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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
MISSISSIPPI**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	154,176	80,409	73,050	702	6	9	1,714,888	883,970	823,844	6,928	64	82
Age												
5 and younger	10	0	9	0	1	0	112	0	100	0	12	0
6-14	15	0	15	0	0	0	168	0	168	0	0	0
15-20	231	0	226	2	3	0	2,581	0	2,533	20	28	0
21-44	22,126	0	21,617	507	2	0	247,682	0	242,516	5,142	24	0
45-64	41,687	21	41,473	188	0	5	469,357	252	467,342	1,720	0	43
65-74	38,245	31,572	6,664	5	0	4	429,049	352,699	76,265	46	0	39
75-84	32,515	30,077	2,438	0	0	0	362,695	334,662	28,033	0	0	0
85 and older	19,347	18,739	608	0	0	0	203,244	196,357	6,887	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	98,433	58,081	39,793	548	2	9	1,098,191	642,090	450,421	5,582	16	82
Male	55,743	22,328	33,257	154	4	0	616,697	241,880	373,423	1,346	48	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	68,606	38,843	29,457	297	4	5	752,772	419,412	330,502	2,777	40	41
African American	74,251	36,288	37,608	349	2	4	837,574	407,038	426,888	3,583	24	41
Other/unknown	11,319	5,278	5,985	56	0	0	124,542	57,520	66,454	568	0	0
Use of Nursing Facilities^c												
Entire year	12,650	11,527	1,123	0	0	0	129,213	116,926	12,287	0	0	0
Part year	6,120	5,252	867	1	0	0	62,433	53,092	9,332	9	0	0
None	135,406	63,630	71,060	701	6	9	1,523,242	713,952	802,225	6,919	64	82
Maintenance Assistance Status												
Cash	61,205	24,102	36,636	466	1	0	682,947	270,106	407,812	5,017	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	58,844	33,465	25,312	57	1	9	666,177	378,149	287,519	423	4	82
Other/unknown	34,127	22,842	11,102	179	4	0	365,764	235,715	128,513	1,488	48	0
Dual Medicare Status^d												
Full dual, all year	149,414	77,628	71,069	702	6	9	1,664,640	855,325	802,241	6,928	64	82
Full dual, part year	4,762	2,781	1,981	0	0	0	50,248	28,645	21,603	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	154,176	80,409	73,050	702	6	9	1,714,888	883,970	823,844	6,928	64	82
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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, 2005

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	90.8	36.0	\$2,347	\$65	\$9,220	25.5	154,176
Age							
5 and younger	80.0	27.7	5,063	183	17,577	28.8	10
6-14	100.0	41.3	5,977	145	16,119	37.1	15
15-20	77.5	15.5	1,648	107	8,042	20.5	231
21-44	85.3	23.6	2,224	94	7,526	29.5	22,126
45-64	90.9	34.9	2,575	74	7,723	33.3	41,687
65-74	90.8	36.6	2,182	60	7,061	30.9	38,245
75-84	93.0	41.2	2,352	57	10,294	22.8	32,515
85 and older	93.6	43.2	2,317	54	16,852	13.7	19,347
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.0	40.0	2,291	57	10,958	20.9	80,409
Disabled	89.6	31.8	2,418	76	7,352	32.9	73,050
Adults	77.4	19.3	1,297	67	4,619	28.1	702
Children	66.7	29.2	8,811	302	13,430	65.6	6
Unknown	88.9	21.9	1,371	63	4,745	28.9	9
Gender							
Female	93.3	39.6	2,456	62	9,654	25.4	98,433
Male	86.5	29.7	2,154	73	8,454	25.5	55,743
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.6	40.7	2,702	66	11,239	24.0	68,606
African American	90.5	32.3	2,067	64	7,905	26.1	74,251
Other/unknown	87.8	32.0	2,031	64	5,612	36.2	11,319
Use of Nursing Facilities^f							
Entire year	97.1	73.9	4,479	61	43,031	10.4	12,650
Part year	94.3	46.6	2,864	62	24,035	11.9	6,120
None	90.1	32.0	2,124	66	5,392	39.4	135,406
Maintenance Assistance Status							
Cash	89.0	30.9	1,990	64	5,514	36.1	61,205
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	90.3	31.6	1,932	61	3,274	59.0	58,844
Other/unknown	94.8	52.9	3,703	70	26,120	14.2	34,127

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 eight states (DE, IA, IL, 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, 2005

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	Beneficiaries	Benefit Months
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	3.2	\$211	25.5	9.2	17.1	13.6	48.5	9.9	1.7	\$829	154,176	1,714,888
Age												
5 and younger	2.5	452	28.8	20.0	20.0	0.0	60.0	0.0	0.0	1,569	10	112
6-14	3.7	534	37.1	0.0	6.7	6.7	73.3	13.3	0.0	1,439	15	168
15-20	1.4	148	20.5	22.5	43.3	13.0	19.0	2.2	0.0	720	231	2,581
21-44	2.1	199	29.5	14.7	31.3	15.8	34.7	3.3	0.2	672	22,126	247,682
45-64	3.1	229	33.3	9.1	17.0	13.5	51.3	8.5	0.7	686	41,687	469,357
65-74	3.3	195	30.9	9.2	15.4	13.6	51.5	8.9	1.4	629	38,245	429,049
75-84	3.7	211	22.8	7.0	12.7	12.6	52.4	12.5	2.8	923	32,515	362,695
85 and older	4.1	221	13.7	6.4	11.8	12.5	46.6	18.6	4.2	1,604	19,347	203,244
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	3.6	208	20.9	8.0	13.6	12.9	49.9	12.8	2.8	997	80,409	883,970
Disabled	2.8	214	32.9	10.4	20.9	14.2	47.1	6.9	0.4	652	73,050	823,844
Adults	2.0	132	28.1	22.6	26.9	15.2	33.2	2.0	0.0	468	702	6,928
Children	2.7	826	65.6	33.3	33.3	0.0	16.7	16.7	0.0	1,259	6	64
Unknown	2.4	151	28.9	11.1	33.3	11.1	44.4	0.0	0.0	521	9	82
Gender												
Female	3.6	220	25.4	6.7	13.7	13.2	52.8	11.6	2.0	865	98,433	1,098,191
Male	2.7	195	25.5	13.5	23.2	14.2	40.9	7.1	1.1	764	55,743	616,697
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.7	246	24.0	8.4	13.7	11.5	49.7	13.7	2.9	1,024	68,606	752,772
African American	2.9	183	26.1	9.5	20.4	15.3	47.3	6.9	0.7	701	74,251	837,574
Other/unknown	2.9	185	36.2	12.2	16.8	14.5	49.2	7.0	0.4	510	11,319	124,542
Use of Nursing Facilities^f												
Entire year	7.2	439	10.4	2.9	3.2	4.8	26.7	44.9	17.5	4,213	12,650	129,213
Part year	4.6	281	11.9	5.7	10.3	11.0	43.1	25.5	4.4	2,356	6,120	62,433
None	2.8	189	39.4	9.9	18.7	14.5	50.8	6.0	0.0	479	135,406	1,523,242
Maintenance Assistance Status												
Cash	2.8	178	36.1	11.0	20.0	14.8	47.8	6.2	0.2	494	61,205	682,947
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.8	171	59.0	9.7	19.1	14.9	51.6	4.8	0.0	289	58,844	666,177
Other/unknown	4.9	346	14.2	5.2	8.6	9.1	44.6	25.4	7.1	2,437	34,127	365,764

