

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 MISSISSIPPI

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

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

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	152,025	81,329	70,152	532	3	9	1,719,295	910,050	804,501	4,628	30	86
Age												
5 and younger	6	0	6	0	0	0	61	0	61	0	0	0
6-14	20	0	20	0	0	0	231	0	231	0	0	0
15-20	219	0	214	3	2	0	2,490	0	2,442	30	18	0
21-44	21,722	0	21,329	392	1	0	246,636	0	243,237	3,387	12	0
45-64	39,447	39	39,269	134	0	5	452,390	468	450,675	1,190	0	57
65-74	38,398	32,130	6,261	3	0	4	438,919	366,361	72,508	21	0	29
75-84	32,834	30,432	2,402	0	0	0	370,757	342,864	27,893	0	0	0
85 and older	19,379	18,728	651	0	0	0	207,811	200,357	7,454	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	97,326	58,882	38,018	415	2	9	1,104,143	661,922	438,458	3,653	24	86
Male	54,675	22,447	32,110	117	1	0	614,870	248,128	365,761	975	6	0
Unknown	24	0	24	0	0	0	282	0	282	0	0	0
Race												
White	67,087	38,512	28,336	232	3	4	750,294	424,942	323,303	1,985	30	34
African American	72,987	36,998	35,719	265	0	5	835,364	420,840	412,065	2,407	0	52
Other/unknown	11,951	5,819	6,097	35	0	0	133,637	64,268	69,133	236	0	0
Use of Nursing Facilities^c												
Entire year	12,348	11,050	1,298	0	0	0	128,825	114,298	14,527	0	0	0
Part year	5,963	5,230	733	0	0	0	60,666	52,824	7,842	0	0	0
None	133,714	65,049	68,121	532	3	9	1,529,804	742,928	782,132	4,628	30	86
Maintenance Assistance Status												
Cash	62,972	26,897	35,675	400	0	0	714,889	305,311	405,996	3,582	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	64,215	35,023	29,119	62	2	9	744,585	406,174	337,863	444	18	86
Other/unknown	24,838	19,409	5,358	70	1	0	259,821	198,565	60,642	602	12	0
Dual Medicare Status^d												
Full dual, all year	149,566	79,915	69,109	530	3	9	1,694,094	895,927	793,447	4,604	30	86
Full dual, part year	2,459	1,414	1,043	2	0	0	25,201	14,123	11,054	24	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	152,025	81,329	70,152	532	3	9	1,719,295	910,050	804,501	4,628	30	86
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 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	92.4 %	40.0	\$2,614	\$65	\$9,152	28.6 %	152,025
Age							
5 and younger	83.3	17.0	981	58	54,801	1.8	6
6-14	95.0	47.7	6,164	129	17,314	35.6	20
15-20	81.7	21.7	2,303	106	11,316	20.4	219
21-44	86.3	26.1	2,459	94	7,447	33.0	21,722
45-64	92.3	39.8	2,908	73	7,829	37.1	39,447
65-74	92.8	41.1	2,467	60	7,020	35.1	38,398
75-84	94.5	45.0	2,615	58	10,078	25.9	32,834
85 and older	95.0	45.9	2,483	54	16,363	15.2	19,379
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	93.8	43.6	2,525	58	10,464	24.1	81,329
Disabled	90.8	36.1	2,727	76	7,666	35.6	70,152
Adults	78.2	19.8	1,361	69	4,320	31.5	532
Children	33.3	2.3	74	32	254	29.0	3
Unknown	77.8	23.9	1,943	81	14,123	13.8	9
Gender							
Female	94.9	44.2	2,756	62	9,654	28.6	97,326
Male	87.9	32.7	2,361	72	8,257	28.6	54,675
Unknown	79.2	31.1	3,378	109	12,655	26.7	24
Race							
White	93.5	45.7	3,077	67	11,176	27.5	67,087
African American	91.8	35.4	2,232	63	7,764	28.7	72,987
Other/unknown	89.7	36.6	2,355	64	6,260	37.6	11,951
Use of Nursing Facilities^f							
Entire year	97.6	74.4	4,502	61	40,972	11.0	12,348
Part year	95.6	50.0	3,111	62	23,660	13.1	5,963
None	91.7	36.4	2,418	66	5,566	43.4	133,714
Maintenance Assistance Status							
Cash	89.7	34.1	2,187	64	5,698	38.4	62,972
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	93.8	38.4	2,587	67	4,328	59.8	64,215
Other/unknown	95.2	59.4	3,769	64	30,380	12.4	24,838

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	3.5	\$231	28.6 %	7.6 %	16.2 %	12.8 %	43.3 %	18.5 %	1.6 %	\$809	152,025	1,719,295
Age												
5 and younger	1.7	97	1.8	16.7	66.7	0.0	16.7	0.0	0.0	5,390	6	61
6-14	4.1	534	35.6	5.0	5.0	5.0	70.0	15.0	0.0	1,499	20	231
15-20	1.9	203	20.4	18.3	41.6	11.9	20.5	5.9	1.8	995	219	2,490
21-44	2.3	217	33.0	13.7	30.4	15.2	32.8	7.7	0.2	656	21,722	246,636
45-64	3.5	254	37.1	7.7	15.6	12.7	44.2	19.2	0.6	683	39,447	452,390
65-74	3.6	216	35.1	7.2	14.3	12.7	45.7	18.7	1.3	614	38,398	438,919
75-84	4.0	232	25.9	5.5	12.1	11.9	46.0	21.6	2.9	893	32,834	370,757
85 and older	4.3	232	15.2	5.0	11.6	11.7	43.9	24.0	3.8	1,526	19,379	207,811
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.9	226	24.1	6.2	12.9	12.2	45.2	20.9	2.6	935	81,329	910,050
Disabled	3.1	238	35.6	9.2	19.9	13.5	41.1	15.9	0.5	669	70,152	804,501
Adults	2.3	156	31.5	21.8	23.1	13.9	34.4	6.8	0.0	497	532	4,628
Children	0.2	7	29.0	66.7	33.3	0.0	0.0	0.0	0.0	25	3	30
Unknown	2.5	203	13.8	22.2	11.1	11.1	55.6	0.0	0.0	1,478	9	86
Gender												
Female	3.9	243	28.6	5.1	12.6	12.1	46.5	21.7	1.9	851	97,326	1,104,143
Male	2.9	210	28.6	12.1	22.4	13.9	37.5	13.0	1.1	734	54,675	614,870
Unknown	2.6	288	26.7	20.8	20.8	8.3	29.2	20.8	0.0	1,077	24	282
Race												
White	4.1	275	27.5	6.5	12.5	10.6	43.0	24.5	2.9	999	67,087	750,294
African American	3.1	195	28.7	8.2	19.5	14.8	43.5	13.4	0.6	678	72,987	835,364
Other/unknown	3.3	211	37.6	10.3	16.4	12.8	43.5	16.4	0.6	560	11,951	133,637
use of nursing Facilities^f												
Entire year	7.1	432	11.0	2.4	3.3	4.7	27.7	44.9	17.0	3,927	12,348	128,825
Part year	4.9	306	13.1	4.4	9.4	9.9	40.7	30.4	5.2	2,326	5,963	60,666
None	3.2	211	43.4	8.3	17.6	13.6	44.8	15.6	0.1	487	133,714	1,529,804
Maintenance Assistance Status												
Cash	3.0	193	38.4	10.3	19.9	13.9	41.5	14.2	0.2	502	62,972	714,889
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	3.3	223	59.8	6.2	16.0	13.7	48.1	16.0	0.0	373	64,215	744,585
Other/unknown	5.7	360	12.4	4.8	7.1	7.3	35.2	36.1	9.5	2,904	24,838	259,821

