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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
MISSISSIPPI**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	91,067	43,599	46,659	795	6	8	1,003,480	471,361	524,902	7,085	56	76
Age												
5 and younger	12	0	11	0	1	0	140	0	128	0	12	0
6-14	12	0	12	0	0	0	134	0	134	0	0	0
15-20	203	0	196	4	3	0	2,324	0	2,252	48	24	0
21-44	15,741	1	15,142	596	2	0	175,204	11	169,616	5,557	20	0
45-64	21,553	0	21,360	189	0	4	240,278	0	238,798	1,432	0	48
65-74	20,351	13,527	6,814	6	0	4	227,381	149,157	78,148	48	0	28
75-84	18,768	16,272	2,496	0	0	0	207,055	178,235	28,820	0	0	0
85 and older	14,427	13,799	628	0	0	0	150,964	143,958	7,006	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	61,414	33,186	27,591	627	2	8	680,556	362,196	312,521	5,751	12	76
Male	29,653	10,413	19,068	168	4	0	322,924	109,165	212,381	1,334	44	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	36,375	19,224	16,838	307	2	4	392,872	202,292	187,890	2,638	14	38
African American	45,125	19,835	24,862	420	4	4	505,500	219,590	281,960	3,870	42	38
Other/unknown	9,567	4,540	4,959	68	0	0	105,108	49,479	55,052	577	0	0
Use of Nursing Facilities^c												
Entire year	12,504	11,294	1,210	0	0	0	130,048	116,800	13,248	0	0	0
Part year	6,931	5,503	1,426	2	0	0	72,228	56,265	15,941	22	0	0
None	71,632	26,802	44,023	793	6	8	801,204	298,296	495,713	7,063	56	76
Maintenance Assistance Status												
Cash	58,853	22,243	36,093	516	1	0	662,312	250,796	406,737	4,767	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	6,445	1,664	4,701	70	2	8	71,383	17,925	52,721	647	14	76
Other/unknown	25,769	19,692	5,865	209	3	0	269,785	202,640	65,444	1,671	30	0
Dual Medicare Status^d												
Full dual, all year	82,888	39,698	42,408	768	6	8	912,677	428,875	476,889	6,781	56	76
Full dual, part year	8,179	3,901	4,251	27	0	0	90,803	42,486	48,013	304	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	91,067	43,599	46,659	795	6	8	1,003,480	471,361	524,902	7,085	56	76
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. 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, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx		Mean Rx \$		Mean \$, All Medicaid		Rx \$ as a Percentage		Number of Beneficiaries
	One Rx				\$ per Rx	FFS \$ ^c	of All Medicaid	FFS \$ ^d			
All	28.8		3.2		\$173	\$53	\$11,461		1.5		91,067
Age											
5 and younger	50.0		14.7		1,554	106	17,229		9.0		12
6-14	66.7		27.0		6,174	229	15,916		38.8		12
15-20	80.3		14.1		1,766	126	9,425		18.7		203
21-44	37.0		4.6		336	74	7,495		4.5		15,741
45-64	34.7		4.4		235	53	9,327		2.5		21,553
65-74	29.1		4.1		202	49	8,766		2.3		20,351
75-84	20.2		1.3		29	22	13,514		0.2		18,768
85 and older	20.8		1.2		18	16	20,125		0.1		14,427
Unknown	0.0		0.0		0	0	0		0.0		0
Basis of Eligibility^e											
Aged	22.4		1.8		59	33	15,848		0.4		43,599
Disabled	34.1		4.4		267	61	7,477		3.6		46,659
Adults	64.3		13.8		870	63	4,516		19.3		795
Children	50.0		8.7		460	53	31,994		1.4		6
Unknown	75.0		19.1		1,201	63	8,364		14.4		8
Gender											
Female	29.7		3.3		166	50	11,468		1.4		61,414
Male	26.9		3.0		187	62	11,445		1.6		29,653
Unknown	0.0		0.0		0	0	0		0.0		0
Race											
White	34.0		3.6		169	47	16,161		1.0		36,375
African American	25.1		3.0		181	59	9,255		2.0		45,125
Other/unknown	26.1		2.9		149	52	3,993		3.7		9,567
Use of Nursing Facilities^f											
Entire year	34.9		3.3		96	29	41,925		0.2		12,504
Part year	28.6		2.0		73	37	20,543		0.4		6,931
