,278	34.8	14,425	0.5	29
75-84	1,229	72.5	13,769	26	0.6	779	45.9	8,767	34	0.4	473	27.9	5,345	0.5	27
85 and older	341	55.9	3,759	25	0.6	261	42.8	2,797	35	0.5	157	25.7	1,691	0.6	36
<b>Other Eligibles</b>	42,191	67.9	482,819	26	0.6	26,164	42.1	299,098	34	0.5	21,191	34.1	238,105	0.6	34
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	54	18.5	518	20	0.4	60	20.5	577	16	0.2	177	60.6	1,693	0.4	27
45-64	64	50.4	612	24	0.5	36	28.3	359	30	0.4	68	53.5	574	0.3	24
65-74	16,579	73.7	191,272	26	0.6	9,263	41.2	107,777	31	0.4	7,527	33.5	86,398	0.5	31
75-84	16,887	70.9	194,312	26	0.6	10,275	43.2	118,092	35	0.5	8,148	34.2	92,171	0.6	34
85 and older	8,607	56.0	96,105	25	0.6	6,530	42.5	72,293	37	0.5	5,271	34.3	57,269	0.6	39
<b>Male</b>	27,308	49.5	309,698	23	0.6	17,209	31.2	196,222	31	0.4	14,909	27.0	167,654	0.5	31
<b>Disabled</b>	14,070	44.2	160,955	23	0.5	9,529	29.9	109,948	30	0.4	9,937	31.2	113,420	0.5	31
5 and younger	0	0.0	0	0	0.0	1	50.0	12	60	1.0	0	0.0	0	0.0	0
6-14	7	63.6	84	8	0.3	6	54.5	72	22	0.3	0	0.0	0	0.0	0
15-20	23	15.8	256	10	0.4	27	18.5	312	23	0.4	21	14.4	246	0.4	26
21-44	3,020	25.9	34,557	21	0.5	2,686	23.0	31,167	28	0.3	3,910	33.5	44,777	0.4	31
45-64	9,504	54.2	108,866	23	0.5	5,912	33.7	68,383	31	0.4	5,556	31.7	63,320	0.5	31
65-74	1,129	63.9	12,834	24	0.6	629	35.6	7,105	32	0.4	342	19.3	3,849	0.5	28
75-84	333	59.8	3,776	23	0.6	215	38.6	2,353	29	0.4	89	16.0	1,009	0.5	30
85 and older	54	40.0	582	21	0.6	53	39.3	544	44	0.5	19	14.1	219	0.6	39
<b>Other Eligibles</b>	13,238	56.8	148,743	24	0.6	7,680	32.9	86,274	32	0.4	4,972	21.3	54,234	0.5	31
5 and younger	0	0.0	0	0	0.0	1	100.0	12	60	0.8	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	66.7	15	39	0.5	0	0.0	0	0	0.0	0	0.0	0	0.0	0
21-44	16	19.5	149	26	0.5	16	19.5	129	31	0.3	53	64.6	496	0.3	20
45-64	28	44.4	224	17	0.5	15	23.8	125	28	0.4	25	39.7	220	0.4	32
65-74	7,010	60.4	79,157	24	0.6	3,728	32.1	42,553	31	0.4	2,272	19.6	25,559	0.5	30
75-84	4,486	56.4	50,440	23	0.6	2,664	33.4	29,621	34	0.5	1,745	21.9	18,855	0.6	31
85 and older	1,696	47.0	18,758	22	0.6	1,266	35.1	13,834	35	0.5	877	24.3	9,104	0.6	35
<b>Unknown</b>	3	60.0	33	27	0.5	1	20.0	12	4	0.2	5	100.0	54	0.3	18

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>34,491</b>	<b>22.5 %</b>	<b>397,935</b>	<b>\$50</b>	<b>0.5</b>	<b>31,089</b>	<b>20.3 %</b>	<b>352,606</b>	<b>0.6</b>	<b>\$53</b>	<b>47,882</b>	<b>31.2 %</b>	<b>555,347</b>	<b>0.3</b>	<b>\$26</b>
<b>Female</b>	23,973	24.4	277,544	49	0.5	19,652	20.0	223,266	0.6	50	34,153	34.7	397,037	0.4	28
<b>Disabled</b>	8,331	23.0	96,392	45	0.5	10,493	29.0	120,109	0.6	59	13,360	36.9	155,682	0.3	26
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	6	0.1	2	28.6	24	0.5	82	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	21	22.1	251	0.7	113	13	13.7	145	0.2	2
21-44	803	8.3	9,203	38	0.4	3,335	34.3	38,030	0.6	68	3,136	32.3	36,472	0.2	17
45-64	5,828	28.5	67,655	45	0.5	6,126	30.0	70,600	0.6	57	8,024	39.2	93,738	0.3	30
65-74	1,222	33.3	14,074	49	0.5	634	17.3	7,112	0.6	46	1,424	38.8	16,621	0.3	27
75-84	404	23.8	4,610	50	0.6	283	16.7	3,159	0.6	36	586	34.6	6,733	0.4	29
85 and older	73	12.0	838	49	0.5	92	15.1	933	0.6	34	177	29.0	1,973	0.4	27