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.5	\$231	\$65	1.5	\$168	\$111	0.2	\$14	\$72	1.8	\$48	\$27
Age												
5 and younger	1.7	97	58	0.8	80	103	0.1	4	57	0.8	13	16
6-14	4.1	534	129	1.5	421	282	0.2	15	67	2.4	98	41
15-20	1.9	203	106	0.8	166	212	0.1	11	77	1.0	26	26
21-44	2.3	217	94	0.9	164	175	0.1	15	102	1.2	37	31
45-64	3.5	254	73	1.5	185	123	0.2	19	92	1.8	50	28
65-74	3.6	216	60	1.6	156	98	0.2	13	64	1.8	47	26
75-84	4.0	232	58	1.7	168	96	0.2	12	56	2.0	51	26
85 and older	4.3	232	54	1.7	162	95	0.2	12	49	2.3	57	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.9	226	58	1.7	162	97	0.2	12	57	2.0	50	26
Disabled	3.1	238	76	1.3	175	131	0.2	17	90	1.6	46	29
Adults	2.3	156	69	0.9	114	123	0.1	12	89	1.2	30	25
Children	0.2	7	32	0.0	0	0	0.0	5	134	0.2	3	15
Unknown	2.5	203	81	1.2	162	137	0.1	6	43	1.2	35	30
Gender												
Female	3.9	243	62	1.7	176	105	0.2	15	67	2.0	52	26
Male	2.9	210	72	1.2	154	125	0.2	13	84	1.5	43	28
Unknown	2.6	288	109	1.0	215	211	0.1	23	211	1.4	40	28
Race												
White	4.1	275	67	1.8	198	112	0.2	19	78	2.0	57	28
African American	3.1	195	63	1.3	143	109	0.2	10	63	1.6	41	26
Other/unknown	3.3	211	64	1.4	153	109	0.2	13	73	1.7	44	26
Use of Nursing Facilities^e												
Entire year	7.1	432	61	2.8	306	108	0.4	22	57	3.8	102	27
Part year	4.9	306	62	2.1	223	108	0.3	16	57	2.5	66	26
None	3.2	211	66	1.4	154	111	0.2	14	75	1.6	43	27
Maintenance Assistance Status												
Cash	3.0	193	64	1.3	139	110	0.2	12	69	1.6	41	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.3	223	67	1.5	164	111	0.2	15	79	1.6	44	27
Other/unknown	5.7	360	64	2.3	258	110	0.3	21	64	3.0	80	27

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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, 0.6 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.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$23	\$17	\$1	\$5	\$84	\$147	\$108	\$32	269,179	\$22,594,856	86,129	56.7 %	996,814
Biologicals	0.4	0.0	0.1	0.3	####	7	227	####	4765	813	1,798	6,405	131	624,155	30	0.0	340
Antineoplastic Agents	0.5	0.1	0.0	0.4	87	48	0	39	192	525	182	108	35,808	6,871,035	7,268	4.8	79,070
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	46	34	3	8	58	92	35	26	596,866	34,893,564	65,857	43.3	760,919
Cardiovascular Agents	1.5	0.7	0.1	0.8	68	49	2	17	45	70	37	22	1,921,824	86,017,690	109,741	72.2	1,262,928
Respiratory Agents	0.4	0.3	0.0	0.1	27	23	1	4	62	86	23	25	277,442	17,291,139	55,224	36.3	638,854
Gastrointestinal Agents	0.6	0.2	0.0	0.3	44	31	2	12	79	157	67	35	392,224	30,916,021	60,526	39.8	697,155
Genitourinary Agents	0.4	0.3	0.0	0.1	30	25	2	3	71	81	69	37	105,314	7,501,466	21,874	14.4	252,515
CNS Drugs	0.9	0.4	0.0	0.4	86	70	3	14	95	160	88	31	746,972	70,774,254	71,427	47.0	818,866
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	52	44	1	7	125	174	90	48	5,389	675,667	1,123	0.7	12,954
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.6	0.0	0.1	96	93	0	3	144	158	110	36	94,275	13,610,821	12,647	8.3	142,077
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	34	23	1	9	55	139	166	22	627,569	34,696,089	89,309	58.7	1,033,746
Neuromuscular Agents	0.7	0.2	0.2	0.3	54	24	19	11	83	148	123	33	344,459	28,453,426	45,743	30.1	529,765
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	10	20	31	33	20	170,846	3,434,923	30,448	20.0	348,115
Hematological Agents	0.6	0.3	0.1	0.3	66	55	5	6	104	180	64	25	235,579	24,461,888	32,297	21.2	367,888
Topical Products	0.3	0.2	0.0	0.1	19	14	1	4	55	73	58	28	221,213	12,209,908	55,219	36.3	640,719
Miscellaneous Products	0.4	0.1	0.0	0.3	102	81	4	17	278	910	266	65	5,236	1,458,053	1,263	0.8	14,349
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	37,608	951,322	10,526	6.9	121,348
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.	6,087,934	397,436,277	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.medispan.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, 0.6 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.medispan.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 2004.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$40,821,293	29,491	19.4 %	336,447	0.6	\$215	\$121
ANTIDIABETIC	28,772,819	57,416	37.8	664,853	0.6	73	43
ANTIHYPERTENSIVE	28,534,719	92,623	60.9	1,075,300	0.6	45	27
ANTIHYPERTENSIVE	25,203,010	42,050	27.7	492,968	0.5	95	51
ANTIDEPRESSANTS	22,994,588	58,202	38.3	669,951	0.5	67	34
ANTICONVULSANT	22,597,095	32,654	21.5	376,864	0.6	102	60
ULCER DRUGS	22,533,375	58,270	38.3	674,769	0.4	76	33
ANALGESICS - ANTI-INFLAMMATORY	16,537,720	49,106	32.3	576,865	0.3	85	29
MISC. HEMATOLOGICAL	15,750,028	20,151	13.3	231,202	0.6	118	68
ANALGESICS - Narcotic	14,985,615	101,475	66.7	1,176,647	0.3	41	13
Total	238,730,262	541,438		6,275,866	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDIABETIC				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,031,207	\$238,730,262	29,491	19.4 %	336,447	0.6	\$121	57,416	37.8 %	664,853	0.6	\$43
Female	2,099,632	160,297,845	17,502	18.0	199,569	0.6	110	41,330	42.5	479,411	0.6	43
Disabled	814,261	70,024,033	8,672	22.8	101,764	0.5	124	15,892	41.8	186,435	0.6	46
5 and younger	1	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	52	3,103	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	814	71,048	18	19.1	200	0.5	120	7	7.4	76	0.3	46
21-44	147,167	14,765,170	3,150	32.2	36,902	0.5	124	1,806	18.5	21,152	0.5	42
45-64	506,424	43,682,273	4,677	22.0	54,997	0.5	127	10,360	48.8	121,598	0.6	47
65-74	106,518	7,840,849	523	11.7	6,084	0.6	118	2,609	58.3	30,593	0.6	47
75-84	43,020	2,982,768	227	12.0	2,674	0.6	98	938	49.4	11,038	0.6	43
85 and older	10,265	678,801	77	14.1	907	0.5	78	172	31.4	1,978	0.6	36
Other Eligibles	1,285,371	90,273,812	8,830	14.9	97,805	0.6	96	25,438	42.9	292,976	0.6	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	17	325	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,608	212,942	53	16.5	527	0.4	84	49	15.2	494	0.4	32
45-64	1,930	148,378	14	12.4	165	0.4	78	52	46.0	567	0.6	49
65-74	473,678	34,102,673	2,134	10.2	24,495	0.6	105	10,931	52.2	127,711	0.6	46
75-84	511,445	35,966,529	3,416	15.1	38,091	0.6	98	10,010	44.2	115,651	0.6	40
85 and older	295,693	19,842,965	3,213	21.0	34,527	0.6	86	4,396	28.8	48,553	0.6	35
Male	931,142	78,384,851	11,982	21.9	136,794	0.6	138	16,081	29.4	185,385	0.6	44
Disabled	550,110	51,986,040	8,835	27.5	103,062	0.6	152	8,670	27.0	101,224	0.6	46
5 and younger	5	173	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	161	7,553	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,247	163,914	45	37.5	525	0.5	169	5	4.2	60	0.3	31
21-44	153,541	17,721,995	4,192	36.3	48,932	0.6	155	1,564	13.6	18,297	0.5	43
45-64	352,323	31,128,823	4,339	24.1	50,624	0.6	151	6,278	34.8	73,254	0.6	46
65-74	32,884	2,325,947	194	10.9	2,231	0.6	111	656	36.7	7,705	0.7	49
75-84	8,418	538,085	53	10.5	613	0.6	91	144	28.5	1,664	0.6	41
85 and older	1,531	99,550	12	11.5	137	0.5	88	23	22.1	244	0.6	39
Other Eligibles	381,032	26,398,811	3,147	13.9	33,732	0.6	96	7,411	32.8	84,161	0.6	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	940	89,799	19	26.8	177	0.4	115	4	5.6	48	0.5	55
45-64	1,134	76,666	3	4.6	29	0.4	41	23	35.4	226	0.6	54
65-74	197,730	13,938,140	1,196	10.7	13,315	0.6	108	4,194	37.4	48,361	0.6	43
75-84	129,288	8,806,298	1,193	15.3	12,670	0.6	93	2,422	31.2	27,276	0.6	39
85 and older	51,940	3,487,908	736	21.4	7,541	0.5	79	768	22.3	8,250	0.6	36
Unknown	433	47,566	7	29.2	84	0.6	160	5	20.8	57	0.4	26