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.2	\$211	\$65	1.3	\$151	\$121	0.1	\$5	\$63	1.9	\$54	\$29
Age												
5 and younger	2.5	452	183	1.4	423	301	0.0	5	101	1.0	25	24
6-14	3.7	534	145	1.8	485	271	0.0	1	41	1.9	48	26
15-20	1.4	148	107	0.6	122	219	0.1	5	80	0.8	21	28
21-44	2.1	199	94	0.8	149	196	0.1	6	91	1.3	43	34
45-64	3.1	229	74	1.2	163	139	0.1	6	79	1.8	59	32
65-74	3.3	195	60	1.3	138	107	0.1	4	58	1.9	52	28
75-84	3.7	211	57	1.5	151	102	0.1	5	50	2.1	55	26
85 and older	4.1	221	54	1.5	155	100	0.1	5	47	2.4	59	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.6	208	57	1.4	149	104	0.1	5	52	2.1	55	26
Disabled	2.8	214	76	1.1	155	146	0.1	6	78	1.7	54	32
Adults	2.0	132	67	0.6	86	138	0.1	6	95	1.3	39	31
Children	2.7	826	302	0.8	734	887	0.0	1	19	1.9	91	49
Unknown	2.4	151	63	0.9	120	128	0.0	1	42	1.4	30	21
Gender												
Female	3.6	220	62	1.4	157	114	0.1	5	58	2.1	58	28
Male	2.7	195	73	1.0	142	137	0.1	5	77	1.6	48	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.7	246	66	1.4	174	121	0.1	7	66	2.2	66	30
African American	2.9	183	64	1.1	134	121	0.1	4	59	1.7	45	27
Other/unknown	2.9	185	64	1.1	131	119	0.1	5	65	1.7	48	28
Use of Nursing Facilities^e												
Entire year	7.2	439	61	2.8	317	113	0.2	10	55	4.2	110	26
Part year	4.6	281	62	1.8	203	115	0.1	6	56	2.7	71	27
None	2.8	189	66	1.1	135	123	0.1	5	66	1.7	49	29
Maintenance Assistance Status												
Cash	2.8	178	64	1.0	128	122	0.1	4	60	1.6	46	28
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.8	171	61	1.1	119	110	0.1	5	67	1.6	47	29
Other/unknown	4.9	346	70	2.0	256	131	0.1	8	64	2.8	81	29

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$15	\$2	\$4	\$80	\$197	\$74	\$27	256,135	\$20,559,909	84,891	55.1	976,056
Biologicals	0.4	0.0	0.2	0.2	1,948	19	505	1,423	4938	876	3,070	6,841	127	627,187	27	0.0	322
Antineoplastic Agents	0.4	0.1	0.0	0.3	94	66	0	29	212	525	157	90	31,746	6,738,847	6,661	4.3	71,363
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.4	45	34	2	10	61	113	38	25	558,209	34,148,372	65,611	42.6	752,632
Cardiovascular Agents	1.4	0.6	0.0	0.8	65	47	0	18	46	75	18	23	1,762,022	80,502,638	109,048	70.7	1,245,181
Respiratory Agents	0.4	0.2	0.0	0.2	25	21	1	3	63	94	37	21	253,033	15,841,437	54,242	35.2	623,880
Gastrointestinal Agents	0.5	0.1	0.0	0.3	33	24	0	9	68	171	96	27	301,761	20,455,471	53,933	35.0	617,038
Genitourinary Agents	0.4	0.3	0.0	0.1	29	25	0	4	71	83	72	38	97,451	6,900,366	20,470	13.3	234,286
CNS Drugs	0.9	0.4	0.0	0.5	85	70	0	14	96	172	116	31	705,058	67,806,725	70,277	45.6	799,260
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	63	56	1	7	145	206	127	43	6,095	883,445	1,225	0.8	13,946
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	110	108	0	2	150	161	121	34	103,706	15,537,285	12,742	8.3	141,380
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	28	11	3	15	50	166	154	31	559,824	28,187,177	86,386	56.0	992,739
Neuromuscular Agents	0.6	0.1	0.0	0.5	50	23	2	25	79	173	71	52	329,779	25,977,501	44,984	29.2	517,620
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	9	19	26	36	18	161,076	2,991,124	29,773	19.3	338,466
Hematological Agents	0.6	0.3	0.0	0.3	62	53	1	8	99	176	37	27	222,584	22,111,667	31,734	20.6	359,093
Topical Products	0.3	0.2	0.0	0.1	18	13	0	4	56	79	60	29	181,344	10,162,833	49,492	32.1	571,152
Miscellaneous Products	0.4	0.1	0.0	0.2	114	93	3	17	324	957	346	71	5,756	1,862,623	1,454	0.9	16,322
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	26	0	0	0	20,118	530,263	6,887	4.5	78,464
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.	5,555,824	361,824,870	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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.medspan.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$41,447,148	28,336	18.4	321,420	0.6	\$227	\$129
ANTIDIABETIC	27,981,969	61,307	39.8	707,152	0.5	74	40
ANTIHYPERTENSIVE	26,613,212	94,681	61.4	1,093,742	0.5	46	24
ANTIHYPERLIPIDEMIC	23,826,840	44,329	28.8	516,973	0.5	96	46
ANTICONVULSANT	21,354,335	32,786	21.3	376,475	0.6	99	57
ANTIDEPRESSANTS	19,745,505	56,396	36.6	644,305	0.5	63	31
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	15,576,028	15,949	10.3	176,836	0.6	149	88
MISC. HEMATOLOGICAL	14,426,576	19,817	12.9	225,580	0.6	115	64
ANALGESICS - Narcotic	13,923,277	99,217	64.4	1,143,197	0.3	39	12
ULCER DRUGS	13,234,892	54,019	35.0	621,289	0.4	52	21
Total	218,129,782	506,837		5,826,969	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