<b>Other Eligibles</b>	15,642	25.2	181,152	52	0.6	9,159	14.8	103,157	0.6	40	20,793	33.5	241,355	0.4	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	11	3.8	125	38	0.4	79	27.1	702	0.4	53	97	33.2	909	0.2	7
45-64	13	10.2	150	30	0.4	33	26.0	336	0.4	30	58	45.7	566	0.3	20
65-74	7,407	32.9	85,806	51	0.6	3,622	16.1	41,687	0.5	43	8,254	36.7	96,462	0.4	28
75-84	6,426	27.0	74,580	53	0.6	3,509	14.7	39,719	0.6	39	8,298	34.8	96,831	0.4	30
85 and older	1,785	11.6	20,491	52	0.6	1,916	12.5	20,713	0.6	34	4,086	26.6	46,587	0.4	33
<b>Male</b>	10,516	19.1	120,367	50	0.6	11,432	20.7	129,280	0.6	59	13,729	24.9	158,310	0.3	20
<b>Disabled</b>	5,913	18.6	68,089	48	0.5	8,410	26.4	96,117	0.6	65	8,011	25.2	92,745	0.3	19
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	1.4	24	25	0.4	43	29.5	485	0.8	100	17	11.6	204	0.1	2
21-44	995	8.5	11,583	41	0.5	3,556	30.5	40,708	0.7	72	2,467	21.1	28,558	0.2	13
45-64	4,374	25.0	50,297	49	0.5	4,448	25.4	50,866	0.6	61	4,836	27.6	56,020	0.3	21
65-74	445	25.2	5,082	53	0.6	275	15.6	3,070	0.6	41	497	28.1	5,717	0.3	23
75-84	89	16.0	1,021	56	0.7	73	13.1	825	0.7	37	158	28.4	1,828	0.4	24
85 and older	8	5.9	82	74	0.7	15	11.1	163	0.6	29	36	26.7	418	0.3	22
<b>Other Eligibles</b>	4,603	19.7	52,278	53	0.6	3,022	13.0	33,163	0.6	40	5,718	24.5	65,565	0.3	23
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	8	9.8	90	64	0.6	28	34.1	276	0.3	35	20	24.4	191	0.3	14
45-64	14	22.2	122	40	0.5	15	23.8	93	0.6	68	15	23.8	135	0.3	32
65-74	2,817	24.3	32,117	53	0.6	1,517	13.1	16,970	0.6	42	2,988	25.8	34,415	0.3	23
75-84	1,441	18.1	16,370	52	0.6	1,018	12.8	11,116	0.6	39	1,885	23.7	21,798	0.4	23
85 and older	323	9.0	3,579	50	0.6	444	12.3	4,708	0.6	37	810	22.5	9,026	0.4	23
<b>Unknown</b>	2	40.0	24	34	0.5	5	100.0	60	0.4	35	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	CALCIUM BLOCKERS				ANALGESICS - Narcotic				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Mean Rx \$ per Benefit Month	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month																Number of Users
<b>All</b>	<b>36,221</b>	<b>23.6 %</b>	<b>412,425</b>	<b>0.7</b>	<b>\$34</b>	<b>97,318</b>	<b>63.4 %</b>	<b>1,113,496</b>	<b>0.3</b>	<b>\$12</b>	<b>153,476</b>	<b>1,673,851</b>												
<b>Female</b>																								
<b>Disabled</b>																								
5 and younger	26,129	26.6	298,734	0.7	35	65,829	66.9	755,858	0.3	11	98,335	1,081,861												
6-14	7,615	21.0	87,176	0.6	33	30,200	83.3	348,272	0.3	13	36,242	399,534												
15-20	3	100.0	36	0.3	12	0	0.0	0	0.0	0	3	36												
21-44	5	71.4	55	0.3	20	3	42.9	31	0.3	40	7	71												
45-64	11	111.6	128	0.5	37	49	51.6	587	0.2	2	95	1,022												
65-74	853	8.8	9,807	0.5	28	8,501	87.6	97,936	0.3	11	9,709	106,491												
75-84	4,815	23.5	55,460	0.6	33	17,517	85.7	203,059	0.3	14	20,451	226,570												
85 and older	1,196	32.6	13,590	0.7	36	2,722	74.1	30,933	0.3	11	3,671	40,529												
<b>Other Eligibles</b>	557	32.8	6,199	0.7	35	1,096	64.6	12,353	0.3	9	1,696	18,520												
5 and younger	175	28.7	1,901	0.7	33	312	51.1	3,373	0.3	10	610	6,295												
6-14	18,514	29.8	211,558	0.7	35	35,629	57.4	407,586	0.3	10	62,093	682,327												
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0												