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	92,623	60.9 %	1,075,300	0.6	\$27	42,050	27.7 %	492,968	0.5	\$51	58,202	38.3 %	669,951	0.5	\$34
Female	64,254	66.0	746,701	0.6	27	28,934	29.7	339,706	0.5	51	42,543	43.7	490,429	0.5	35
Disabled	21,870	57.5	257,355	0.5	26	10,807	28.4	127,514	0.5	47	21,191	55.7	248,356	0.5	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	1	20.0	12	0.2	5	1	20.0	12	0.5	36	1	20.0	12	0.3	26
15-20	31	33.0	348	0.6	29	3	3.2	36	0.4	36	27	28.7	315	0.4	23
21-44	2,604	26.6	30,657	0.4	20	1,034	10.6	12,199	0.4	36	5,829	59.6	68,169	0.4	32
45-64	13,722	64.7	161,436	0.5	26	7,274	34.3	85,794	0.5	46	13,129	61.9	153,961	0.5	35
65-74	3,675	82.2	43,310	0.6	28	1,816	40.6	21,440	0.5	52	1,526	34.1	17,886	0.5	32
75-84	1,483	78.2	17,477	0.6	29	582	30.7	6,907	0.6	55	550	29.0	6,490	0.5	29
85 and older	354	64.7	4,115	0.7	30	97	17.7	1,126	0.5	56	129	23.6	1,523	0.6	33
Other Eligibles	42,384	71.5	489,346	0.6	28	18,127	30.6	212,192	0.6	54	21,352	36.0	242,073	0.6	36
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	1	25.0	9	0.1	9
21-44	66	20.5	654	0.5	21	18	5.6	163	0.3	29	152	47.2	1,568	0.4	32
45-64	69	61.1	705	0.5	26	24	21.2	254	0.4	34	67	59.3	674	0.3	24
65-74	16,120	77.0	188,735	0.6	28	8,375	40.0	98,533	0.5	52	7,497	35.8	87,311	0.5	33
75-84	16,967	74.9	196,731	0.6	28	7,428	32.8	87,018	0.6	55	8,151	36.0	92,639	0.6	35
85 and older	9,162	59.9	102,521	0.6	27	2,282	14.9	26,224	0.6	54	5,484	35.9	59,872	0.7	40
Male	28,363	51.9	328,530	0.6	25	13,114	24.0	153,238	0.5	51	15,645	28.6	179,363	0.5	33
Disabled	14,923	46.5	174,470	0.5	25	7,328	22.8	86,253	0.5	49	10,399	32.4	121,389	0.5	33
5 and younger	1	50.0	11	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	80.0	144	0.6	29	2	13.3	24	0.6	24	0	0.0	0	0.0	0
15-20	28	23.3	336	0.5	14	3	2.5	30	0.4	37	35	29.2	408	0.5	42
21-44	3,168	27.5	37,023	0.5	22	1,270	11.0	14,998	0.4	41	3,945	34.2	46,031	0.4	33
45-64	10,196	56.5	119,213	0.6	25	5,424	30.1	63,776	0.5	50	5,952	33.0	69,550	0.5	33
65-74	1,130	63.2	13,208	0.6	28	495	27.7	5,844	0.6	56	353	19.7	4,103	0.5	31
75-84	329	65.1	3,854	0.6	26	125	24.8	1,481	0.6	54	91	18.0	1,058	0.6	33
85 and older	59	56.7	681	0.6	23	9	8.7	100	0.4	36	23	22.1	239	0.6	27
Other Eligibles	13,440	59.6	154,060	0.6	26	5,786	25.6	66,985	0.6	55	5,246	23.2	57,974	0.5	33
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	21	29.6	203	0.3	15	11	15.5	91	0.5	54	49	69.0	480	0.4	33
45-64	44	67.7	483	0.5	19	23	35.4	238	0.5	48	28	43.1	281	0.5	32
65-74	7,161	63.9	83,073	0.6	26	3,493	31.2	40,787	0.6	54	2,392	21.3	27,156	0.5	32
75-84	4,556	58.6	51,989	0.6	25	1,845	23.7	21,243	0.6	54	1,867	24.0	20,538	0.6	32
85 and older	1,658	48.1	18,312	0.6	26	414	12.0	4,626	0.6	60	910	26.4	9,519	0.6	36
Unknown	6	25.0	69	0.7	22	2	8.3	24	0.6	51	14	58.3	159	0.5	36