None	27.7		3.4		196	58	5,264		3.7		71,632
Maintenance Assistance Status											
Cash	26.9		3.3		191	58	3,939		4.8		58,853
Medically needy	0.0		0.0		0	0	0		0.0		0
Poverty related	38.3		4.9		336	69	3,313		10.1		6,445
Other/unknown	30.5		2.7		90	34	30,676		0.3		25,769

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.3	\$16	1.5	71.2	22.5	3.0	3.1	0.1	0.0	\$1,040	91,067	1,003,480
Age												
5 and younger	1.3	133	9.0	50.0	16.7	8.3	25.0	0.0	0.0	1,477	12	140
6-14	2.4	553	38.8	33.3	16.7	0.0	41.7	8.3	0.0	1,425	12	134
15-20	1.2	154	18.7	19.7	48.3	15.3	15.3	1.5	0.0	823	203	2,324
21-44	0.4	30	4.5	63.0	26.9	5.3	4.8	0.0	0.0	673	15,741	175,204
45-64	0.4	21	2.5	65.3	25.5	4.3	4.7	0.1	0.0	837	21,553	240,278
65-74	0.4	18	2.3	70.9	20.8	3.5	4.6	0.2	0.1	785	20,351	227,381
75-84	0.1	3	0.2	79.8	18.9	0.9	0.4	0.1	0.0	1,225	18,768	207,055
85 and older	0.1	2	0.1	79.2	19.8	0.8	0.2	0.0	0.0	1,923	14,427	150,964
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.2	6	0.4	77.6	19.9	1.3	1.0	0.1	0.0	1,466	43,599	471,361
Disabled	0.4	24	3.6	65.9	24.9	4.4	4.7	0.1	0.0	665	46,659	524,902
Adults	1.6	98	19.3	35.7	22.5	14.3	27.4	0.0	0.0	507	795	7,085
Children	0.9	49	1.4	50.0	33.3	0.0	16.7	0.0	0.0	3,428	6	56
Unknown	2.0	126	14.4	25.0	25.0	12.5	37.5	0.0	0.0	880	8	76
Gender												
Female	0.3	15	1.4	70.3	23.2	3.0	3.3	0.1	0.0	1,035	61,414	680,556
Male	0.3	17	1.6	73.1	20.9	3.1	2.8	0.1	0.0	1,051	29,653	322,924
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	16	1.0	66.0	27.6	3.3	2.9	0.1	0.0	1,496	36,375	392,872
African American	0.3	16	2.0	74.9	18.8	2.9	3.3	0.1	0.0	826	45,125	505,500
Other/unknown	0.3	14	3.7	73.9	20.2	2.6	3.3	0.0	0.0	363	9,567	105,108
Use of Nursing Facilities^f												
Entire year	0.3	9	0.2	65.1	31.0	2.4	0.9	0.4	0.1	4,031	12,504	130,048
Part year	0.2	7	0.4	71.4	26.3	1.3	0.7	0.2	0.1	1,971	6,931	72,228
None	0.3	18	3.7	72.3	20.6	3.3	3.8	0.0	0.0	471	71,632	801,204
Maintenance Assistance Status												
Cash	0.3	17	4.8	73.1	20.1	3.0	3.7	0.1	0.0	350	58,853	662,312
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	30	10.1	61.7	27.2	6.7	4.4	0.0	0.0	299	6,445	71,383
Other/unknown	0.3	9	0.3	69.5	26.7	2.2	1.5	0.1	0.0	2,930	25,769	269,785

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.3	\$16	\$53	0.1	\$10	\$163	0.0	\$0	\$75	0.2	\$5	\$22
Age												
5 and younger	1.3	133	106	0.5	110	203	0.0	1	38	0.7	22	32
6-14	2.4	553	229	1.3	522	414	0.1	2	30	1.1	29	26
15-20	1.2	154	126	0.5	132	279	0.0	3	85	0.7	20	28
21-44	0.4	30	74	0.1	22	220	0.0	1	75	0.3	8	25
45-64	0.4	21	53	0.1	14	154	0.0	0	75	0.3	7	23
65-74	0.4	18	49	0.1	12	122	0.0	0	77	0.3	6	23
75-84	0.1	3	22	0.0	1	99	0.0	0	65	0.1	2	16
85 and older	0.1	2	16	0.0	0	97	0.0	0	30	0.1	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	6	33	0.0	3	119	0.0	0	73	0.1	3	18
Disabled	0.4	24	61	0.1	16	173	0.0	1	75	0.3	7	24
Adults	1.6	98	63	0.4	65	155	0.0	2	88	1.1	30	27
Children	0.9	49	53	0.2	28	142	0.1	3	52	0.7	19	28
Unknown	2.0	126	63	0.6	91	151	0.0	0	0	1.4	35	25
Gender												
Female	0.3	15	50	0.1	10	153	0.0	0	74	0.2	5	21
Male	0.3	17	62	0.1	12	183	0.0	0	79	0.2	5	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	16	47	0.1	10	166	0.0	0	83	0.3	6	22
African American	0.3	16	59	0.1	11	165	0.0	0	70	0.2	4	22
Other/unknown	0.3	14	52	0.1	9	144	0.0	0	73	0.2	5	23
Use of Nursing Facilities^e												
Entire year	0.3	9	29	0.0	4	146	0.0	0	80	0.3	5	17
Part year	0.2	7	37	0.0	4	159	0.0	0	56	0.2	3	18
None	0.3	18	58	0.1	12	164	0.0	0	76	0.2	5	24