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0												
45-64	1	25.0	9	0.1	8	1	25.0	5	0.2	5	4	18												
65-74	22	7.5	185	0.4	26	278	95.2	2,654	0.3	10	292	2,289												
75-84	22	17.3	210	0.7	41	106	83.5	1,008	0.3	6	127	1,058												
85 and older	6,683	29.7	77,268	0.7	35	13,907	61.8	161,594	0.3	10	22,498	249,999												
<b>Male</b>	7,522	31.6	86,307	0.7	35	13,868	58.2	159,323	0.3	10	23,811	265,160												
<b>Disabled</b>	4,264	27.8	47,579	0.7	35	7,469	48.6	83,002	0.3	10	15,361	163,803												
5 and younger	10,090	18.3	113,667	0.6	34	31,485	57.1	357,590	0.3	14	55,136	591,944												
6-14	4,895	15.4	55,542	0.6	34	20,337	63.9	232,535	0.3	16	31,823	345,208												
15-20	1	50.0	12	0.3	15	0	0.0	0	0.0	0	2	24												
21-44	6	54.5	72	0.4	57	0	0.0	0	0.0	0	11	132												
45-64	15	10.3	168	0.5	35	58	39.7	670	0.2	3	146	1,571												
65-74	945	8.1	10,785	0.5	32	7,012	60.1	80,249	0.3	16	11,673	126,772												
75-84	3,330	19.0	37,859	0.6	34	11,904	67.9	136,356	0.3	17	17,531	190,017												
85 and older	437	24.7	4,907	0.6	34	1,039	58.8	11,671	0.3	11	1,768	19,328												
<b>Other Eligibles</b>	130	23.3	1,418	0.6	33	254	45.6	2,821	0.3	6	557	5,990												
5 and younger	31	23.0	321	0.7	36	70	51.9	768	0.3	7	135	1,374												
6-14	5,195	22.3	58,125	0.7	34	11,148	47.8	125,055	0.3	9	23,313	246,736												
15-20	1	100.0	12	0.9	51	0	0.0	0	0.0	0	1	12												
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0												
45-64	7	8.5	55	0.3	20	1	33.3	12	0.1	1	3	18												
65-74	11	17.5	85	0.6	33	91	111.0	823	0.5	30	82	629												
75-84	2,590	22.3	29,223	0.7	34	5,807	50.1	65,992	0.3	9	11,601	124,288												
85 and older	1,822	22.9	20,436	0.7	33	3,697	46.5	41,509	0.3	8	7,956	84,500												
<b>Unknown</b>	763	21.2	8,302	0.7	33	1,494	41.4	16,234	0.3	7	3,607	36,839												
	2	40.0	24	0.3	16	4	80.0	48	0.3	4	5	46												

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

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	
				6.8	12,390
<b>All</b>	<b>\$375</b>		<b>12,390</b>		<b>127,827</b>
<b>Age</b>					
0-64	460	7.3	944		10,316
65-74	444	7.5	1,799		19,009
75-84	402	7.2	4,071		42,094
85 and older	316	6.2	5,576		56,408
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	373	6.9	9,213		95,664
Male	381	6.5	3,177		32,163
Unknown	0	0.0	0		0
<b>Race</b>					
White	397	7.3	7,962		81,231
African American	333	5.9	3,830		40,443
Other/unknown	362	6.7	598		6,153
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	368	6.8	10,913		111,829
Disabled	426	6.9	1,477		15,998
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 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$15	\$0	\$5	\$56	\$72	\$29	33,722	\$1,875,212	8,684	70.1 %	93,636
Biologics	0.1	0.0	0.0	0.1	2	0	0	2	25	23	0	134	3,401	123	1.0	1,375
Antineoplastic Agents	0.5	0.1	0.0	0.5	72	15	0	57	140	248	163	10,030	1,400,773	1,924	15.5	19,522
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.4	48	38	2	8	44	64	17	70,549	3,085,505	6,022	48.6	64,476
Cardiovascular Agents	2.0	0.6	0.0	1.4	58	32	1	25	29	57	15	204,830	5,978,063	9,729	78.5	102,468
Respiratory Agents	0.6	0.3	0.0	0.3	30	22	1	7	53	72	61	35,921	1,895,942	5,826	47.0	62,818