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	32,654	21.5 %	376,864	0.6	\$60	58,270	38.3 %	674,769	0.4	\$33	49,106	32.3 %	576,865	0.3	\$29
Female	20,799	21.4	240,340	0.6	57	41,281	42.4	479,024	0.4	34	35,218	36.2	414,252	0.3	31
Disabled	11,367	29.9	133,120	0.6	67	16,169	42.5	190,661	0.4	32	15,047	39.6	178,040	0.3	29
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	2	0	0.0	0	0.0	0
6-14	1	20.0	12	1.0	12	5	100.0	51	0.5	42	0	0.0	0	0.0	0
15-20	21	22.3	252	0.4	51	17	18.1	196	0.2	18	23	24.5	275	0.2	3
21-44	3,395	34.7	39,616	0.6	77	3,217	32.9	37,842	0.3	27	3,307	33.8	38,951	0.2	18
45-64	6,733	31.7	78,909	0.6	66	9,827	46.3	116,003	0.4	33	8,902	41.9	105,446	0.3	33
65-74	832	18.6	9,773	0.6	51	2,042	45.7	24,039	0.4	32	1,883	42.1	22,324	0.3	30
75-84	322	17.0	3,815	0.6	44	846	44.6	10,004	0.4	34	758	40.0	8,981	0.4	28
85 and older	63	11.5	743	0.5	35	214	39.1	2,514	0.5	36	174	31.8	2,063	0.4	31
Other Eligibles	9,432	15.9	107,220	0.6	44	25,112	42.3	288,363	0.5	36	20,171	34.0	236,212	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	9	1.1	22	1	25.0	9	0.1	1	1	25.0	12	0.1	1
21-44	73	22.7	753	0.4	51	43	13.4	438	0.3	15	86	26.7	875	0.2	17
45-64	29	25.7	308	0.4	37	36	31.9	376	0.4	33	59	52.2	626	0.3	43
65-74	3,643	17.4	42,244	0.5	49	8,681	41.5	101,842	0.4	33	7,952	38.0	94,045	0.4	32
75-84	3,698	16.3	42,180	0.6	44	9,779	43.2	112,716	0.5	37	8,007	35.3	94,033	0.4	33
85 and older	1,988	13.0	21,726	0.6	37	6,572	43.0	72,982	0.6	39	4,066	26.6	46,621	0.4	34
Male	11,838	21.7	136,326	0.6	65	16,985	31.1	195,700	0.4	32	13,881	25.4	162,532	0.3	22
Disabled	8,652	26.9	100,887	0.6	72	9,340	29.1	109,280	0.4	31	8,327	25.9	98,013	0.3	21
5 and younger	0	0.0	0	0.0	0	2	100.0	23	0.2	7	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	10	66.7	120	0.4	21	0	0.0	0	0.0	0
15-20	29	24.2	346	0.7	107	28	23.3	334	0.4	28	24	20.0	288	0.3	5
21-44	3,512	30.4	41,002	0.7	80	2,598	22.5	30,551	0.4	28	2,446	21.2	28,792	0.2	15
45-64	4,783	26.5	55,802	0.6	68	5,863	32.5	68,484	0.4	32	5,139	28.5	60,484	0.3	23
65-74	263	14.7	3,019	0.6	47	628	35.1	7,315	0.5	30	515	28.8	6,062	0.3	26
75-84	53	10.5	591	0.6	36	178	35.2	2,070	0.5	32	167	33.1	1,966	0.4	26
85 and older	12	11.5	127	0.6	45	33	31.7	383	0.6	43	36	34.6	421	0.3	25
Other Eligibles	3,186	14.1	35,439	0.6	45	7,645	33.9	86,420	0.5	33	5,554	24.6	64,519	0.3	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	25	35.2	229	0.5	67	14	19.7	144	0.4	27	14	19.7	116	0.2	18
45-64	14	21.5	139	0.4	34	25	38.5	255	0.3	20	27	41.5	293	0.3	31
65-74	1,614	14.4	18,326	0.6	49	3,677	32.8	42,458	0.4	32	2,971	26.5	34,755	0.3	24
75-84	1,089	14.0	11,995	0.6	42	2,670	34.3	29,919	0.5	35	1,819	23.4	21,159	0.4	25
85 and older	444	12.9	4,750	0.6	39	1,259	36.6	13,644	0.5	36	723	21.0	8,196	0.4	25
Unknown	17	70.8	198	0.5	94	4	16.7	45	0.6	58	7	29.2	81	0.1	6

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	20,151	13.3 %	231,202	0.6	\$68	101,475	66.7 %	1,176,647	0.3	\$13	152,025	1,719,295
Female	13,695	14.1	157,407	0.6	67	68,636	70.5	796,953	0.3	12	97,326	1,104,143
Disabled	3,422	9.0	40,093	0.5	63	32,974	86.7	387,162	0.3	14	38,018	438,458
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	51
15-20	0	0.0	0	0.0	0	65	69.1	774	0.2	10	94	1,072
21-44	194	2.0	2,231	0.4	50	8,857	90.6	103,717	0.3	12	9,773	111,872
45-64	2,113	10.0	24,735	0.5	63	19,178	90.4	225,344	0.3	15	21,225	244,946
65-74	639	14.3	7,544	0.6	64	3,238	72.4	38,015	0.3	11	4,473	52,005
75-84	368	19.4	4,326	0.6	67	1,307	68.9	15,470	0.3	8	1,897	22,178
85 and older	108	19.7	1,257	0.6	66	329	60.1	3,842	0.3	10	547	6,296
Other Eligibles	10,273	17.3	117,314	0.6	69	35,662	60.1	409,791	0.3	10	59,308	665,685
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	2	50.0	24	0.2	1	4	42
21-44	2	0.6	10	0.4	46	265	82.3	2,741	0.3	9	322	2,800
45-64	9	8.0	78	0.5	55	100	88.5	1,095	0.3	9	113	1,111
65-74	2,915	13.9	33,812	0.6	67	13,827	66.1	161,572	0.3	11	20,927	240,243
75-84	4,237	18.7	48,911	0.6	68	13,699	60.5	158,037	0.3	10	22,658	257,108
85 and older	3,110	20.3	34,503	0.6	71	7,769	50.8	86,322	0.3	11	15,284	164,381
Male	6,455	11.8	73,786	0.6	70	32,822	60.0	379,496	0.3	15	54,675	614,870
Disabled	2,593	8.1	30,146	0.5	78	21,337	66.4	249,299	0.3	17	32,110	365,761
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	0	0.0	0	0.0	0	8	53.3	96	0.1	2	15	180
15-20	0	0.0	0	0.0	0	59	49.2	704	0.2	5	120	1,370
21-44	206	1.8	2,422	0.4	233	7,151	62.0	83,743	0.3	16	11,538	131,152
45-64	2,042	11.3	23,762	0.5	64	12,828	71.1	149,690	0.4	18	18,038	205,660
65-74	275	15.4	3,147	0.6	66	969	54.2	11,317	0.3	14	1,788	20,503
75-84	52	10.3	602	0.5	57	262	51.9	3,052	0.3	8	505	5,715
85 and older	18	17.3	213	0.6	69	60	57.7	697	0.3	7	104	1,158
Other Eligibles	3,862	17.1	43,640	0.6	65	11,485	50.9	130,197	0.3	10	22,565	249,109
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
21-44	5	7.0	31	0.5	64	72	101.4	742	0.4	27	71	599
45-64	7	10.8	76	0.6	61	60	92.3	588	0.4	18	65	604
65-74	1,794	16.0	20,725	0.6	64	6,110	54.5	70,246	0.3	11	11,210	126,168
75-84	1,380	17.8	15,522	0.6	64	3,737	48.1	42,287	0.3	9	7,774	85,756
85 and older	676	19.6	7,286	0.6	68	1,506	43.7	16,334	0.3	8	3,444	35,976
Unknown	1	4.2	9	0.4	54	17	70.8	198	0.3	10	24	282