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, 2005

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 Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month
All	2,758,011	\$218,129,782	28,336	18.4	321,420	0.6	\$129	61,307	39.8	707,152	0.5	\$40
Female												
All Females	1,899,356	144,622,406	16,712	17.0	188,856	0.6	117	43,704	44.4	504,918	0.5	40
Female, Disabled												
All Ages	720,870	61,412,602	8,492	21.3	98,627	0.5	130	17,638	44.3	205,744	0.5	41
5 and younger	14	445	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	72	2,786	1	16.7	11	0.7	40	0	0.0	0	0.0	0
15-20	625	48,680	18	18.2	214	0.5	79	7	7.1	81	0.3	17
21-44	131,594	13,749,427	3,103	30.8	36,019	0.5	130	1,972	19.6	22,939	0.4	37
45-64	450,592	38,071,862	4,647	20.7	53,995	0.5	136	11,499	51.3	134,115	0.5	42
65-74	93,691	6,592,296	489	10.3	5,663	0.5	107	2,974	62.5	34,757	0.5	42
75-84	36,193	2,418,342	184	9.6	2,145	0.5	86	1,006	52.3	11,708	0.5	39
85 and older	8,089	528,764	50	9.6	580	0.4	55	180	34.5	2,144	0.5	32
Female, Other Eligibles												
All Ages	1,178,486	83,209,804	8,220	14.0	90,229	0.6	102	26,066	44.5	299,174	0.6	39
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	3	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,602	286,023	86	20.2	967	0.3	57	67	15.8	746	0.4	39
45-64	2,151	183,901	30	22.2	334	0.4	117	51	37.8	595	0.5	49
65-74	403,685	28,311,568	2,030	9.9	23,179	0.6	114	11,189	54.8	130,459	0.6	41
75-84	468,065	33,125,474	3,064	13.8	33,922	0.6	105	10,115	45.4	116,657	0.6	39
85 and older	300,980	21,302,794	3,010	19.6	31,827	0.6	91	4,644	30.2	50,717	0.6	34
Male												
All Males	858,655	73,507,376	11,624	20.9	132,564	0.6	147	17,603	31.6	202,234	0.5	39
Male, Disabled												
All Ages	501,755	48,191,766	8,669	26.1	100,842	0.6	161	9,638	29.0	111,926	0.5	41
5 and younger	15	725	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	74	3,978	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	849	92,772	35	27.6	380	0.4	108	9	7.1	108	0.5	62
21-44	137,435	16,410,329	3,929	34.0	45,686	0.6	164	1,730	15.0	19,961	0.5	40
45-64	326,135	29,103,186	4,487	23.5	52,237	0.6	160	7,001	36.7	81,463	0.5	41
65-74	28,697	2,025,873	167	8.7	1,959	0.6	126	737	38.6	8,520	0.5	40
75-84	7,531	485,555	37	7.2	428	0.5	95	142	27.7	1,661	0.6	43
85 and older	1,019	69,348	14	16.1	152	0.4	63	19	21.8	213	0.4	25

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDIABETIC				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean	
					Number of Benefit Months Among Users	Number of Rx per Benefit Month				Number of Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	356,900	25,315,610	2,955	13.1	31,722	0.6	101	7,965	35.4	90,308	0.5	38
5 and younger	4	161	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	58	3,899	2	100.0	24	0.8	120	0	0.0	0	0.0	0
21-44	1,087	97,156	28	33.3	307	0.4	89	15	17.9	168	0.5	41
45-64	883	63,142	7	8.9	69	0.4	117	21	26.6	200	0.4	39
65-74	180,408	12,825,707	1,182	10.6	13,248	0.6	114	4,537	40.7	52,134	0.5	39
75-84	125,212	8,834,252	1,106	14.2	11,862	0.6	97	2,617	33.5	29,583	0.6	37
85 and older	49,248	3,491,293	630	18.7	6,212	0.6	84	775	23.0	8,223	0.6	33
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC					ANTICONVULSANT				
	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	94,681	61.4	1,093,742	0.5	\$24	44,329	28.8	516,973	0.5	\$46	32,786	21.3	376,475	0.6	\$57
Female															
All Females	65,571	66.6	758,332	0.5	25	30,239	30.7	353,262	0.5	46	20,959	21.3	241,016	0.6	53
Female, Disabled															
All Ages	23,350	58.7	272,947	0.5	23	11,465	28.8	134,354	0.4	41	11,510	28.9	133,789	0.5	63
5 and younger	4	100.0	48	0.2	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	83.3	60	0.2	4	0	0.0	0	0.0	0	3	50.0	36	0.9	26
15-20	18	18.2	211	0.5	37	1	1.0	12	0.1	6	21	21.2	250	0.5	46
21-44	2,753	27.3	32,035	0.4	19	1,018	10.1	11,931	0.4	33	3,446	34.2	40,001	0.5	71
45-64	14,528	64.8	169,730	0.5	23	7,684	34.3	89,997	0.4	40	6,869	30.7	79,821	0.5	62
65-74	4,089	86.0	47,933	0.5	25	2,012	42.3	23,615	0.5	46	807	17.0	9,425	0.5	43
75-84	1,598	83.0	18,762	0.5	25	656	34.1	7,693	0.5	47	305	15.8	3,582	0.5	35
85 and older	355	68.1	4,168	0.6	27	94	18.0	1,106	0.5	50	59	11.3	674	0.4	28
Female, Other Eligibles															
All Ages	42,221	72.0	485,385	0.6	26	18,774	32.0	218,908	0.5	49	9,449	16.1	107,227	0.6	42
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	33.3	8	0.1	2	0	0.0	0	0.0	0	1	33.3	8	0.1	2
21-44	92	21.6	1,017	0.3	14	23	5.4	273	0.3	30	101	23.8	1,108	0.4	57
45-64	87	64.4	987	0.4	19	38	28.1	423	0.3	27	36	26.7	389	0.5	33
65-74	15,779	77.2	183,962	0.5	25	8,342	40.8	97,864	0.5	46	3,570	17.5	41,235	0.5	46
75-84	16,826	75.5	195,000	0.6	26	7,755	34.8	90,520	0.5	51	3,656	16.4	41,814	0.6	40
85 and older	9,436	61.4	104,411	0.6	27	2,616	17.0	29,828	0.6	53	2,085	13.6	22,673	0.6	36
Male															
All Males	29,110	52.2	335,410	0.5	23	14,090	25.3	163,711	0.5	47	11,827	21.2	135,459	0.6	63
Male, Disabled															
All Ages	15,589	46.9	181,234	0.5	22	7,911	23.8	92,374	0.5	43	8,669	26.1	100,468	0.6	70
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	8	88.9	85	0.6	37	1	11.1	12	0.2	5	0	0.0	0	0.0	0
15-20	27	21.3	313	0.5	20	5	3.9	50	0.4	25	28	22.0	324	0.6	72
21-44	3,106	26.9	36,022	0.5	20	1,359	11.8	15,796	0.4	38	3,452	29.9	40,040	0.6	80
45-64	10,787	56.6	125,450	0.5	23	5,773	30.3	67,544	0.5	44	4,867	25.5	56,401	0.6	64
65-74	1,253	65.6	14,578	0.5	24	603	31.6	7,006	0.5	48	274	14.4	3,153	0.5	42
75-84	359	70.0	4,225	0.5	25	159	31.0	1,848	0.5	46	45	8.8	519	0.6	33
85 and older	49	56.3	561	0.6	23	11	12.6	118	0.5	52	3	3.4	31	1.1	61