Gastrointestinal Agents	1.1	0.3	0.0	0.8	56	30	0	25	52	104	42	84,448	4,370,593	7,317	59.1	78,364
Genitourinary Agents	0.7	0.5	0.0	0.1	44	40	0	4	68	79	32	22,107	1,495,355	3,103	25.0	33,883
CNS Drugs	1.5	1.0	0.0	0.6	135	118	1	16	87	121	73	144,723	12,638,829	8,813	71.1	93,950
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	39	31	0	8	71	178	15	530	37,414	92	0.7	949
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	109	109	0	0	134	136	0	29,026	3,884,832	3,319	26.8	35,533
Analgesics and Anesthetics	0.8	0.3	0.0	0.6	37	27	0	10	46	108	40	53,805	2,449,206	6,126	49.4	65,728
Neuromuscular Agents	1.1	0.5	0.1	0.6	70	48	3	20	62	97	35	52,047	3,206,736	4,246	34.3	45,739
Nutritional Products	0.7	0.0	0.0	0.7	14	0	0	13	19	30	23	35,615	676,858	4,562	36.8	48,274
Hematological Agents	0.9	0.4	0.1	0.5	61	52	1	8	65	126	22	49,086	3,175,463	4,877	39.4	51,986
Topical Products	0.5	0.2	0.0	0.2	20	14	1	5	42	57	24	36,958	1,566,785	7,032	56.8	77,220
Miscellaneous Products	0.3	0.1	0.0	0.2	14	7	1	7	53	80	242	1,123	59,781	408	3.3	4,337
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	32	0	0	4,480	144,626	1,247	10.1	13,828
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.	869,134	47,945,374	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Mississippi, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents
ANTIPSYCHOTICS	\$7,680,289	6,509	52.5 %	70,804	\$154	0.7		\$108
ANTIDEPRESSANTS	4,175,102	7,758	62.6	84,016	63	0.8		50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,889,280	3,334	26.9	35,876	134	0.8		108
ULCER DRUGS	3,415,478	6,934	56.0	75,430	63	0.7		45
ANTICONVULSANT	2,438,967	3,847	31.0	41,782	66	0.9		58
ANTIDIABETIC	2,220,684	5,231	42.2	56,819	51	0.8		39
MISC. HEMATOLOGICAL	2,021,165	2,449	19.8	26,310	98	0.8		77
ANTIHYPERTENSIVE	1,940,463	6,227	50.3	66,749	37	0.8		29
ANTINEOPLASTICS	1,400,773	1,963	15.8	19,930	140	0.5		70
CALCIUM BLOCKERS	1,226,640	2,880	23.2	30,789	46	0.9		40
<b>Total</b>	<b>30,408,841</b>	<b>47,132</b>		<b>508,505</b>	<b>n.a.</b>	<b>n.a.</b>		<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx
<b>All</b>	<b>390,618</b>	<b>\$30,408,841</b>	<b>6,509</b>	<b>52.5 %</b>	<b>70,804</b>	<b>0.7</b>	<b>\$109</b>	<b>7,758</b>	<b>62.6 %</b>	<b>84,016</b>	<b>0.8</b>	<b>\$50</b>
<b>Female</b>	292,213	22,430,327	4,675	50.7	51,238	0.7	107	5,901	64.1	64,170	0.8	51
<b>Disabled</b>	28,512	2,310,835	467	60.3	5,347	0.8	138	494	63.8	5,590	0.8	53
64 or younger	15,878	1,290,915	240	60.5	2,767	0.8	146	298	75.1	3,388	0.9	57
65-74	4,584	394,378	89	75.4	1,027	0.9	152	66	55.9	744	0.8	45
75-84	4,935	405,561	92	65.7	1,048	0.7	126	73	52.1	842	0.8	50
85 and older	3,115	219,981	46	38.7	505	0.7	91	57	47.9	616	0.7	46
<b>Other Eligibles</b>	263,701	20,119,492	4,208	49.9	45,891	0.7	103	5,407	64.1	58,580	0.8	51
64 or younger	25	769	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39,273	3,129,399	625	65.4	7,110	0.8	128	763	79.8	8,327	0.8	50
75-84	102,532	8,002,864	1,672	57.4	18,431	0.7	108	2,122	72.9	23,232	0.8	52
85 and older	121,871	8,986,460	1,911	41.8	20,350	0.7	90	2,522	55.2	27,021	0.8	50
<b>Male</b>	98,405	7,978,514	1,834	57.7	19,566	0.7	113	1,857	58.5	19,846	0.8	46
<b>Disabled</b>	25,768	2,184,679	466	66.3	5,278	0.8	138	425	60.5	4,790	0.8	50