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$432	7.1	12,348	128,825
Age				
0-64	529	7.6	958	10,612
65-74	506	7.8	1,840	19,835
75-84	461	7.6	4,033	42,277
85 and older	365	6.5	5,517	56,101
Unknown	0	0.0	0	0
Gender				
Female	429	7.2	9,141	95,982
Male	439	6.8	3,207	32,843
Unknown	0	0.0	0	0
Race				
White	457	7.6	8,030	82,815
African American	384	6.2	3,908	41,742
Other/unknown	404	6.9	410	4,268
Basis of Eligibility^c				
Aged	421	7.1	11,050	114,298
Disabled	518	7.6	1,298	14,527
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 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$13	\$1	\$6	\$57	\$90	\$69	\$32	31,893	\$1,825,082	8,503	68.9 %	92,514
Biologicals	0.2	0.0	0.0	0.2	12	0	0	12	65	0	0	65	2	129	2	0.0	11
Antineoplastic Agents	0.5	0.0	0.0	0.5	78	11	0	67	146	394	233	132	10,670	1,553,848	1,933	15.7	19,914
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.5	55	43	3	9	49	78	26	20	74,215	3,647,068	6,153	49.8	66,407
Cardiovascular Agents	2.1	0.6	0.1	1.4	66	38	2	26	32	64	30	19	216,777	6,971,758	9,870	79.9	105,341
Respiratory Agents	0.6	0.3	0.0	0.2	34	28	0	6	58	84	28	26	36,639	2,135,909	5,678	46.0	61,947
Gastrointestinal Agents	1.1	0.2	0.1	0.7	59	33	2	23	56	134	39	32	83,545	4,693,103	7,350	59.5	79,385
Genitourinary Agents	0.7	0.5	0.0	0.2	49	40	3	6	72	84	70	39	24,217	1,750,537	3,277	26.5	35,980
CNS Drugs	1.6	0.9	0.1	0.6	145	119	5	21	92	135	77	34	152,617	14,107,199	9,004	72.9	97,186
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	46	38	0	8	74	156	0	21	821	60,502	120	1.0	1,320
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	130	130	0	0	138	139	0	35	40,571	5,598,373	3,964	32.1	43,025
Analgesics and Anesthetics	0.8	0.3	0.0	0.6	42	32	0	9	50	118	54	16	56,847	2,820,198	6,267	50.8	67,795
Neuromuscular Agents	1.2	0.3	0.3	0.6	79	33	23	23	68	118	88	37	53,614	3,630,935	4,219	34.2	46,133
Nutritional Products	0.7	0.0	0.0	0.7	14	0	0	14	19	24	28	19	36,134	680,512	4,532	36.7	48,675
Hematological Agents	1.0	0.4	0.1	0.5	74	61	6	8	78	165	59	16	49,487	3,848,039	4,833	39.1	51,871
Topical Products	0.5	0.2	0.0	0.2	25	16	2	7	48	67	52	28	42,011	2,024,334	7,388	59.8	81,253
Miscellaneous Products	0.3	0.0	0.0	0.3	15	2	0	13	50	84	0	47	831	41,954	261	2.1	2,815
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	25	0	0	0	8,320	205,415	1,715	13.9	18,683
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.	919,211	55,594,895	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 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 2004. 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.medspan.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, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,610,508	6,300	51.0 %	69,000	0.7	\$169	\$125
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,601,821	4,873	39.5	53,094	0.8	138	106
ANTIDEPRESSANTS	4,629,778	8,368	67.8	91,196	0.8	64	51
ULCER DRUGS	3,480,692	7,028	56.9	76,633	0.7	62	45
ANTICONVULSANT	2,792,844	3,940	31.9	43,283	0.9	73	65
ANTIDIABETIC	2,663,507	5,680	46.0	62,016	0.8	54	43
MISC. HEMATOLOGICAL	2,398,617	2,645	21.4	28,611	0.8	109	84
ANTIHYPERTENSIVE	2,202,216	6,673	54.0	72,122	0.8	39	31
ANTINEOPLASTICS	1,553,848	1,971	16.0	20,301	0.5	146	77
ANTIASTHMATIC	1,486,395	4,429	35.9	47,574	0.4	74	31
Total	35,420,226	51,907		563,830	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	416,835	\$35,420,226	6,300	51.0 %	69,000	0.7	\$125	4,873	39.5 %	53,094	0.8	\$106
Female	309,386	26,015,768	4,557	49.9	50,366	0.7	121	3,728	40.8	40,913	0.8	105
Disabled	27,060	2,422,447	402	63.6	4,665	0.8	148	153	24.2	1,757	0.8	141
64 or younge ^r	17,040	1,561,126	271	67.9	3,128	0.8	155	64	16.0	699	0.8	180
65-74	4,832	422,331	63	61.8	746	0.9	148	30	29.4	350	0.7	134
75-84	3,185	274,216	38	54.3	448	0.8	143	32	45.7	384	0.8	115
85 and older	2,003	164,774	30	49.2	343	0.6	89	27	44.3	324	0.7	97
Other Eligibles	282,326	23,593,321	4,155	48.8	45,701	0.7	119	3,575	42.0	39,156	0.8	103
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	42,298	3,664,740	631	65.1	7,171	0.8	144	362	37.3	4,027	0.8	104
75-84	110,779	9,438,045	1,627	55.6	18,195	0.7	127	1,373	46.9	15,052	0.8	107
85 and older	129,249	10,490,536	1,897	41.1	20,335	0.7	102	1,840	39.9	20,077	0.7	100
Male	107,449	9,404,458	1,743	54.3	18,634	0.8	134	1,145	35.7	12,181	0.8	108
Disabled	26,483	2,499,205	412	61.9	4,628	0.8	175	128	19.2	1,492	0.7	131
64 or younge ^r	21,985	2,119,863	354	63.3	3,947	0.8	182	92	16.5	1,062	0.6	134
65-74	3,322	281,179	43	57.3	504	0.7	142	23	30.7	274	0.9	125
75-84	820	65,273	12	60.0	141	0.8	113	9	45.0	108	0.9	129
85 and older	356	32,890	3	25.0	36	0.7	118	4	33.3	48	0.8	114
Other Eligibles	80,966	6,905,253	1,331	52.4	14,006	0.7	121	1,017	40.0	10,689	0.8	105
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	25,188	2,185,404	396	57.1	4,369	0.8	135	224	32.3	2,470	0.8	103
75-84	34,214	2,852,232	568	55.9	5,984	0.8	120	435	42.8	4,575	0.8	107
85 and older	21,564	1,867,617	367	44.1	3,653	0.7	106	358	43.0	3,644	0.8	103
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 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 2004. 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 2004 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.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	8,368	67.8 %	91,196	0.8	\$51	7,028	56.9 %	76,633	0.7	\$45	3,940	31.9 %	43,283	0.9	\$65
Female	6,335	69.3	69,239	0.8	52	5,270	57.7	57,652	0.7	45	2,693	29.5	29,610	0.9	61
Disabled	517	81.8	5,954	0.8	56	391	61.9	4,446	0.7	44	361	57.1	4,151	1.0	85
64 or younger	333	83.5	3,770	0.9	59	237	59.4	2,669	0.7	41	267	66.9	3,043	1.0	88
65-74	86	84.3	1,016	0.8	53	74	72.5	853	0.7	47	58	56.9	684	1.0	81
75-84	61	87.1	724	0.8	56	51	72.9	586	0.7	45	28	40.0	328	0.9	71
85 and older	37	60.7	444	0.8	46	29	47.5	338	0.8	66	8	13.1	96	0.9	52
Other Eligibles	5,818	68.4	63,285	0.8	51	4,879	57.3	53,206	0.7	45	2,332	27.4	25,459	0.9	57
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	821	84.6	9,156	0.8	50	599	61.8	6,759	0.7	47	500	51.5	5,611	0.9	73
75-84	2,234	76.3	24,438	0.8	52	1,765	60.3	19,366	0.7	44	993	33.9	10,910	0.9	60
85 and older	2,763	59.9	29,691	0.8	51	2,515	54.5	27,081	0.7	45	839	18.2	8,938	0.8	44
Male	2,033	63.4	21,957	0.8	48	1,758	54.8	18,981	0.7	48	1,247	38.9	13,673	0.9	73
Disabled	460	69.1	5,266	0.8	50	400	60.1	4,551	0.7	47	418	62.8	4,718	1.0	95
64 or younger	380	68.0	4,323	0.8	50	340	60.8	3,847	0.7	47	378	67.6	4,238	1.0	99
65-74	59	78.7	695	0.8	47	48	64.0	564	0.8	49	31	41.3	372	0.9	60
75-84	15	75.0	177	0.9	61	8	40.0	93	0.8	56	4	20.0	48	0.8	51
85 and older	6	50.0	71	0.8	37	4	33.3	47	0.8	66	5	41.7	60	0.8	72
Other Eligibles	1,573	61.9	16,691	0.8	47	1,358	53.4	14,430	0.7	48	829	32.6	8,955	0.8	61
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	479	69.1	5,306	0.8	51	386	55.7	4,267	0.7	47	299	43.1	3,308	0.9	69
75-84	640	63.0	6,769	0.8	45	564	55.5	5,959	0.8	48	351	34.5	3,765	0.9	59
85 and older	454	54.6	4,616	0.8	45	408	49.0	4,204	0.7	48	179	21.5	1,882	0.8	50
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