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC					ANTICONVULSANT				
	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
Male, Other Eligibles															
All Ages	13,521	60.1	154,176	0.5	24	6,179	27.5	71,337	0.5	51	3,158	14.0	34,991	0.6	44
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	50.0	12	0.7	8
21-44	22	26.2	232	0.3	16	9	10.7	104	0.3	26	30	35.7	331	0.3	32
45-64	44	55.7	446	0.5	21	20	25.3	189	0.4	44	11	13.9	125	0.5	65
65-74	7,119	63.8	82,126	0.5	24	3,606	32.3	41,996	0.5	50	1,640	14.7	18,631	0.6	47
75-84	4,670	59.9	53,344	0.5	24	2,054	26.3	23,606	0.5	51	1,061	13.6	11,643	0.6	42
85 and older	1,666	49.5	18,028	0.6	23	490	14.6	5,442	0.6	54	415	12.3	4,249	0.6	35
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	56,396	36.6	644,305	0.5	\$31	15,949	10.3	176,836	0.6	\$88	19,817	12.9	225,580	0.6	\$64
Female															
All Females	41,284	41.9	472,434	0.5	31	12,070	12.3	134,539	0.6	89	13,322	13.5	151,792	0.6	64
Female, Disabled															
All Ages	20,636	51.9	239,746	0.4	29	1,958	4.9	22,943	0.4	106	3,436	8.6	39,999	0.5	59
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	26	26.3	302	0.3	18	1	1.0	9	0.1	54	1	1.0	12	0.3	33
21-44	5,587	55.5	64,828	0.4	28	333	3.3	3,930	0.3	212	181	1.8	2,138	0.4	48
45-64	13,047	58.2	151,532	0.4	31	1,039	4.6	12,124	0.4	105	2,130	9.5	24,743	0.5	59
65-74	1,456	30.6	17,019	0.4	26	307	6.5	3,630	0.4	40	640	13.5	7,459	0.5	61
75-84	423	22.0	4,926	0.4	22	196	10.2	2,315	0.5	53	377	19.6	4,404	0.6	62
85 and older	97	18.6	1,139	0.4	24	82	15.7	935	0.5	74	107	20.5	1,243	0.5	60
Female, Other Eligibles															
All Ages	20,648	35.2	232,688	0.6	33	10,112	17.2	111,596	0.6	86	9,886	16.9	111,793	0.6	66
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	222	52.2	2,473	0.3	24	11	2.6	118	0.1	27	5	1.2	57	0.1	16
45-64	80	59.3	890	0.4	25	10	7.4	116	0.3	182	16	11.9	189	0.4	49
65-74	7,143	35.0	82,655	0.5	29	1,701	8.3	19,512	0.6	70	2,796	13.7	32,391	0.5	62
75-84	7,666	34.4	86,864	0.6	33	4,201	18.9	46,881	0.6	85	3,981	17.9	45,484	0.6	66
85 and older	5,537	36.0	59,806	0.6	38	4,189	27.3	44,969	0.7	92	3,088	20.1	33,672	0.6	71
Male															
All Males	15,112	27.1	171,871	0.5	30	3,879	7.0	42,297	0.5	85	6,495	11.7	73,788	0.5	63
Male, Disabled															
All Ages	9,974	30.0	115,329	0.4	29	1,081	3.3	12,459	0.4	92	2,718	8.2	31,505	0.5	64
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	26	20.5	312	0.4	25	1	0.8	12	0.3	78	1	0.8	12	0.5	66
21-44	3,619	31.4	41,912	0.4	30	266	2.3	3,066	0.3	154	210	1.8	2,433	0.4	114
45-64	5,910	31.0	68,281	0.5	29	683	3.6	7,894	0.4	75	2,123	11.1	24,589	0.5	61
65-74	327	17.1	3,782	0.5	24	73	3.8	859	0.4	40	300	15.7	3,506	0.5	57
75-84	85	16.6	958	0.4	25	40	7.8	452	0.5	63	68	13.3	808	0.5	56
85 and older	7	8.0	84	0.5	32	18	20.7	176	0.5	64	16	18.4	157	0.4	48

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	5,138	22.8	56,542	0.5	31	2,798	12.4	29,838	0.6	82	3,777	16.8	42,283	0.6	63
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	100.0	24	0.8	27	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	50	59.5	570	0.3	28	1	1.2	12	0.2	15	3	3.6	36	0.6	77
45-64	28	35.4	294	0.4	21	2	2.5	24	0.3	7	8	10.1	73	0.4	53
65-74	2,346	21.0	26,605	0.5	30	829	7.4	9,161	0.6	76	1,747	15.7	20,070	0.5	62
75-84	1,823	23.4	19,870	0.6	31	1,166	14.9	12,511	0.6	85	1,388	17.8	15,491	0.6	63
85 and older	889	26.4	9,179	0.6	33	800	23.8	8,130	0.6	86	631	18.7	6,613	0.6	64
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						ULCER DRUGS					
	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 Beneficiaries	Number of Benefit Months
All	99,217	64.4	1,143,197	0.3	\$12	54,019	35.0	621,289	0.4	\$21	154,176	1,714,888
Female												
All Females	67,074	68.1	774,327	0.3	11	38,145	38.8	439,146	0.4	22	98,433	1,098,191
Female, Disabled												
All Ages	32,976	82.9	384,601	0.3	13	15,031	37.8	176,181	0.3	19	39,793	450,421
5 and younger	0	0.0	0	0.0	0	1	25.0	11	0.5	24	4	47
6-14	1	16.7	12	0.1	1	5	83.3	58	0.3	19	6	71
15-20	67	67.7	778	0.1	2	17	17.2	202	0.3	17	99	1,110
21-44	8,674	86.1	100,761	0.3	11	2,886	28.6	33,799	0.3	16	10,074	113,195
45-64	19,353	86.4	225,740	0.3	14	9,182	41.0	107,623	0.3	20	22,409	253,434
65-74	3,285	69.1	38,537	0.3	10	1,936	40.7	22,733	0.3	19	4,755	54,505
75-84	1,290	67.0	15,203	0.3	7	801	41.6	9,387	0.4	22	1,925	22,126
85 and older	306	58.7	3,570	0.3	7	203	39.0	2,368	0.4	20	521	5,933
Female, Other Eligibles												
All Ages	34,098	58.1	389,726	0.3	10	23,114	39.4	262,965	0.5	23	58,640	647,770
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	1	33.3	8	0.1	1	0	0.0	0	0.0	0	3	24
21-44	330	77.6	3,658	0.3	13	72	16.9	815	0.2	9	425	4,376
45-64	114	84.4	1,278	0.3	9	44	32.6	516	0.3	17	135	1,343
65-74	12,796	62.6	148,955	0.3	11	7,638	37.4	89,086	0.4	21	20,429	229,943
75-84	13,072	58.7	150,289	0.3	10	8,936	40.1	102,587	0.5	24	22,276	249,735
85 and older	7,785	50.6	85,538	0.3	11	6,424	41.8	69,961	0.5	25	15,372	162,349
Male												
All Males	32,143	57.7	368,870	0.3	14	15,874	28.5	182,143	0.4	21	55,743	616,697
Male, Disabled												
All Ages	21,029	63.2	243,532	0.3	16	8,750	26.3	102,154	0.4	20	33,257	373,423
5 and younger	0	0.0	0	0.0	0	4	80.0	47	0.3	15	5	53
6-14	3	33.3	25	0.1	2	4	44.4	48	0.4	14	9	97
15-20	38	29.9	443	0.2	3	25	19.7	293	0.3	11	127	1,423
21-44	6,688	57.9	77,382	0.3	14	2,332	20.2	27,258	0.3	19	11,543	129,321
45-64	12,952	67.9	150,079	0.4	17	5,589	29.3	65,232	0.4	20	19,064	213,908
65-74	1,028	53.9	11,902	0.3	15	576	30.2	6,715	0.4	18	1,909	21,760
75-84	270	52.6	3,142	0.3	7	190	37.0	2,234	0.4	21	513	5,907
85 and older	50	57.5	559	0.2	7	30	34.5	327	0.4	25	87	954

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						ULCER DRUGS					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
				Number of Rx per Benefit Month					Number of Rx per Benefit Month			
Male, Other Eligibles												
All Ages	11,114	49.4	125,338	0.3	10	7,124	31.7	79,989	0.5	22	22,486	243,274
5 and younger	1	100.0	12	0.1	1	1	100.0	12	0.3	13	1	12
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	1	50.0	12	0.9	22	2	24
21-44	90	107.1	966	0.4	22	16	19.0	184	0.5	34	84	790
45-64	63	79.7	634	0.3	14	18	22.8	197	0.3	13	79	672
65-74	5,797	52.0	66,371	0.3	12	3,394	30.4	38,868	0.4	20	11,152	122,841
75-84	3,752	48.1	42,276	0.3	8	2,531	32.4	28,350	0.5	22	7,801	84,927
85 and older	1,411	41.9	15,079	0.3	8	1,163	34.5	12,366	0.5	24	3,367	34,008
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2005

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	\$439	7.2	12,650	129,213
Age				
0-64	534	7.6	1,095	12,042
65-74	518	8.0	1,899	20,374
75-84	460	7.6	4,101	42,347
85 and older	371	6.6	5,555	54,450
Unknown	0	0.0	0	0
Gender				
Female	436	7.3	9,355	95,928
Male	446	6.9	3,295	33,285
Unknown	0	0.0	0	0
Race				
White	464	7.7	8,270	83,010
African American	393	6.3	4,073	43,152
Other/unknown	390	6.7	307	3,051
Basis of Eligibility^c				
Aged	428	7.2	11,527	116,926
Disabled	536	7.6	1,123	12,287
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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.