64 or younger	20,799	1,764,220	351	64.3	4,011	0.8	146	356	65.2	4,024	0.8	49
65-74	2,791	243,554	70	90.9	770	0.7	125	44	57.1	472	0.8	49
75-84	1,670	130,469	34	57.6	379	0.7	98	18	30.5	210	0.9	60
85 and older	508	46,436	11	52.4	118	0.6	88	7	33.3	84	0.9	56
<b>Other Eligibles</b>	72,637	5,793,835	1,368	55.3	14,288	0.7	104	1,432	57.9	15,056	0.8	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	23,182	1,844,438	396	61.1	4,386	0.7	121	413	63.7	4,576	0.8	49
75-84	28,614	2,287,751	543	56.5	5,613	0.7	103	583	60.7	6,060	0.8	43
85 and older	20,841	1,661,646	429	49.6	4,289	0.6	87	436	50.4	4,420	0.7	43
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx
<b>All</b>	<b>3,334</b>	<b>26.9 %</b>	<b>\$108</b>	<b>0.8</b>	<b>35,876</b>	<b>6.934</b>	<b>\$45</b>	<b>0.7</b>	<b>75,430</b>	<b>31.0 %</b>	<b>\$45</b>	<b>0.9</b>	<b>3,847</b>	<b>31.0 %</b>	<b>\$58</b>	<b>0.9</b>
<b>Female</b>	2,565	27.8	108	0.8	27,788	5,227	45	0.7	57,087	28.2	45	0.9	2,599	28.2	55	0.9
<b>Disabled</b>	117	15.1	1,322	0.8	1,322	443	43	0.7	4,953	51.6	43	0.9	399	51.6	71	0.9
64 or younger	37	9.3	397	0.8	397	251	41	0.7	2,800	65.5	41	1.0	260	65.5	74	1.0
65-74	20	16.9	231	0.8	231	59	36	0.7	655	44.1	36	1.1	52	44.1	96	1.1
75-84	36	25.7	418	0.8	418	76	50	0.8	891	38.6	50	0.8	54	38.6	48	0.8
85 and older	24	20.2	276	0.8	276	57	49	0.7	607	27.7	49	0.8	33	27.7	36	0.8
<b>Other Eligibles</b>	2,448	29.0	108	0.8	26,466	4,784	45	0.7	52,134	26.1	45	0.8	2,200	26.1	52	0.8
64 or younger	0	0.0	0	0.0	0	0	0	0.0	0	200.0	0	1.0	2	200.0	32	1.0
65-74	249	26.0	101	0.8	2,739	600	48	0.7	6,726	50.8	48	0.9	486	50.8	66	0.9
75-84	958	32.9	111	0.8	10,459	1,744	45	0.7	19,108	30.5	45	0.8	888	30.5	52	0.8
85 and older	1,241	27.1	106	0.8	13,268	2,440	44	0.7	26,300	18.0	44	0.8	824	18.0	42	0.8
<b>Male</b>	769	24.2	109	0.8	8,088	1,707	47	0.7	18,343	39.3	47	0.9	1,248	39.3	66	0.9
<b>Disabled</b>	84	11.9	945	0.7	945	387	46	0.7	4,362	63.7	46	1.0	448	63.7	84	1.0
64 or younger	60	11.0	677	0.7	677	300	44	0.7	3,421	69.2	44	1.1	378	69.2	88	1.1
65-74	12	15.6	124	0.7	124	45	61	0.8	499	57.1	61	0.9	44	57.1	58	0.9
75-84	9	15.3	108	0.7	108	28	41	0.7	292	37.3	41	1.0	22	37.3	59	1.0
85 and older	3	14.3	36	0.8	36	14	59	0.7	150	19.0	59	1.1	4	19.0	47	1.1
<b>Other Eligibles</b>	685	27.7	110	0.8	7,143	1,320	47	0.7	13,981	32.3	47	0.9	800	32.3	56	0.9
64 or younger	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	143	22.1	1,581	0.8	1,581	362	46	0.7	3,909	46.1	46	0.9	299	46.1	58	0.9
75-84	281	29.2	111	0.8	2,967	537	49	0.7	5,621	33.0	49	0.9	317	33.0	58	0.9
85 and older	261	30.2	107	0.8	2,595	421	45	0.7	4,451	21.3	45	0.8	184	21.3	48	0.8
<b>Unknown</b>	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 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC. HEMATOLOGICAL				ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>5,231</b>	<b>42.2 %</b>	<b>56,819</b>	<b>0.8</b>	<b>2,449</b>	<b>19.8 %</b>	<b>26,310</b>	<b>0.8</b>	<b>6,227</b>	<b>50.3 %</b>	<b>66,749</b>	<b>0.8</b>	<b>\$29</b>
<b>Female</b>	4,030	43.7	43,954	0.8	1,812	19.7	19,472	0.8	4,679	50.8	50,279	0.8	29
<b>Disabled</b>	422	54.5	4,754	0.8	113	14.6	1,224	0.8	390	50.4	4,294	0.8	31
64 or younger	207	52.1	2,373	0.9	51	12.8	566	0.8	191	48.1	2,126	0.8	29