Maintenance Assistance Status												
Cash	0.3	17	58	0.1	12	165	0.0	0	73	0.2	5	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	30	69	0.1	21	166	0.0	1	80	0.3	8	27
Other/unknown	0.3	9	34	0.0	4	148	0.0	0	81	0.2	4	18

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

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	0.2	0.0	0.0	0.2	\$19	\$13	\$0	\$5	\$85	\$338	\$89	\$31	13,118	\$1,118,077	5,198	5.7	59,499
Biologicals	0.3	0.3	0.0	0.0	432	432	0	0	1482	1,482	0	0	7	10,371	2	0.0	24
Antineoplastic Agents	0.3	0.1	0.0	0.2	125	112	0	13	371	815	0	64	944	349,857	252	0.3	2,805
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	28	21	0	7	63	133	31	25	20,032	1,258,241	3,997	4.4	45,276
Cardiovascular Agents	0.8	0.3	0.0	0.5	34	22	1	11	45	77	77	24	56,068	2,512,225	6,473	7.1	72,905
Respiratory Agents	0.3	0.1	0.0	0.2	13	10	0	3	49	105	29	19	15,338	745,334	4,896	5.4	56,552
Gastrointestinal Agents	0.3	0.1	0.0	0.2	24	20	0	4	81	169	241	22	8,963	723,603	2,647	2.9	30,155
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	1	3	57	81	92	32	1,925	109,256	841	0.9	9,690
CNS Drugs	0.5	0.1	0.0	0.5	24	15	1	8	46	247	112	18	89,647	4,120,022	15,291	16.8	173,134
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	56	51	0	5	143	197	0	39	482	68,835	112	0.1	1,220
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.1	80	76	0	4	229	260	0	69	1,599	366,156	398	0.4	4,564
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	13	4	0	8	36	207	104	25	27,586	983,701	6,810	7.5	77,421
Neuromuscular Agents	0.5	0.1	0.0	0.4	25	13	0	11	53	205	46	29	31,347	1,657,346	5,859	6.4	66,619
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	5	18	22	26	18	4,880	87,551	1,488	1.6	16,943
Hematological Agents	0.4	0.1	0.0	0.4	20	16	0	4	47	265	40	12	16,772	795,418	3,474	3.8	39,251
Topical Products	0.2	0.1	0.0	0.1	12	9	0	3	60	114	68	26	5,622	338,481	2,444	2.7	28,222
Miscellaneous Products	0.5	0.3	0.0	0.2	323	285	4	34	623	919	194	182	768	478,306	129	0.1	1,480
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	42	0	0	0	195	8,158	118	0.1	1,343
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.	295,293	15,730,938	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Mississippi, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

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	\$2,320,268	1,925	2.1	21,845	0.4	\$285	\$106	
ANTICONVULSANT	1,489,918	4,959	5.4	56,287	0.5	58	26	
ANTIDIABETIC	1,140,225	3,599	4.0	40,912	0.4	78	28	
ANTIANSXIETY AGENTS	941,554	10,946	12.0	124,002	0.4	17	8	
ANTIHYPERTENSIVE	895,015	5,013	5.5	56,965	0.3	45	16	
ANTIHYPERLIPIDEMIC	720,026	2,183	2.4	25,014	0.3	88	29	
ANTIDEPRESSANTS	657,678	3,563	3.9	40,423	0.3	57	16	
ANTIVIRAL	634,817	394	0.4	4,473	0.3	473	142	
ULCER DRUGS	602,866	5,341	5.9	60,624	0.2	49	10	
ANTIASTHMATIC	483,020	2,259	2.5	25,950	0.2	75	19	
Total	9,885,387	40,182	n.a.	456,495	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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
All	162,905	\$9,885,387	1,925	2.1	21,845	0.4	\$106	4,959	5.4	56,287	0.5	\$27					
Female																	
All Females	113,708	6,293,909	1,092	1.8	12,460	0.3	96	3,362	5.5	38,157	0.4	23					
Female, Disabled																	
All Ages	70,463	4,655,606	910	3.3	10,464	0.3	93	2,262	8.2	25,875	0.4	27					
5 and younger	3	151	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	21	6,104	0	0.0	0	0.0	0	2	50.0	24	0.3	18					
15-20	597	102,035	20	24.1	239	0.5	155	27	32.5	324	0.6	93					