Dual Eligible Beneficiaries

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$19	\$10	\$3	\$6	\$52	\$99	\$77	\$26	34,462	\$1,796,458	8,950	70.8	95,799
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	24	0	0	24	1	24	1	0.0	11
Antineoplastic Agents	0.5	0.0	0.0	0.4	64	12	0	53	139	331	141	123	7,755	1,075,050	1,718	13.6	16,693
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.6	60	44	6	11	53	94	47	19	78,251	4,123,551	6,415	50.7	68,388
Cardiovascular Agents	2.1	0.7	0.0	1.4	72	46	0	26	34	68	16	18	225,365	7,704,192	10,173	80.4	106,703
Respiratory Agents	0.6	0.3	0.0	0.3	34	28	1	6	57	90	45	22	38,126	2,190,315	5,916	46.8	63,502
Gastrointestinal Agents	1.0	0.2	0.0	0.8	45	27	0	19	47	146	64	23	75,626	3,516,740	7,278	57.5	77,383
Genitourinary Agents	0.7	0.5	0.0	0.2	49	40	1	8	73	86	89	41	25,205	1,831,794	3,410	27.0	37,050
CNS Drugs	1.6	0.9	0.0	0.7	146	125	0	21	92	136	66	31	156,683	14,363,935	9,256	73.2	98,373
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	58	51	0	7	93	186	13	19	1,005	93,532	153	1.2	1,611
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	150	150	0	0	141	141	0	29	49,875	7,009,186	4,384	34.7	46,633
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	38	14	4	20	47	109	138	31	55,325	2,606,651	6,463	51.1	68,525
Neuromuscular Agents	1.1	0.3	0.0	0.8	75	34	2	39	67	130	54	47	55,174	3,693,199	4,529	35.8	49,162
Nutritional Products	0.7	0.0	0.0	0.7	13	0	0	13	18	26	31	18	36,922	674,737	4,726	37.4	49,993
Hematological Agents	1.0	0.4	0.1	0.5	76	63	2	11	78	172	24	21	51,618	4,017,137	5,038	39.8	53,133
Topical Products	0.5	0.2	0.0	0.3	23	15	1	8	48	72	54	28	36,221	1,722,259	6,906	54.6	74,971
Miscellaneous Products	0.3	0.1	0.0	0.2	25	17	0	9	93	264	157	41	1,324	123,412	450	3.6	4,881
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	19	0	0	0	6,079	117,807	1,514	12.0	16,195
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.	935,017	56,659,979	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Mississippi, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

Dual Eligible Beneficiaries

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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,795,517	6,154	48.6	66,637	0.8	\$174	\$132
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,012,145	5,721	45.2	61,026	0.8	140	115
ANTIDEPRESSANTS	4,626,238	8,753	69.2	94,592	0.8	61	49
ANTIDIABETIC	3,033,087	6,169	48.8	67,047	0.8	57	45
ANTICONVULSANT	2,852,884	4,218	33.3	46,312	0.9	72	62
MISC. HEMATOLOGICAL	2,451,445	2,723	21.5	28,796	0.8	111	85
ANTIHYPERTENSIVE	2,364,426	6,986	55.2	74,526	0.8	41	32
ULCER DRUGS	2,343,069	7,401	58.5	79,598	0.7	41	29
ANTIHYPERLIPIDEMIC	1,756,049	2,233	17.7	24,674	0.8	92	71
ANTIASTHMATIC	1,522,623	4,950	39.1	52,660	0.4	71	29
Total	36,757,483	55,308		595,868	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