65-74	75	63.6	850	0.8	16	13.6	170	0.9	70	59.3	770	0.9	36
75-84	90	64.3	991	0.8	29	20.7	320	0.6	75	53.6	825	0.8	29
85 and older	50	42.0	540	0.7	17	14.3	168	0.7	54	45.4	573	0.8	31
<b>Other Eligibles</b>	3,608	42.8	39,200	0.8	1,699	20.1	18,248	0.8	4,289	50.8	45,985	0.8	29
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	665	69.6	7,332	0.8	175	18.3	1,893	0.7	585	61.2	6,374	0.8	31
75-84	1,461	50.2	15,969	0.8	596	20.5	6,411	0.8	1,649	56.6	17,838	0.8	29
85 and older	1,482	32.4	15,899	0.7	928	20.3	9,944	0.8	2,055	45.0	21,773	0.8	28
<b>Male</b>	1,201	37.8	12,865	0.8	637	20.1	6,838	0.8	1,548	48.7	16,470	0.8	29
<b>Disabled</b>	307	43.7	3,487	0.8	106	15.1	1,202	0.8	359	51.1	4,002	0.8	30
64 or younger	251	46.0	2,863	0.8	80	14.7	890	0.8	289	52.9	3,234	0.8	31
65-74	33	42.9	348	0.8	13	16.9	156	0.8	33	42.9	357	0.8	30
75-84	15	25.4	180	0.9	9	15.3	108	0.8	30	50.8	332	0.8	29
85 and older	8	38.1	96	0.7	4	19.0	48	0.6	7	33.3	79	0.6	24
<b>Other Eligibles</b>	894	36.1	9,378	0.8	531	21.5	5,636	0.8	1,189	48.1	12,468	0.8	28
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	293	45.2	3,122	0.8	155	23.9	1,734	0.8	389	60.0	4,205	0.8	30
75-84	360	37.5	3,682	0.8	192	20.0	2,002	0.8	468	48.7	4,755	0.8	27
85 and older	241	27.9	2,574	0.8	184	21.3	1,900	0.8	332	38.4	3,508	0.8	27
<b>Unknown</b>	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 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	ANTINEOPLASTICS					CALCIUM BLOCKERS					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 \$		
<b>All</b>	<b>1,963</b>	<b>15.8 %</b>	<b>19,930</b>	<b>0.5</b>	<b>\$70</b>	<b>2,880</b>	<b>23.2 %</b>	<b>30,789</b>	<b>0.9</b>	<b>\$40</b>	<b>12,390</b>	<b>127,827</b>
<b>Female</b>	1,517	16.5	15,486	0.5	64	2,215	24.0	23,728	0.9	40	9,213	95,664
<b>Disabled</b>	105	13.6	1,160	0.5	72	171	22.1	1,857	0.9	43	774	8,356
64 or younger	48	12.1	522	0.5	91	80	20.2	875	0.9	44	397	4,356
65-74	8	6.8	88	0.3	56	29	24.6	306	1.0	48	118	1,257
75-84	28	20.0	326	0.4	51	32	22.9	360	0.9	42	140	1,522
85 and older	21	17.6	224	0.6	64	30	25.2	316	0.8	37	119	1,221
<b>Other Eligibles</b>	1,412	16.7	14,326	0.5	64	2,044	24.2	21,871	0.9	39	8,439	87,308
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	113	11.8	1,216	0.5	70	246	25.7	2,741	0.8	40	956	10,188
75-84	474	16.3	4,945	0.5	63	762	26.2	8,070	0.9	40	2,911	30,505
85 and older	825	18.0	8,165	0.5	63	1,036	22.7	11,060	0.9	38	4,571	46,603
<b>Male</b>	446	14.0	4,444	0.5	91	665	20.9	7,061	0.9	41	3,177	32,163
<b>Disabled</b>	62	8.8	674	0.5	91	139	19.8	1,552	0.9	45	703	7,642
64 or younger	39	7.1	428	0.5	76	107	19.6	1,218	0.9	46	546	5,948
65-74	8	10.4	83	0.5	111	19	24.7	184	0.9	41	77	820
75-84	10	16.9	103	0.6	101	11	18.6	126	1.0	44	59	646
85 and older	5	23.8	60	0.3	150	2	9.5	24	0.9	38	21	228
<b>Other Eligibles</b>	384	15.5	3,770	0.5	91	526	21.3	5,509	0.8	40	2,474	24,521
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	86	13.3	885	0.5	91	169	26.1	1,784	0.9	42	648	6,744
75-84	136	14.2	1,363	0.5	94	201	20.9	2,121	0.8	39	961	9,421
85 and older	162	18.7	1,522	0.4	89	156	18.0	1,604	0.8	38	865	8,356
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 5,922 beneficiaries who were in nursing facilities for part of their enrollment and their 60,337 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MISSISSIPPI, 2003