21-44	17,824	1,483,501	459	6.2	5,174	0.3	98	822	11.1	9,358	0.4	33					
45-64	34,357	2,023,762	318	2.5	3,726	0.3	79	1,107	8.7	12,686	0.4	23					
65-74	15,755	979,114	106	2.2	1,241	0.4	102	264	5.5	3,027	0.4	19					
75-84	1,659	56,130	6	0.3	72	0.5	121	33	1.7	372	0.4	11					
85 and older	247	4,809	1	0.2	12	0.1	41	7	1.3	84	0.2	6					
Female, Other Eligibles																	
All Ages	43,245	1,638,303	182	0.5	1,996	0.4	111	1,100	3.3	12,282	0.5	15					
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	12	2,444	2	33.3	24	0.3	93	1	16.7	12	0.2	15					
21-44	2,546	253,011	67	13.2	672	0.3	100	118	23.2	1,242	0.4	40					
45-64	956	77,876	6	5.2	60	0.5	194	24	20.7	240	0.4	45					
65-74	17,072	838,961	85	0.9	1,006	0.5	124	417	4.6	4,813	0.5	16					
75-84	12,358	271,267	14	0.1	146	0.6	75	309	2.5	3,433	0.5	8					
85 and older	10,301	194,744	8	0.1	88	0.3	53	231	2.0	2,542	0.5	8					
Male																	
All Males	49,197	3,591,478	833	2.8	9,385	0.4	120	1,597	5.4	18,130	0.5	34					
Male, Disabled																	
All Ages	37,262	3,048,833	738	3.9	8,332	0.4	124	1,298	6.8	14,800	0.5	37					
5 and younger	20	2,050	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	62	12,485	0	0.0	0	0.0	0	1	12.5	12	0.8	31					
15-20	614	93,726	28	24.8	327	0.5	134	24	21.2	282	0.5	88					
21-44	15,327	1,601,890	508	6.6	5,791	0.4	123	683	8.8	7,841	0.5	44					
45-64	15,870	995,792	164	1.9	1,794	0.4	119	510	5.9	5,755	0.5	27					
65-74	5,067	337,614	38	1.9	420	0.6	137	72	3.6	818	0.4	19					
75-84	270	4,551	0	0.0	0	0.0	0	8	1.5	92	0.5	9					
85 and older	32	725	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	11,935	542,645	95	0.9	1,053	0.4	91	299	2.8	3,330	0.5	20
5 and younger	11	335	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	153	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	778	62,982	17	18.7	179	0.3	93	22	24.2	249	0.4	40
45-64	513	39,994	12	15.6	121	0.3	65	12	15.6	131	0.4	35
65-74	6,704	343,329	61	1.4	693	0.5	90	174	3.9	1,981	0.5	21
75-84	2,634	70,140	5	0.1	60	0.5	136	65	1.7	694	0.5	10
85 and older	1,292	25,712	0	0.0	0	0.0	0	26	1.2	275	0.6	8
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIANSXIETY AGENTS					ANTIHYPERTENSIVE				
	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	3,599	4.0	40,912	0.4	\$28	10,946	12.0	124,002	0.4	\$8	5,013	5.5	56,965	0.3	\$16
Female															
All Females	2,631	4.3	30,097	0.4	28	8,141	13.3	92,458	0.4	8	3,448	5.6	39,474	0.3	16
Female, Disabled															
All Ages	1,983	7.2	22,817	0.3	29	3,925	14.2	45,389	0.4	7	2,581	9.4	29,827	0.3	16
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	3	75.0	36	0.3	5
15-20	4	4.8	48	0.2	11	5	6.0	51	0.4	3	12	14.5	144	0.4	12
21-44	323	4.4	3,787	0.3	30	1,033	14.0	11,889	0.4	6	442	6.0	5,087	0.3	12
45-64	1,028	8.1	11,636	0.3	28	2,104	16.5	24,280	0.4	7	1,281	10.0	14,668	0.3	15
65-74	597	12.4	6,982	0.4	31	564	11.7	6,599	0.4	7	791	16.4	9,308	0.4	19
75-84	29	1.5	340	0.4	16	176	8.9	2,087	0.4	8	49	2.5	548	0.3	15
85 and older	2	0.4	24	0.3	9	43	7.9	483	0.4	5	3	0.6	36	0.3	4
Female, Other Eligibles															
All Ages	648	1.9	7,280	0.4	27	4,216	12.5	47,069	0.5	8	867	2.6	9,647	0.4	16
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	64	12.6	660	0.4	31	94	18.5	922	0.4	5	78	15.4	829	0.3	12
45-64	38	32.8	388	0.5	44	16	13.8	160	0.3	4	50	43.1	463	0.4	21
65-74	499	5.5	5,724	0.4	26	1,064	11.7	12,203	0.4	8	647	7.1	7,440	0.4	16
75-84	39	0.3	427	0.4	22	1,586	12.7	18,016	0.5	9	63	0.5	643	0.4	18