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	446,241	\$36,757,483	6,154	48.6	66,637	0.8	\$132	5,721	45.2	61,026	0.8	\$115
Female												
All Females	331,015	26,973,480	4,379	46.8	47,614	0.8	130	4,392	46.9	47,121	0.8	116
Female, Disabled												
All Ages	20,534	1,892,684	287	60.9	3,219	0.9	176	88	18.7	998	0.8	173
64 or younger	19,947	1,835,490	278	61.4	3,132	0.9	176	83	18.3	938	0.8	177
65-74	458	46,164	6	46.2	51	0.9	181	4	30.8	48	0.8	118
75-84	98	7,628	1	100.0	12	1.0	105	1	100.0	12	0.8	122
85 and older	31	3,402	2	50.0	24	0.8	128	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	310,481	25,080,796	4,092	46.1	44,395	0.8	126	4,304	48.4	46,123	0.8	115
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	51,769	4,327,980	688	63.8	7,836	0.8	153	416	38.6	4,734	0.8	118
75-84	121,721	10,050,292	1,586	51.6	17,426	0.8	132	1,656	53.9	17,880	0.8	117
85 and older	136,991	10,702,524	1,818	38.4	19,133	0.7	110	2,232	47.2	23,509	0.8	112
Male												
All Males	115,226	9,784,003	1,775	53.9	19,023	0.8	138	1,329	40.3	13,905	0.8	112
Male, Disabled												
All Ages	26,744	2,524,435	407	62.4	4,520	0.8	177	121	18.6	1,353	0.8	135
64 or younger	26,262	2,475,804	400	62.3	4,436	0.8	178	118	18.4	1,317	0.8	136
65-74	403	46,439	7	100.0	84	0.5	129	3	42.9	36	0.9	118
75-84	49	1,396	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	30	796	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	88,482	7,259,568	1,368	51.8	14,503	0.7	126	1,208	45.7	12,552	0.8	109
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	32,268	2,677,135	467	58.3	5,242	0.8	142	299	37.3	3,265	0.8	109
75-84	35,328	2,887,498	551	53.8	5,817	0.8	124	506	49.4	5,296	0.8	111
85 and older	20,886	1,694,935	350	42.8	3,444	0.7	104	403	49.3	3,991	0.8	108
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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 2005. 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 2005 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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTIDIABETIC						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	8,753	69.2	94,592	0.8	\$49	6,169	48.8	67,047	0.8	\$45	4,218	33.3	46,312	0.9	\$62	
Female																
All Females	6,598	70.5	71,523	0.8	50	4,618	49.4	50,336	0.8	45	2,877	30.8	31,682	0.8	57	
Female, Disabled																
All Ages	389	82.6	4,406	0.8	55	300	63.7	3,343	0.8	55	306	65.0	3,471	1.0	86	
64 or younger	383	84.5	4,344	0.8	54	287	63.4	3,187	0.8	55	300	66.2	3,410	1.0	87	
65-74	4	30.8	38	1.0	145	9	69.2	108	0.6	52	5	38.5	49	1.2	49	
75-84	1	100.0	12	0.8	76	3	300.0	36	1.1	54	0	0.0	0	0.0	0	
85 and older	1	25.0	12	0.6	8	1	25.0	12	0.1	3	1	25.0	12	0.3	14	
Female, Other Eligibles																
All Ages	6,209	69.9	67,117	0.8	49	4,318	48.6	46,993	0.8	45	2,571	28.9	28,211	0.8	54	
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	943	87.5	10,628	0.8	50	817	75.8	9,286	0.8	49	559	51.9	6,365	0.9	70	
75-84	2,374	77.3	26,062	0.8	50	1,783	58.0	19,703	0.8	46	1,079	35.1	11,993	0.8	55	
85 and older	2,892	61.1	30,427	0.8	49	1,718	36.3	18,004	0.8	41	933	19.7	9,853	0.8	42	
Male																
All Males	2,155	65.4	23,069	0.8	46	1,551	47.1	16,711	0.8	45	1,341	40.7	14,630	0.9	71	
Male, Disabled																
All Ages	465	71.3	5,237	0.8	47	365	56.0	4,144	0.9	54	441	67.6	5,050	1.0	95	
64 or younger	461	71.8	5,189	0.8	47	353	55.0	4,036	0.9	55	432	67.3	4,949	1.0	92	
65-74	3	42.9	36	1.2	39	10	142.9	84	0.9	32	7	100.0	77	1.4	283	
75-84	1	50.0	12	1.0	54	2	100.0	24	0.5	12	1	50.0	12	1.0	11	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.8	37	
Male, Other Eligibles																
All Ages	1,690	63.9	17,832	0.8	46	1,186	44.9	12,567	0.7	41	900	34.1	9,580	0.9	59	
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	570	71.2	6,307	0.8	49	459	57.3	5,021	0.8	44	382	47.7	4,259	0.9	67	
75-84	677	66.0	7,043	0.8	45	455	44.4	4,767	0.7	42	327	31.9	3,429	0.8	56	
85 and older	443	54.2	4,482	0.8	44	272	33.3	2,779	0.7	37	191	23.4	1,892	0.8	46	
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,723	21.5	28,796	0.8	\$85	6,986	55.2	74,526	0.8	\$32	7,401	58.5	79,598	0.7	\$29
Female															
All Females	1,975	21.1	21,070	0.8	86	5,250	56.1	55,975	0.8	32	5,545	59.3	59,625	0.7	29
Female, Disabled															
All Ages	65	13.8	742	0.8	98	259	55.0	2,960	0.8	34	300	63.7	3,391	0.7	28
64 or younger	61	13.5	704	0.8	97	247	54.5	2,826	0.8	33	288	63.6	3,288	0.7	28
65-74	4	30.8	38	0.9	114	11	84.6	122	0.8	54	10	76.9	79	0.5	35
75-84	0	0.0	0	0.0	0	1	100.0	12	0.1	2	1	100.0	12	0.6	23
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	1
Female, Other Eligibles															
All Ages	1,910	21.5	20,328	0.8	86	4,991	56.2	53,015	0.8	32	5,245	59.0	56,234	0.7	29
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	228	21.2	2,558	0.8	81	741	68.7	8,372	0.8	33	683	63.4	7,723	0.7	28
75-84	669	21.8	7,335	0.8	86	1,846	60.1	19,961	0.8	33	1,879	61.1	20,511	0.7	30
85 and older	1,013	21.4	10,435	0.8	87	2,404	50.8	24,682	0.8	31	2,683	56.7	28,000	0.7	30
Male															
All Males	748	22.7	7,726	0.8	83	1,736	52.7	18,551	0.8	30	1,856	56.3	19,973	0.7	30
Male, Disabled															
All Ages	121	18.6	1,371	0.8	88	357	54.8	4,059	0.8	34	404	62.0	4,610	0.7	30
64 or younger	119	18.5	1,354	0.8	88	351	54.7	4,005	0.8	34	397	61.8	4,533	0.7	30
65-74	2	28.6	17	0.8	69	6	85.7	54	0.9	30	5	71.4	53	0.7	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.6	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.7	30
Male, Other Eligibles															
All Ages	627	23.7	6,355	0.7	82	1,379	52.2	14,492	0.8	29	1,452	54.9	15,363	0.7	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	193	24.1	2,105	0.8	85	485	60.5	5,266	0.8	30	465	58.1	5,131	0.7	29
75-84	258	25.2	2,601	0.7	81	539	52.6	5,695	0.8	29	585	57.1	6,162	0.7	31
85 and older	176	21.5	1,649	0.7	80	355	43.5	3,531	0.7	29	402	49.2	4,070	0.7	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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTI-ASTHMATIC					
	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	2,233	17.7	24,674	0.8	\$71	4,950	39.1	52,660	0.4	\$29	12,650	129,213
Female												
All Females	1,589	17.0	17,664	0.8	71	3,507	37.5	37,580	0.4	29	9,355	95,928
Female, Disabled												
All Ages	125	26.5	1,414	0.8	70	185	39.3	2,079	0.4	31	471	5,139
64 or younger	116	25.6	1,327	0.8	70	180	39.7	2,041	0.4	32	453	4,996
65-74	7	53.8	63	0.6	63	4	30.8	26	0.2	4	13	104
75-84	2	200.0	24	0.8	73	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.1	2	4	27
Female, Other Eligibles												
All Ages	1,464	16.5	16,250	0.8	71	3,322	37.4	35,501	0.4	29	8,884	90,789
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	339	31.4	3,872	0.8	73	429	39.8	4,765	0.4	33	1,078	11,754
75-84	631	20.5	6,995	0.8	72	1,259	41.0	13,600	0.4	30	3,073	32,153
85 and older	494	10.4	5,383	0.8	70	1,634	34.5	17,136	0.4	26	4,733	46,882
Male												
All Males	644	19.5	7,010	0.8	71	1,443	43.8	15,080	0.4	30	3,295	33,285
Male, Disabled												
All Ages	172	26.4	1,968	0.7	67	226	34.7	2,534	0.4	26	652	7,148
64 or younger	168	26.2	1,931	0.7	67	224	34.9	2,510	0.4	26	642	7,046
65-74	4	57.1	37	0.5	47	0	0.0	0	0.0	0	7	66
75-84	0	0.0	0	0.0	0	2	100.0	24	0.3	5	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Male, Other Eligibles												
All Ages	472	17.9	5,042	0.8	73	1,217	46.0	12,546	0.4	31	2,643	26,137
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	197	24.6	2,213	0.8	74	342	42.7	3,700	0.5	32	801	8,450
75-84	185	18.0	1,915	0.8	73	515	50.2	5,296	0.5	31	1,025	10,158
85 and older	90	11.0	914	0.8	73	360	44.1	3,550	0.4	28	817	7,529
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. A total of 6,120 beneficiaries who were in nursing facilities for part of their enrollment and their 62,433 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = 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, 2005