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 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 \$ of Beneficiaries	
								2.7	2.3 %
<b>All</b>	<b>71,139</b>	<b>46.4 %</b>	<b>2.7</b>	<b>418,332</b>	<b>\$51</b>	<b>\$7,883,262</b>	<b>\$19</b>		<b>153,476</b>
<b>Age</b>									
5 and younger	5	83.3	4.3	26	75	452	17	1.8	6
6-14	11	61.1	7.1	128	462	8,318	65	9.0	18
15-20	90	36.3	1.8	448	82	20,373	45	4.2	248
21-44	8,614	39.6	2.0	43,617	44	963,049	22	2.1	21,760
45-64	17,827	46.7	2.6	100,676	55	2,084,385	21	2.2	38,173
65-74	17,517	44.3	2.5	98,244	47	1,871,856	19	2.3	39,538
75-84	16,528	48.6	3.0	102,616	53	1,787,411	17	2.4	34,020
85 and older	10,547	53.5	3.7	72,577	58	1,147,418	16	2.7	19,713
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	40,331	47.5	2.9	249,420	51	4,362,974	17	2.4	84,840
Disabled	30,577	44.9	2.5	168,070	51	3,497,671	21	2.2	68,070
Adults	229	40.9	1.5	832	40	22,370	27	3.3	560
Children	2	33.3	1.7	10	41	247	25	2.6	6
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	50,456	51.3	3.1	303,479	59	5,763,432	19	2.5	98,335
Male	20,680	37.5	2.1	114,840	38	2,119,608	18	1.9	55,136
Unknown	3	60.0	2.6	13	44	222	17	1.1	5
<b>Race</b>									
White	32,286	48.5	3.2	215,436	62	4,130,266	19	2.3	66,558
African American	32,545	44.9	2.3	168,040	42	3,048,772	18	2.2	72,449
Other/unknown	6,308	43.6	2.4	34,856	49	704,224	20	2.4	14,469
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	8,314	67.1	6.5	80,938	101	1,248,857	15	2.6	12,390
Part year	3,872	65.4	4.3	25,275	73	429,837	17	2.6	5,922
None	58,953	43.6	2.3	312,119	46	6,204,568	20	2.2	135,164
<b>Maintenance Assistance Status</b>									
Cash	28,300	44.4	2.3	148,270	45	2,880,188	19	2.3	63,785
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	28,549	42.8	2.3	151,009	46	3,044,594	20	2.1	66,756
Other/unknown	14,290	62.3	5.2	119,053	85	1,958,480	16	2.6	22,935

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MISSISSIPPI, 2003

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	\$5	\$19	\$0	\$1	1,673,851
<b>Age</b>						
5 and younger	0.4	6	17	0	0	72
6-14	0.6	41	65	0	0	203
15-20	0.2	8	45	0	0	2,629
21-44	0.2	4	22	0	2	236,215
45-64	0.2	5	21	0	2	418,107
65-74	0.2	4	19	0	1	434,144
75-84	0.3	5	17	0	1	374,170
85 and older	0.3	6	16	0	1	208,311
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	5	17	0	1	924,727
Disabled	0.2	5	21	0	2	744,788
Adults	0.2	5	27	0	1	4,298
Children	0.3	7	25	0	0	38
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.3	5	19	0	2	1,081,861
Male	0.2	4	18	0	1	591,944
Unknown	0.3	5	17	0	1	46
<b>Race</b>						
White	0.3	6	19	0	2	717,863
African American	0.2	4	18	0	1	804,775
Other/unknown	0.2	5	20	0	1	151,213
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	10	15	0	3	127,827
Part year	0.4	7	17	0	2	60,337
None	0.2	4	20	0	1	1,485,687
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	19	0	1	709,075
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	4	20	0	2	726,791
Other/unknown	0.5	8	16	0	2	237,985

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 MISSISSIPPI, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>95,229</b>	<b>\$83</b>	<b>\$7,863,262</b>	<b>100.0</b>	<b>%</b>	<b>418,332</b>	<b>\$19</b>		