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	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,680	46.0 %	62,016	0.8	\$43	2,645	21.4 %	28,611	0.8	\$84	6,673	54.0 %	72,122	0.8	\$31
Female	4,282	46.8	47,158	0.8	43	1,949	21.3	21,230	0.8	84	5,049	55.2	54,639	0.8	31
Disabled	387	61.2	4,402	0.8	49	116	18.4	1,335	0.8	84	358	56.6	4,123	0.8	32
64 or younger	250	62.7	2,841	0.8	52	51	12.8	573	0.8	90	208	52.1	2,369	0.8	32
65-74	69	67.6	799	0.7	47	28	27.5	334	0.8	79	61	59.8	709	0.9	37
75-84	49	70.0	562	0.8	41	18	25.7	200	0.6	70	48	68.6	560	0.7	31
85 and older	19	31.1	200	0.8	36	19	31.1	228	0.8	91	41	67.2	485	0.8	30
Other Eligibles	3,895	45.8	42,756	0.8	42	1,833	21.5	19,895	0.8	84	4,691	55.1	50,516	0.8	31
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	708	73.0	7,951	0.8	48	198	20.4	2,179	0.7	80	644	66.4	7,175	0.8	34
75-84	1,616	55.2	17,950	0.8	43	630	21.5	6,996	0.8	86	1,774	60.6	19,226	0.8	31
85 and older	1,571	34.1	16,855	0.7	38	1,005	21.8	10,720	0.8	83	2,273	49.3	24,115	0.8	29
Male	1,398	43.6	14,858	0.8	43	696	21.7	7,381	0.8	85	1,624	50.6	17,483	0.8	30
Disabled	334	50.2	3,818	0.9	49	116	17.4	1,304	0.8	86	374	56.2	4,221	0.8	31
64 or younger	273	48.8	3,089	0.9	48	95	17.0	1,052	0.7	83	306	54.7	3,408	0.8	32
65-74	45	60.0	540	0.9	54	14	18.7	168	0.9	109	50	66.7	600	0.8	28
75-84	14	70.0	165	1.0	46	4	20.0	48	0.8	86	12	60.0	141	0.9	29
85 and older	2	16.7	24	1.2	89	3	25.0	36	0.7	70	6	50.0	72	0.7	10
Other Eligibles	1,064	41.9	11,040	0.8	41	580	22.8	6,077	0.8	84	1,250	49.2	13,262	0.8	30
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	349	50.4	3,726	0.8	42	165	23.8	1,842	0.8	88	388	56.0	4,267	0.8	30
75-84	436	42.9	4,516	0.8	42	231	22.7	2,401	0.7	81	522	51.4	5,547	0.8	30
85 and older	279	33.5	2,798	0.7	39	184	22.1	1,834	0.8	85	340	40.9	3,448	0.8	29
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIASTHMATIC					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	1,971	16.0 %	20,301	0.5	\$77	4,429	35.9 %	47,574	0.4	\$31	12,348	128,825
Female	1,536	16.8	15,915	0.5	72	3,129	34.2	33,767	0.4	31	9,141	95,982
Disabled	75	11.9	837	0.5	56	216	34.2	2,551	0.5	36	632	7,149
64 or younger	47	11.8	509	0.4	50	124	31.1	1,447	0.5	37	399	4,459
65-74	13	12.7	148	0.6	75	33	32.4	396	0.5	37	102	1,172
75-84	10	14.3	120	0.5	44	38	54.3	456	0.4	36	70	803
85 and older	5	8.2	60	0.6	81	21	34.4	252	0.4	32	61	715
Other Eligibles	1,461	17.2	15,078	0.5	73	2,913	34.2	31,216	0.4	30	8,509	88,833
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	114	11.8	1,242	0.5	83	371	38.2	4,120	0.4	30	970	10,496
75-84	482	16.5	5,095	0.6	77	1,073	36.7	11,465	0.4	32	2,927	30,957
85 and older	865	18.8	8,741	0.5	70	1,469	31.9	15,631	0.4	29	4,612	47,380
Male	435	13.6	4,386	0.5	92	1,300	40.5	13,807	0.5	33	3,207	32,843
Disabled	64	9.6	703	0.5	81	227	34.1	2,588	0.5	32	666	7,378
64 or younger	52	9.3	559	0.5	67	183	32.7	2,066	0.5	31	559	6,153
65-74	8	10.7	96	0.5	137	39	52.0	468	0.5	34	75	877
75-84	1	5.0	12	0.3	64	2	10.0	18	0.3	18	20	215
85 and older	3	25.0	36	0.7	166	3	25.0	36	0.7	51	12	133
Other Eligibles	371	14.6	3,683	0.5	94	1,073	42.2	11,219	0.5	33	2,541	25,465
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	88	12.7	932	0.6	105	264	38.1	2,832	0.5	33	693	7,290
75-84	142	14.0	1,411	0.5	81	484	47.6	5,115	0.5	34	1,016	10,302
85 and older	141	16.9	1,340	0.5	99	325	39.1	3,272	0.4	32	832	7,873
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 5,963 beneficiaries who were in nursing facilities for part of their enrollment and their 60,666 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a,b}
MISSISSIPPI, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	74,183	48.8 %	3.1	470,434	\$61	\$9,255,939	\$20	2.3 %	152,025
Age									
5 and younger	4	66.7	3.7	22	115	687	31	11.7	6
6-14	16	80.0	6.7	133	452	9,044	68	7.3	20
15-20	81	37.0	1.8	405	55	11,984	30	2.4	219
21-44	8,970	41.3	2.2	48,381	67	1,450,927	30	2.7	21,722
45-64	19,500	49.4	3.0	118,413	63	2,499,061	21	2.2	39,447
65-74	18,050	47.0	2.9	109,544	54	2,064,210	19	2.2	38,398
75-84	16,818	51.2	3.4	112,195	60	1,955,375	17	2.3	32,834
85 and older	10,744	55.4	4.2	81,341	65	1,264,651	16	2.6	19,379
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	40,838	50.2	3.4	274,358	59	4,758,690	17	2.3	81,329
Disabled	33,149	47.3	2.8	195,327	64	4,483,141	23	2.3	70,152
Adults	194	36.5	1.4	746	26	13,701	18	1.9	532
Children	0	0.0	0.0	0	0	0	0	0.0	3
Unknown	2	22.2	0.3	3	45	407	136	2.3	9
Gender									
Female	52,265	53.7	3.5	339,417	67	6,526,286	19	2.4	97,326
Male	21,906	40.1	2.4	130,933	50	2,727,111	21	2.1	54,675
Unknown	12	50.0	3.5	84	106	2,542	30	3.1	24
Race									
White	34,594	51.6	3.7	250,583	76	5,073,522	20	2.5	67,087
African American	33,997	46.6	2.6	187,386	49	3,578,101	19	2.2	72,987
Other/unknown	5,592	46.8	2.7	32,465	51	604,316	19	2.1	11,951
Use of Nursing Facilities^d									
Entire year	8,675	70.3	7.7	94,674	119	1,466,218	15	2.6	12,348
Part year	3,993	67.0	4.7	27,777	77	458,078	16	2.5	5,963
None	61,515	46.0	2.6	347,983	55	7,331,643	21	2.3	133,714
Maintenance Assistance Status									
Cash	28,936	46.0	2.6	162,989	50	3,142,460	19	2.3	62,972
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	29,420	45.8	2.6	165,987	58	3,718,645	22	2.2	64,215
Other/unknown	15,827	63.7	5.7	141,458	96	2,394,834	17	2.6	24,838