85 and older	8	0.1	81	0.6	15	1,456	12.5	15,768	0.5	8	29	0.2	272	0.3	15
Male															
All Males	968	3.3	10,815	0.4	27	2,805	9.5	31,544	0.4	8	1,565	5.3	17,491	0.4	16
Male, Disabled															
All Ages	756	4.0	8,481	0.4	26	1,771	9.3	20,443	0.5	7	1,282	6.7	14,378	0.3	15
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	3	37.5	36	0.2	23
15-20	4	3.5	48	0.6	67	9	8.0	108	0.3	2	13	11.5	151	0.4	21
21-44	229	3.0	2,604	0.4	29	706	9.1	8,206	0.4	7	333	4.3	3,744	0.3	15
45-64	376	4.4	4,120	0.3	23	860	10.0	9,856	0.5	8	658	7.7	7,217	0.3	14
65-74	147	7.4	1,709	0.4	28	151	7.6	1,760	0.4	10	270	13.6	3,174	0.4	18
75-84	0	0.0	0	0.0	0	40	7.7	456	0.4	5	4	0.8	44	0.3	7
85 and older	0	0.0	0	0.0	0	5	6.0	57	0.4	8	1	1.2	12	0.3	16

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIANKXIETY AGENTS					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month
Male, Other Eligibles															
All Ages	212	2.0	2,334	0.4	28	1,034	9.8	11,101	0.4	8	283	2.7	3,113	0.4	17
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	0	1	100.0	12	0.1	2
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	20	22.0	215	0.5	36	26	28.6	264	0.5	6	20	22.0	223	0.5	28
45-64	14	18.2	118	0.4	41	14	18.2	140	0.4	13	27	35.1	240	0.5	18
65-74	167	3.7	1,894	0.4	26	426	9.5	4,749	0.4	9	205	4.6	2,318	0.4	17
75-84	9	0.2	97	0.4	26	350	9.2	3,731	0.4	9	23	0.6	256	0.4	15
85 and older	2	0.1	10	0.2	12	217	10.3	2,205	0.4	7	7	0.3	64	0.3	8
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIDEPRESSANTS					ANTIVIRAL				
	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	2,183	2.4	25,014	0.3	\$29	3,563	3.9	40,423	0.3	\$16	394	0.4	4,473	0.3	\$142
Female															
All Females	1,464	2.4	16,810	0.3	29	2,649	4.3	30,137	0.3	16	250	0.4	2,890	0.3	123
Female, Disabled															
All Ages	1,076	3.9	12,474	0.3	28	2,101	7.6	24,160	0.3	15	212	0.8	2,451	0.3	136
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	1	25.0	12	0.3	457
15-20	0	0.0	0	0.0	0	20	24.1	235	0.3	20	7	8.4	84	0.3	253
21-44	127	1.7	1,488	0.2	21	810	11.0	9,290	0.2	14	119	1.6	1,352	0.3	111
45-64	551	4.3	6,358	0.3	26	987	7.7	11,350	0.3	16	71	0.6	835	0.3	183
65-74	373	7.7	4,344	0.4	34	273	5.7	3,174	0.3	14	14	0.3	168	0.1	31
75-84	24	1.2	272	0.2	21	10	0.5	99	0.4	18	0	0.0	0	0.0	0
85 and older	1	0.2	12	0.2	14	1	0.2	12	0.1	5	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	388	1.1	4,336	0.3	30	548	1.6	5,977	0.3	19	38	0.1	439	0.3	52
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	30	5.9	305	0.3	28	217	42.7	2,256	0.3	23	20	3.9	226	0.3	91
45-64	24	20.7	254	0.4	31	52	44.8	540	0.3	16	3	2.6	36	0.4	9
65-74	292	3.2	3,342	0.4	32	242	2.7	2,779	0.3	16	11	0.1	129	0.2	10
75-84	34	0.3	353	0.3	21	22	0.2	229	0.4	27	4	0.0	48	0.3	8
85 and older	8	0.1	82	0.2	11	15	0.1	173	0.4	15	0	0.0	0	0.0	0
Male															
All Males	719	2.4	8,204	0.3	29	914	3.1	10,286	0.3	18	144	0.5	1,583	0.3	176
Male, Disabled															
All Ages	559	2.9	6,400	0.3	29	779	4.1	8,815	0.3	17	140	0.7	1,543	0.3	180
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	24	0.3	59
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	37.5	36	0.5	276
15-20	4	3.5	46	0.3	19	21	18.6	237	0.3	14	4	3.5	48	0.2	136
21-44	138	1.8	1,579	0.3	26	421	5.4	4,825	0.3	19	77	1.0	835	0.3	149
45-64	293	3.4	3,314	0.3	27	282	3.3	3,129	0.3	13	43	0.5	468	0.5	259
65-74	123	6.2	1,449	0.4	36	55	2.8	624	0.3	16	11	0.6	132	0.2	107
75-84	1	0.2	12	0.2	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIDEPRESSANTS					ANTIVIRAL				