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	76,759	49.8	3.2	493,081	\$59	\$9,116,812	\$18	2.5	154,176
Age									
5 and younger	6	60.0	5.0	50	323	3,234	65	6.4	10
6-14	14	93.3	6.8	102	374	5,603	55	6.2	15
15-20	72	31.2	1.3	294	46	10,618	36	2.8	231
21-44	9,224	41.7	2.3	49,961	59	1,300,618	26	2.6	22,126
45-64	20,868	50.1	3.0	125,783	57	2,358,973	19	2.2	41,687
65-74	18,398	48.1	2.9	112,621	55	2,097,452	19	2.5	38,245
75-84	17,079	52.5	3.6	117,312	62	2,017,799	17	2.6	32,515
85 and older	11,098	57.4	4.5	86,958	68	1,322,515	15	3.0	19,347
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	41,475	51.6	3.6	288,785	62	4,949,109	17	2.7	80,409
Disabled	35,006	47.9	2.8	203,079	57	4,147,809	20	2.3	73,050
Adults	273	38.9	1.7	1,187	28	19,595	17	2.2	702
Children	4	66.7	4.2	25	43	260	10	0.5	6
Unknown	1	11.1	0.6	5	4	39	8	0.3	9
Gender									
Female	53,898	54.8	3.6	354,696	66	6,449,519	18	2.7	98,433
Male	22,861	41.0	2.5	138,385	48	2,667,293	19	2.2	55,743
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	36,354	53.0	3.9	269,683	74	5,057,643	19	2.7	68,606
African American	35,041	47.2	2.6	192,621	47	3,514,361	18	2.3	74,251
Other/unknown	5,364	47.4	2.7	30,777	48	544,808	18	2.4	11,319
Use of Nursing Facilities^d									
Entire year	9,327	73.7	8.7	110,196	135	1,702,873	15	3.0	12,650
Part year	4,173	68.2	4.9	30,231	82	501,122	17	2.9	6,120
None	63,259	46.7	2.6	352,654	51	6,912,817	20	2.4	135,406
Maintenance Assistance Status									
Cash	28,843	47.1	2.6	159,388	47	2,851,139	18	2.3	61,205
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	26,786	45.5	2.5	147,151	54	3,150,840	21	2.8	58,844
Other/unknown	21,130	61.9	5.5	186,542	91	3,114,833	17	2.5	34,127

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

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	\$18	\$0	\$2	1,714,888
Age						
5 and younger	0.4	29	65	0	0	112
6-14	0.6	33	55	0	0	168
15-20	0.1	4	36	0	1	2,581
21-44	0.2	5	26	0	2	247,682
45-64	0.3	5	19	0	2	469,357
65-74	0.3	5	19	0	1	429,049
75-84	0.3	6	17	0	1	362,695
85 and older	0.4	7	15	0	1	203,244
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	6	17	0	1	883,970
Disabled	0.2	5	20	0	2	823,844
Adults	0.2	3	17	0	2	6,928
Children	0.4	4	10	0	1	64
Unknown	0.1	0	8	0	0	82
Gender						
Female	0.3	6	18	0	2	1,098,191
Male	0.2	4	19	0	1	616,697
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	19	0	2	752,772
African American	0.2	4	18	0	1	837,574
Other/unknown	0.2	4	18	0	1	124,542
Use of Nursing Facilities^d						
Entire year	0.9	13	15	0	3	129,213
Part year	0.5	8	17	0	2	62,433
None	0.2	5	20	0	1	1,523,242
Maintenance Assistance Status						
Cash	0.2	4	18	0	1	682,947
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	5	21	0	1	666,177
Other/unknown	0.5	9	17	0	3	365,764

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	107,272	\$85	\$9,116,812	100.0	493,081	\$18	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	
Cough and cold medications	12,043	43	517,128	5.7	23,202	22	4.7	
Vitamins and minerals	29,408	100	2,948,321	32.3	159,232	19	32.3	
Non-prescription drugs	33,057	60	1,974,312	21.7	136,480	14	27.7	
Barbiturates	1,413	56	78,820	0.9	11,689	7	2.4	
Benzodiazepines	26,771	98	2,616,207	28.7	150,444	17	30.5	
Other Part D Excl Rx Drugs	4,580	214	982,024	10.8	12,034	82	2.4	

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MISSISSIPPI, 2005

Total Number of Dual Eligible Beneficiaries: 154,176
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$361,824,870
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,346

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,168	9.2	\$0	0.0
1-500	23,729	15.4	5,201,637	1.4
501-1,000	17,686	11.5	13,225,891	3.7
1,001-1,500	16,314	10.6	20,326,720	5.6
1,501-2,000	15,454	10.0	26,992,617	7.5
2,001-2,500	13,656	8.9	30,647,210	8.5
2,501-3,000	11,694	7.6	32,061,619	8.9
3,001-3,500	9,125	5.9	29,557,459	8.2
3,501-4,000	7,066	4.6	26,430,097	7.3
4,001-4,500	5,168	3.4	21,908,522	6.1
4,501-5,000	3,882	2.5	18,398,684	5.1
5,001-5,500	2,858	1.9	14,978,893	4.1
5,501-6,000	2,153	1.4	12,362,537	3.4
6,001-6,500	1,767	1.1	11,020,688	3.0
6,501-7,000	1,410	0.9	9,508,045	2.6
7,001-7,500	1,160	0.8	8,401,453	2.3
7,501-8,000	982	0.6	7,603,523	2.1
8,001-8,500	831	0.5	6,844,945	1.9
8,501-9,000	682	0.4	5,965,437	1.6
9,001-9,500	559	0.4	5,164,617	1.4
9,501-10,000	487	0.3	4,743,605	1.3
10,001+	3,345	2.2	50,480,671	14.0

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 63,340
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$156,016,629
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$2,463

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	6,948	11.0	0	0.0
1-500	11,691	18.5	2,402,807	1.5
501-1,000	7,068	11.2	5,233,476	3.4
1,001-1,500	5,984	9.4	7,437,998	4.8
1,501-2,000	5,494	8.7	9,580,060	6.1
2,001-2,500	4,626	7.3	10,389,962	6.7
2,501-3,000	3,976	6.3	10,915,047	7.0
3,001-3,500	3,257	5.1	10,559,836	6.8
3,501-4,000	2,590	4.1	9,688,555	6.2
4,001-4,500	1,988	3.1	8,440,810	5.4
4,501-5,000	1,603	2.5	7,597,430	4.9
5,001-5,500	1,238	2.0	6,487,322	4.2
5,501-6,000	966	1.5	5,548,925	3.6
6,001-6,500	800	1.3	4,995,191	3.2
6,501-7,000	666	1.1	4,495,504	2.9
7,001-7,500	565	0.9	4,089,459	2.6
7,501-8,000	453	0.7	3,513,183	2.3
8,001-8,500	415	0.7	3,418,661	2.2
8,501-9,000	350	0.6	3,060,361	2.0
9,001-9,500	288	0.5	2,662,383	1.7
9,501-10,000	252	0.4	2,453,782	1.6
10,001+	2,122	3.4	33,045,877	21.2

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 90,107
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$204,767,210
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,272