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
MISSISSIPPI, 2004

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	0.3	\$5	\$20	\$0	\$2	1,719,295
Age						
5 and younger	0.4	11	31	0	0	61
6-14	0.6	39	68	0	0	231
15-20	0.2	5	30	0	1	2,490
21-44	0.2	6	30	0	2	246,636
45-64	0.3	6	21	0	2	452,390
65-74	0.2	5	19	0	1	438,919
75-84	0.3	5	17	0	1	370,757
85 and older	0.4	6	16	0	1	207,811
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	17	0	1	910,050
Disabled	0.2	6	23	0	2	804,501
Adults	0.2	3	18	0	2	4,628
Children	0.0	0	0	0	0	30
Unknown	0.0	5	136	0	0	86
Gender						
Female	0.3	6	19	0	2	1,104,143
Male	0.2	4	21	0	1	614,870
Unknown	0.3	9	30	0	4	282
Race						
White	0.3	7	20	0	3	750,294
African American	0.2	4	19	0	1	835,364
Other/unknown	0.2	5	19	0	1	133,637
Use of Nursing Facilities^d						
Entire year	0.7	11	15	0	3	128,825
Part year	0.5	8	16	0	2	60,666
None	0.2	5	21	0	2	1,529,804
Maintenance Assistance Status						
Cash	0.2	4	19	0	1	714,889
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	5	22	0	2	744,585
Other/unknown	0.5	9	17	0	3	259,821

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MISSISSIPPI, 2004

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
All	101,004	\$92	\$9,255,939	100.0 %	470,434	\$20	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	31	22	686	0.0	77	9	0.0
Cough and cold medications	13,437	48	642,857	6.9	27,621	23	5.9
Vitamins and minerals	30,220	113	3,417,074	36.9	170,459	20	36.2
Non-prescription drugs	24,691	45	1,116,129	12.1	96,296	12	20.5
Barbiturates	1,505	72	108,029	1.2	12,784	8	2.7
Benzodiazepines	26,071	112	2,912,739	31.5	149,467	19	31.8
Other Part D Excl Rx Drugs	5,049	210	1,058,425	11.4	13,730	77	2.9

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MISSISSIPPI, 2004

Total Number of Dual Eligible Beneficiaries	152,025
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$397,436,277
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,614

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,622	7.6 %	\$0	0.0 %
1-500	20,825	13.7	4,658,690	1.2
501-1,000	16,459	10.8	12,300,573	3.1
1,001-1,500	15,738	10.4	19,628,201	4.9
1,501-2,000	14,298	9.4	25,007,059	6.3
2,001-2,500	12,940	8.5	29,067,166	7.3
2,501-3,000	11,105	7.3	30,459,069	7.7
3,001-3,500	9,441	6.2	30,584,453	7.7
3,501-4,000	7,641	5.0	28,576,217	7.2
4,001-4,500	6,290	4.1	26,665,300	6.7
4,501-5,000	5,126	3.4	24,299,963	6.1
5,001-5,500	3,832	2.5	20,076,055	5.1
5,501-6,000	3,023	2.0	17,337,194	4.4
6,001-6,500	2,433	1.6	15,175,002	3.8
6,501-7,000	1,904	1.3	12,843,635	3.2
7,001-7,500	1,528	1.0	11,074,543	2.8
7,501-8,000	1,251	0.8	9,682,194	2.4
8,001-8,500	1,012	0.7	8,340,509	2.1
8,501-9,000	744	0.5	6,505,627	1.6
9,001-9,500	643	0.4	5,946,805	1.5
9,501-10,000	585	0.4	5,699,500	1.4
10,001+	3,585	2.4	53,508,522	13.5

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MISSISSIPPI, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	60,838
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$167,893,220
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$2,760

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,941	9.8 %	0	0.0 %
1-500	9,977	16.4	2,096,679	1.2
501-1,000	6,346	10.4	4,704,518	2.8
1,001-1,500	5,669	9.3	7,056,485	4.2
1,501-2,000	4,981	8.2	8,695,856	5.2
2,001-2,500	4,364	7.2	9,803,662	5.8
2,501-3,000	3,783	6.2	10,375,528	6.2
3,001-3,500	3,144	5.2	10,178,940	6.1
3,501-4,000	2,662	4.4	9,958,163	5.9
4,001-4,500	2,335	3.8	9,904,948	5.9
4,501-5,000	1,934	3.2	9,171,209	5.5
5,001-5,500	1,437	2.4	7,527,440	4.5
5,501-6,000	1,217	2.0	6,981,895	4.2
6,001-6,500	1,059	1.7	6,604,577	3.9
6,501-7,000	816	1.3	5,506,343	3.3
7,001-7,500	708	1.2	5,133,734	3.1
7,501-8,000	614	1.0	4,749,000	2.8
8,001-8,500	504	0.8	4,151,327	2.5
8,501-9,000	366	0.6	3,198,124	1.9
9,001-9,500	345	0.6	3,192,772	1.9
9,501-10,000	304	0.5	2,960,259	1.8
10,001+	2,332	3.8	35,941,761	21.4

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MISSISSIPPI, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	90,611
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$228,677,476
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,524