	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	160	1.5	1,804	0.3	31	135	1.3	1,471	0.4	21	4	0.0	40	0.2	21
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	100.0	12	0.1	8	1	100.0	12	0.1	4	0	0.0	0	0.0	0
21-44	9	9.9	101	0.3	29	44	48.4	466	0.4	25	0	0.0	0	0.0	0
45-64	17	22.1	177	0.3	28	18	23.4	185	0.3	19	0	0.0	0	0.0	0
65-74	124	2.8	1,408	0.3	32	61	1.4	701	0.4	19	4	0.1	40	0.2	21
75-84	7	0.2	82	0.4	40	9	0.2	85	0.6	32	0	0.0	0	0.0	0
85 and older	2	0.1	24	0.2	21	2	0.1	22	0.1	6	0	0.0	0	0.0	0
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC						
	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	5,341	5.9	60,624	0.2	\$10	2,259	2.5	25,950	0.2	\$19	91,067	1,003,480
Female												
All Females	3,835	6.2	43,643	0.2	9	1,583	2.6	18,291	0.2	18	61,414	680,556
Female, Disabled												
All Ages	1,886	6.8	21,862	0.2	11	1,270	4.6	14,755	0.2	18	27,591	312,521
5 and younger	1	20.0	12	0.3	13	0	0.0	0	0.0	0	5	60
6-14	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	48
15-20	13	15.7	156	0.3	13	15	18.1	180	0.3	25	83	946
21-44	441	6.0	5,117	0.2	10	335	4.5	3,911	0.2	13	7,389	83,101
45-64	917	7.2	10,506	0.2	11	592	4.6	6,856	0.2	17	12,765	143,937
65-74	444	9.2	5,260	0.2	14	314	6.5	3,640	0.3	23	4,826	55,510
75-84	54	2.7	619	0.2	7	11	0.6	132	0.1	6	1,974	22,829
85 and older	15	2.8	180	0.1	3	3	0.6	36	0.1	9	545	6,090
Female, Other Eligibles												
All Ages	1,949	5.8	21,781	0.2	7	313	0.9	3,536	0.3	21	33,823	368,035
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	4	66.7	48	0.1	1	0	0.0	0	0.0	0	6	60
21-44	69	13.6	760	0.2	14	65	12.8	720	0.2	13	508	4,810
45-64	25	21.6	262	0.2	15	22	19.0	208	0.3	36	116	916
65-74	537	5.9	6,198	0.2	10	199	2.2	2,314	0.3	22	9,058	101,111
75-84	615	4.9	6,918	0.2	5	22	0.2	237	0.3	24	12,447	137,914
85 and older	699	6.0	7,595	0.2	5	5	0.0	57	0.2	11	11,688	123,224
Male												
All Males	1,506	5.1	16,981	0.2	12	676	2.3	7,659	0.3	20	29,653	322,924
Male, Disabled												
All Ages	944	5.0	10,888	0.2	14	534	2.8	6,113	0.3	19	19,068	212,381
5 and younger	2	33.3	24	0.5	26	1	16.7	12	0.2	2	6	68
6-14	4	50.0	48	0.6	28	0	0.0	0	0.0	0	8	86
15-20	10	8.8	119	0.3	27	13	11.5	156	0.4	30	113	1,306
21-44	329	4.2	3,829	0.2	18	178	2.3	2,051	0.2	14	7,753	86,515
45-64	441	5.1	5,016	0.2	11	196	2.3	2,180	0.3	22	8,595	94,861
65-74	144	7.2	1,695	0.3	17	142	7.1	1,666	0.3	22	1,988	22,638
75-84	11	2.1	121	0.2	6	4	0.8	48	0.2	7	522	5,991
85 and older	3	3.6	36	0.1	2	0	0.0	0	0.0	0	83	916

Dual Medicaid 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, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit			
Male, Other Eligibles													
All Ages	562	5.3	6,093	0.2	8	142	1.3	1,546	0.3	20	10,585	110,543	
5 and younger	2	200.0	24	0.3	10	1	100.0	12	0.2	5	1	12	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12	
21-44	27	29.7	267	0.2	21	7	7.7	67	0.3	6	91	778	
45-64	13	16.9	135	0.3	39	14	18.2	137	0.3	21	77	564	
65-74	236	5.3	2,685	0.2	9	109	2.4	1,208	0.3	22	4,479	48,122	
75-84	163	4.3	1,752	0.2	5	5	0.1	60	0.3	17	3,825	40,321	
85 and older	120	5.7	1,218	0.2	4	6	0.3	62	0.2	14	2,111	20,734	
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

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	\$9	0.3	12,504	130,048
Age				
0-64	25	0.6	1,180	12,954
65-74	24	0.5	1,967	21,188
75-84	5	0.3	3,986	41,593
85 and older	3	0.2	5,371	54,313
Unknown	0	0.0	0	0
Gender				
Female	8	0.3	9,221	96,622
Male	14	0.4	3,283	33,426
Unknown	0	0.0	0	0
Race				
White	7	0.3	8,095	83,584