Anorexia or weight loss/gain	0	0	0	0.0		0	0	0.0	0.0
Fertility drugs	0	0	0	0.0		0	0	0.0	0.0
Drugs for cosmetic purposes	38	33	1,262	0.0		141	9	0.0	0.0
Cough and cold medications	15,733	47	745,960	9.5		31,443	24	7.5	7.5
Vitamins and minerals	30,943	109	3,386,972	43.0		170,591	20	40.8	40.8
Non-prescription drugs	17,497	30	526,183	6.7		55,678	9	13.3	13.3
Barbiturates	1,575	70	110,240	1.4		12,943	9	3.1	3.1
Benzodiazepines	24,457	102	2,482,712	31.5		134,140	19	32.1	32.1
Other Part D Excl Rx Drugs	4,986	126	629,933	8.0		13,396	47	3.2	3.2

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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













APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>153,476</b>	<b>84,840</b>	<b>68,070</b>	<b>560</b>	<b>0</b>	<b>1,673,851</b>	<b>924,727</b>	<b>744,788</b>	<b>4,298</b>	<b>38</b>	<b>0</b>
<b>Age</b>											
5 and younger	6	0	5	0	0	72	0	60	0	12	0
6-14	18	0	18	0	0	203	0	203	0	0	0
15-20	248	0	241	2	0	2,629	0	2,593	10	26	0
21-44	21,760	0	21,386	374	0	236,215	0	233,297	2,918	0	0
45-64	38,173	18	37,983	172	0	418,107	201	416,599	1,307	0	0
65-74	39,538	34,094	5,439	5	0	434,144	374,263	59,857	24	0	0
75-84	34,020	31,761	2,253	6	0	374,170	349,630	24,510	30	0	0
85 and older	19,713	18,967	745	1	0	208,311	200,633	7,669	9	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	98,335	61,674	36,242	417	0	1,081,861	679,054	399,534	3,265	8	0
Male	55,136	23,166	31,823	143	0	591,944	245,673	345,208	1,033	30	0
Unknown	5	0	5	0	0	46	0	46	0	0	0
<b>Race</b>											
White	66,558	39,393	26,930	233	0	717,863	421,159	294,960	1,736	8	0
African American	72,449	38,345	33,807	295	0	804,775	426,279	376,058	2,423	15	0
Other/unknown	14,469	7,102	7,333	32	0	151,213	77,289	73,770	139	15	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	12,390	10,913	1,477	0	0	127,827	111,829	15,998	0	0	0
Part year	5,922	5,051	871	0	0	60,337	51,218	9,119	0	0	0
None	135,164	68,876	65,722	560	0	1,485,687	761,680	719,671	4,298	38	0
<b>Maintenance Assistance Status</b>											
Cash	63,785	29,150	34,174	460	0	709,075	333,941	371,406	3,725	3	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	66,756	36,979	29,704	70	0	726,791	399,567	326,792	414	18	0
Other/unknown	22,935	18,711	4,192	30	0	237,985	191,219	46,590	159	17	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	152,083	83,879	67,640	558	0	1,659,451	914,919	740,220	4,274	38	0
Full dual, part year	1,393	961	430	2	0	14,400	9,808	4,568	24	0	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	153,476	84,840	68,070	560	0	1,673,851	924,727	744,788	4,298	38	0
FFS part year, with Rx claims	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
MC all year, with Rx claims	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

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries
<b>All</b>	<b>153,476</b>	<b>1,673,851</b>	<b>153,476</b>	<b>1,673,851</b>
Fee-for-service (FFS) all year	153,476	1,673,851	153,476	1,673,851
FFS part year, with Rx claims	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0
MC all year, with no Rx claims	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 1/01/2007.

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.