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,562	6.1 %	0	0.0 %
1-500	10,700	11.8	2,533,815	1.1
501-1,000	10,049	11.1	7,548,035	3.3
1,001-1,500	10,022	11.1	12,512,770	5.5
1,501-2,000	9,273	10.2	16,234,912	7.1
2,001-2,500	8,547	9.4	19,199,252	8.4
2,501-3,000	7,297	8.1	20,014,676	8.8
3,001-3,500	6,271	6.9	20,321,282	8.9
3,501-4,000	4,970	5.5	18,583,885	8.1
4,001-4,500	3,937	4.3	16,684,837	7.3
4,501-5,000	3,180	3.5	15,072,021	6.6
5,001-5,500	2,388	2.6	12,512,059	5.5
5,501-6,000	1,799	2.0	10,315,578	4.5
6,001-6,500	1,371	1.5	8,551,677	3.7
6,501-7,000	1,084	1.2	7,310,895	3.2
7,001-7,500	817	0.9	5,919,375	2.6
7,501-8,000	637	0.7	4,933,194	2.2
8,001-8,500	507	0.6	4,180,930	1.8
8,501-9,000	378	0.4	3,307,503	1.4
9,001-9,500	296	0.3	2,735,760	1.2
9,501-10,000	281	0.3	2,739,241	1.2
10,001+	1,245	1.4	17,465,779	7.6

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 MISSISSIPPI, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	38,398
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$94,712,935
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,467

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,768	7.2 %	0	0.0 %
1-500	4,682	12.2	1,063,075	1.1
501-1,000	4,177	10.9	3,133,021	3.3
1,001-1,500	4,191	10.9	5,239,693	5.5
1,501-2,000	3,895	10.1	6,833,491	7.2
2,001-2,500	3,572	9.3	8,026,021	8.5
2,501-3,000	3,114	8.1	8,537,940	9.0
3,001-3,500	2,695	7.0	8,728,657	9.2
3,501-4,000	2,084	5.4	7,791,290	8.2
4,001-4,500	1,621	4.2	6,871,354	7.3
4,501-5,000	1,330	3.5	6,308,537	6.7
5,001-5,500	964	2.5	5,048,961	5.3
5,501-6,000	711	1.9	4,076,116	4.3
6,001-6,500	543	1.4	3,386,248	3.6
6,501-7,000	442	1.2	2,978,269	3.1
7,001-7,500	309	0.8	2,236,147	2.4
7,501-8,000	209	0.5	1,620,667	1.7
8,001-8,500	185	0.5	1,524,997	1.6
8,501-9,000	137	0.4	1,197,016	1.3
9,001-9,500	108	0.3	998,466	1.1
9,501-10,000	111	0.3	1,081,786	1.1
10,001+	550	1.4	8,031,183	8.5

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MISSISSIPPI, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	32,834
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$85,854,492
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,615

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,822	5.5 %	0	0.0 %
1-500	3,536	10.8	868,518	1.0
501-1,000	3,563	10.9	2,682,958	3.1
1,001-1,500	3,611	11.0	4,515,510	5.3
1,501-2,000	3,400	10.4	5,957,730	6.9
2,001-2,500	3,191	9.7	7,167,319	8.3
2,501-3,000	2,683	8.2	7,356,576	8.6
3,001-3,500	2,344	7.1	7,600,403	8.9
3,501-4,000	1,874	5.7	7,011,980	8.2
4,001-4,500	1,489	4.5	6,311,560	7.4
4,501-5,000	1,214	3.7	5,753,263	6.7
5,001-5,500	905	2.8	4,736,512	5.5
5,501-6,000	675	2.1	3,871,732	4.5
6,001-6,500	481	1.5	3,001,665	3.5
6,501-7,000	402	1.2	2,715,240	3.2
7,001-7,500	329	1.0	2,387,749	2.8
7,501-8,000	246	0.7	1,900,934	2.2
8,001-8,500	202	0.6	1,665,719	1.9
8,501-9,000	153	0.5	1,340,755	1.6
9,001-9,500	116	0.4	1,073,090	1.2
9,501-10,000	103	0.3	1,006,320	1.2
10,001+	495	1.5	6,928,959	8.1

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MISSISSIPPI, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	19,379
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$48,110,049
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,483

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	972	5.0 %	0	0.0 %
1-500	2,482	12.8	602,222	1.3
501-1,000	2,309	11.9	1,732,056	3.6
1,001-1,500	2,220	11.5	2,757,567	5.7
1,501-2,000	1,978	10.2	3,443,691	7.2
2,001-2,500	1,784	9.2	4,005,912	8.3
2,501-3,000	1,500	7.7	4,120,160	8.6
3,001-3,500	1,232	6.4	3,992,222	8.3
3,501-4,000	1,012	5.2	3,780,615	7.9
4,001-4,500	827	4.3	3,501,923	7.3
4,501-5,000	636	3.3	3,010,221	6.3
5,001-5,500	519	2.7	2,726,586	5.7
5,501-6,000	413	2.1	2,367,730	4.9
6,001-6,500	347	1.8	2,163,764	4.5
6,501-7,000	240	1.2	1,617,386	3.4
7,001-7,500	179	0.9	1,295,479	2.7
7,501-8,000	182	0.9	1,411,593	2.9
8,001-8,500	120	0.6	990,214	2.1
8,501-9,000	88	0.5	769,732	1.6
9,001-9,500	72	0.4	664,204	1.4
9,501-10,000	67	0.3	651,135	1.4
10,001+	200	1.0	2,505,637	5.2

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	152,025	81,329	70,152	532	3	9	1,719,295	910,050	804,501	4,628	30	86
Age												
5 and younger	6	0	6	0	0	0	61	0	61	0	0	0
6-14	20	0	20	0	0	0	231	0	231	0	0	0
15-20	219	0	214	3	2	0	2,490	0	2,442	30	18	0
21-44	21,722	0	21,329	392	1	0	246,636	0	243,237	3,387	12	0
45-64	39,447	39	39,269	134	0	5	452,390	468	450,675	1,190	0	57
65-74	38,398	32,130	6,261	3	0	4	438,919	366,361	72,508	21	0	29
75-84	32,834	30,432	2,402	0	0	0	370,757	342,864	27,893	0	0	0
85 and older	19,379	18,728	651	0	0	0	207,811	200,357	7,454	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	97,326	58,882	38,018	415	2	9	1,104,143	661,922	438,458	3,653	24	86
Male	54,675	22,447	32,110	117	1	0	614,870	248,128	365,761	975	6	0
Unknown	24	0	24	0	0	0	282	0	282	0	0	0
Race												
White	67,087	38,512	28,336	232	3	4	750,294	424,942	323,303	1,985	30	34
African American	72,987	36,998	35,719	265	0	5	835,364	420,840	412,065	2,407	0	52
Other/unknown	11,951	5,819	6,097	35	0	0	133,637	64,268	69,133	236	0	0
Use of Nursing Facilities^c												
Entire year	12,348	11,050	1,298	0	0	0	128,825	114,298	14,527	0	0	0
Part year	5,963	5,230	733	0	0	0	60,666	52,824	7,842	0	0	0
None	133,714	65,049	68,121	532	3	9	1,529,804	742,928	782,132	4,628	30	86
Maintenance Assistance Status												
Cash	62,972	26,897	35,675	400	0	0	714,889	305,311	405,996	3,582	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	64,215	35,023	29,119	62	2	9	744,585	406,174	337,863	444	18	86
Other/unknown	24,838	19,409	5,358	70	1	0	259,821	198,565	60,642	602	12	0
Dual Status^d												
Full dual, all year	149,566	79,915	69,109	530	3	9	1,694,094	895,927	793,447	4,604	30	86
Full dual, part year	2,459	1,414	1,043	2	0	0	25,201	14,123	11,054	24	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	152,025	81,329	70,152	532	3	9	1,719,295	910,050	804,501	4,628	30	86
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	152,025	1,719,295	152,025	1,719,295	0	0
Fee-for-service (FFS) all year	152,025	1,719,295	152,025	1,719,295	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.