African American	13	0.3	4,165	43,894
Other/unknown	15	0.4	244	2,570
Basis of Eligibility^c				
Aged	7	0.3	11,294	116,800
Disabled	29	0.7	1,210	13,248
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	\$33	\$6	\$1	\$26	\$103	\$171	\$151	\$94	368	\$38,063	100	0.8	1,156
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.2	0.0	0.0	0.2	18	0	0	18	83	0	0	83	19	1,576	8	0.1	89
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.5	35	27	0	8	47	110	39	16	737	34,635	86	0.7	993
Cardiovascular Agents	1.4	0.4	0.0	0.9	57	38	2	18	41	86	82	19	2,529	103,146	157	1.3	1,800
Respiratory Agents	0.3	0.1	0.0	0.2	10	7	0	3	39	105	59	17	622	24,156	209	1.7	2,430
Gastrointestinal Agents	0.7	0.2	0.0	0.5	44	34	0	10	61	145	0	20	788	47,722	92	0.7	1,073
Genitourinary Agents	0.4	0.2	0.0	0.2	30	16	2	11	71	82	94	57	235	16,677	47	0.4	564
CNS Drugs	0.6	0.0	0.0	0.6	17	6	0	10	27	186	85	17	20,433	550,743	2,946	23.6	32,230
Stimulants/Anti-obesity/Anorexia	1.1	0.0	0.0	1.1	15	0	0	15	14	0	0	14	39	553	3	0.0	36
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	85	83	0	2	141	142	0	110	391	54,985	58	0.5	645
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	18	7	0	11	40	83	81	30	740	29,915	143	1.1	1,639
Neuromuscular Agents	0.7	0.0	0.0	0.7	22	8	0	13	29	175	38	19	5,521	161,550	673	5.4	7,502
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	5	16	16	19	16	513	8,289	136	1.1	1,558
Hematological Agents	0.5	0.0	0.0	0.5	8	5	0	4	15	343	0	7	7,738	116,904	1,253	10.0	14,081
Topical Products	0.3	0.1	0.0	0.2	9	4	0	4	34	79	64	22	462	15,749	157	1.3	1,838
Miscellaneous Products	0.2	0.0	0.0	0.2	2	0	0	2	7	0	0	7	14	103	5	0.0	60
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	3	0	0	0	21	0	0	0	29	598	18	0.1	207
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.	41,178	1,205,364	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 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 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Mississippi, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTI-ANXIETY AGENTS	\$292,707	2,514	20.1	27,430	0.5	\$19	\$11	
ANTI-PSYCHOTICS	184,690	113	0.9	1,339	0.6	234	138	
ANTI-CONVULSANTS	135,703	683	5.5	7,618	0.7	26	18	
HEMATOPOIETIC AGENTS	114,118	2,135	17.1	23,782	0.5	9	5	
ULCER DRUGS	98,999	1,486	11.9	16,434	0.2	28	6	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	56,757	82	0.7	926	0.5	126	61	
ANALGESICS - NonNarcotic	47,495	1,586	12.7	17,604	0.6	4	3	
ANTI-DEPRESSANTS	40,373	131	1.0	1,551	0.5	53	26	
ANTI-HYPERTENSIVE	36,649	116	0.9	1,331	0.6	48	28	
ANTI-DIABETIC	35,311	108	0.9	1,271	0.6	47	28	
Total	1,042,802	8,954	n.a.	99,286	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIANKXIETY AGENTS					ANTIPSYCHOTICS				
	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	50,355	\$1,042,802	2,514	20.1	27,430	0.5	\$11	113	0.9	1,339	0.6	\$138
Female												
All Females	36,561	676,001	1,902	20.6	20,868	0.6	11	59	0.6	703	0.6	155
Female, Disabled												
All Ages	3,583	135,485	153	28.7	1,711	0.6	13	16	3.0	190	0.7	167
64 or younger	3,373	111,190	147	28.4	1,652	0.6	13	13	2.5	154	0.6	110
65-74	198	24,139	5	50.0	47	0.7	10	3	30.0	36	0.9	411
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	12	156	1	33.3	12	0.3	11	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	32,978	540,516	1,749	20.1	19,157	0.5	10	43	0.5	513	0.6	150
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,445	203,328	264	23.4	2,992	0.6	11	33	2.9	393	0.7	169
75-84	11,653	165,466	655	22.1	7,287	0.6	11	7	0.2	84	0.7	93