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	7,060	7.8	0	0.0
1-500	11,847	13.1	2,764,165	1.3
501-1,000	10,534	11.7	7,930,990	3.9
1,001-1,500	10,264	11.4	12,806,856	6.3
1,501-2,000	9,905	11.0	17,317,053	8.5
2,001-2,500	8,990	10.0	20,167,695	9.8
2,501-3,000	7,693	8.5	21,077,938	10.3
3,001-3,500	5,851	6.5	18,943,259	9.3
3,501-4,000	4,451	4.9	16,648,015	8.1
4,001-4,500	3,165	3.5	13,404,687	6.5
4,501-5,000	2,265	2.5	10,735,538	5.2
5,001-5,500	1,610	1.8	8,439,326	4.1
5,501-6,000	1,186	1.3	6,807,699	3.3
6,001-6,500	964	1.1	6,006,983	2.9
6,501-7,000	738	0.8	4,972,005	2.4
7,001-7,500	592	0.7	4,290,305	2.1
7,501-8,000	528	0.6	4,082,377	2.0
8,001-8,500	413	0.5	3,401,787	1.7
8,501-9,000	332	0.4	2,905,076	1.4
9,001-9,500	269	0.3	2,483,551	1.2
9,501-10,000	235	0.3	2,289,823	1.1
10,001+	1,215	1.3	17,292,082	8.4

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 38,245
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$83,466,517
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,182

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Percent of Total Pharmacy Reimbursement
		65-74	Pharmacy Reimbursement	
\$0	3,533	9.2	0	0.0
1-500	5,397	14.1	1,211,665	1.5
501-1,000	4,285	11.2	3,225,315	3.9
1,001-1,500	4,233	11.1	5,274,500	6.3
1,501-2,000	4,218	11.0	7,379,682	8.8
2,001-2,500	3,831	10.0	8,596,998	10.3
2,501-3,000	3,312	8.7	9,074,313	10.9
3,001-3,500	2,448	6.4	7,919,042	9.5
3,501-4,000	1,834	4.8	6,859,509	8.2
4,001-4,500	1,285	3.4	5,438,479	6.5
4,501-5,000	904	2.4	4,282,149	5.1
5,001-5,500	615	1.6	3,226,644	3.9
5,501-6,000	415	1.1	2,379,407	2.9
6,001-6,500	326	0.9	2,031,778	2.4
6,501-7,000	264	0.7	1,774,983	2.1
7,001-7,500	193	0.5	1,398,140	1.7
7,501-8,000	180	0.5	1,389,447	1.7
8,001-8,500	157	0.4	1,294,204	1.6
8,501-9,000	100	0.3	876,524	1.1
9,001-9,500	89	0.2	820,843	1.0
9,501-10,000	91	0.2	885,747	1.1
10,001+	535	1.4	8,127,148	9.7

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 32,515
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$76,474,241
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,352

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,289	7.0	0	0.0
1-500	3,799	11.7	907,155	1.2
501-1,000	3,746	11.5	2,829,759	3.7
1,001-1,500	3,744	11.5	4,678,573	6.1
1,501-2,000	3,691	11.4	6,449,319	8.4
2,001-2,500	3,371	10.4	7,564,434	9.9
2,501-3,000	2,926	9.0	8,018,586	10.5
3,001-3,500	2,178	6.7	7,057,602	9.2
3,501-4,000	1,695	5.2	6,340,251	8.3
4,001-4,500	1,202	3.7	5,090,763	6.7
4,501-5,000	796	2.4	3,769,960	4.9
5,001-5,500	585	1.8	3,061,393	4.0
5,501-6,000	455	1.4	2,611,563	3.4
6,001-6,500	382	1.2	2,378,011	3.1
6,501-7,000	288	0.9	1,943,663	2.5
7,001-7,500	230	0.7	1,667,314	2.2
7,501-8,000	188	0.6	1,455,383	1.9
8,001-8,500	157	0.5	1,291,757	1.7
8,501-9,000	143	0.4	1,248,703	1.6
9,001-9,500	111	0.3	1,026,049	1.3
9,501-10,000	88	0.3	858,092	1.1
10,001+	451	1.4	6,225,911	8.1

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 19,347
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$44,826,452
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,317

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,238	6.4	0	0.0
1-500	2,651	13.7	645,345	1.4
501-1,000	2,503	12.9	1,875,916	4.2
1,001-1,500	2,287	11.8	2,853,783	6.4
1,501-2,000	1,996	10.3	3,488,052	7.8
2,001-2,500	1,788	9.2	4,006,263	8.9
2,501-3,000	1,455	7.5	3,985,039	8.9
3,001-3,500	1,225	6.3	3,966,615	8.8
3,501-4,000	922	4.8	3,448,255	7.7
4,001-4,500	678	3.5	2,875,445	6.4
4,501-5,000	565	2.9	2,683,429	6.0
5,001-5,500	410	2.1	2,151,289	4.8
5,501-6,000	316	1.6	1,816,729	4.1
6,001-6,500	256	1.3	1,597,194	3.6
6,501-7,000	186	1.0	1,253,359	2.8
7,001-7,500	169	0.9	1,224,851	2.7
7,501-8,000	160	0.8	1,237,547	2.8
8,001-8,500	99	0.5	815,826	1.8
8,501-9,000	89	0.5	779,849	1.7
9,001-9,500	69	0.4	636,659	1.4
9,501-10,000	56	0.3	545,984	1.2
10,001+	229	1.2	2,939,023	6.6

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005.

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	154,176	80,409	73,050	702	6	9	1,714,888	883,970	823,844	6,928	64	82
Age												
5 and younger	10	0	9	0	1	0	112	0	100	0	12	0
6-14	15	0	15	0	0	0	168	0	168	0	0	0
15-20	231	0	226	2	3	0	2,581	0	2,533	20	28	0
21-44	22,126	0	21,617	507	2	0	247,682	0	242,516	5,142	24	0
45-64	41,687	21	41,473	188	0	5	469,357	252	467,342	1,720	0	43
65-74	38,245	31,572	6,664	5	0	4	429,049	352,699	76,265	46	0	39
75-84	32,515	30,077	2,438	0	0	0	362,695	334,662	28,033	0	0	0
85 and older	19,347	18,739	608	0	0	0	203,244	196,357	6,887	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	98,433	58,081	39,793	548	2	9	1,098,191	642,090	450,421	5,582	16	82
Male	55,743	22,328	33,257	154	4	0	616,697	241,880	373,423	1,346	48	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	68,606	38,843	29,457	297	4	5	752,772	419,412	330,502	2,777	40	41
African American	74,251	36,288	37,608	349	2	4	837,574	407,038	426,888	3,583	24	41
Other/unknown	11,319	5,278	5,985	56	0	0	124,542	57,520	66,454	568	0	0
Use of Nursing Facilities^c												
Entire year	12,650	11,527	1,123	0	0	0	129,213	116,926	12,287	0	0	0
Part year	6,120	5,252	867	1	0	0	62,433	53,092	9,332	9	0	0
None	135,406	63,630	71,060	701	6	9	1,523,242	713,952	802,225	6,919	64	82
Maintenance Assistance Status												
Cash	61,205	24,102	36,636	466	1	0	682,947	270,106	407,812	5,017	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	58,844	33,465	25,312	57	1	9	666,177	378,149	287,519	423	4	82
Other/unknown	34,127	22,842	11,102	179	4	0	365,764	235,715	128,513	1,488	48	0
Dual Status^d												
Full dual, all year	149,414	77,628	71,069	702	6	9	1,664,640	855,325	802,241	6,928	64	82
Full dual, part year	4,762	2,781	1,981	0	0	0	50,248	28,645	21,603	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	154,176	80,409	73,050	702	6	9	1,714,888	883,970	823,844	6,928	64	82
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	154,176	1,714,888	154,176	1,714,888	0	0
Fee-for-service (FFS) all year	154,176	1,714,888	154,176	1,714,888	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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic

Extract; MC = managed care; Rx = pharmacy benefit.

Dual Eligible Beneficiaries