85 and older	14,880	171,722	830	18.1	8,878	0.5	9	3	0.1	36	0.3	78
Male												
All Males	13,794	366,801	612	18.6	6,562	0.5	11	54	1.6	636	0.5	119
Male, Disabled												
All Ages	4,120	144,716	161	23.8	1,809	0.7	15	18	2.7	211	0.6	137
64 or younger	3,929	128,126	158	23.8	1,773	0.7	15	15	2.3	175	0.6	122
65-74	180	16,524	3	25.0	36	0.4	8	3	25.0	36	0.8	214
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	11	66	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	9,674	222,085	451	17.3	4,753	0.5	10	36	1.4	425	0.5	110
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,140	150,260	146	17.9	1,613	0.5	11	32	3.9	377	0.5	104
75-84	3,278	48,914	176	17.3	1,831	0.5	10	4	0.4	48	0.6	164
85 and older	2,256	22,911	129	16.7	1,309	0.4	8	0	0.0	0	0.0	0
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					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	683	5.5	7,618	0.7	\$18	2,135	17.1	23,782	0.5	\$5	1,486	11.9	16,434	0.2	\$6
Female															
All Females	470	5.1	5,273	0.7	15	1,589	17.2	17,743	0.5	4	1,116	12.1	12,396	0.2	6
Female, Disabled															
All Ages	65	12.2	746	0.9	29	92	17.3	1,069	0.6	15	94	17.6	1,057	0.3	9
64 or younger	62	12.0	712	0.9	27	90	17.4	1,045	0.6	16	89	17.2	999	0.3	9
65-74	3	30.0	34	1.1	84	1	10.0	12	0.7	3	5	50.0	58	0.3	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.7	2	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	405	4.7	4,527	0.6	12	1,497	17.2	16,674	0.5	3	1,022	11.8	11,339	0.2	5
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	119	10.5	1,339	0.7	19	189	16.8	2,200	0.6	7	159	14.1	1,802	0.2	7
75-84	146	4.9	1,649	0.6	10	513	17.3	5,775	0.5	3	366	12.3	4,108	0.2	5
85 and older	140	3.0	1,539	0.6	8	795	17.3	8,699	0.5	3	497	10.8	5,429	0.2	5
Male															
All Males	213	6.5	2,345	0.7	25	546	16.6	6,039	0.6	8	370	11.3	4,038	0.2	8
Male, Disabled															
All Ages	90	13.3	1,026	0.8	29	111	16.4	1,254	0.6	11	85	12.6	990	0.3	13
64 or younger	87	13.1	998	0.7	30	109	16.4	1,230	0.6	11	82	12.4	954	0.3	11
65-74	3	25.0	28	1.2	22	1	8.3	12	1.0	4	3	25.0	36	0.8	65
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	100.0	12	0.9	6	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	123	4.7	1,319	0.7	22	435	16.7	4,785	0.6	7	285	10.9	3,048	0.2	6
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	66	8.1	742	0.7	31	127	15.5	1,452	0.6	17	89	10.9	1,003	0.2	9
75-84	43	4.2	442	0.6	11	157	15.5	1,733	0.5	3	109	10.7	1,150	0.2	5
85 and older	14	1.8	135	0.7	9	151	19.5	1,600	0.5	3	87	11.2	895	0.2	5
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANALGESICS - NonNarcotic						ANTIDEPRESSANTS					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	82	0.7	926	0.5	\$61		1,586	12.7	17,604	0.6	\$3		131	1.0	1,551	0.5	\$26	
Female																		
All Females	50	0.5	564	0.5	64		1,182	12.8	13,216	0.6	3		80	0.9	945	0.5	26	
Female, Disabled																		
All Ages	12	2.3	140	0.3	50		60	11.3	696	0.5	4		29	5.4	348	0.5	30	
64 or younger	12	2.3	140	0.3	50		57	11.0	661	0.6	4		28	5.4	336	0.5	29	
65-74	0	0.0	0	0.0	0		3	30.0	35	0.5	2		1	10.0	12	0.9	69	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Female, Other Eligibles																		
All Ages	38	0.4	424	0.5	69		1,122	12.9	12,520	0.6	3		51	0.6	597	0.5	23	
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	16	1.4	192	0.5	73		151	13.4	1,750	0.6	3		33	2.9	396	0.5	20	
75-84	14	0.5	150	0.5	58		382	12.9	4,259	0.6	3		8	0.3	88	0.5	47	
85 and older	8	0.2	82	0.5	77		589	12.8	6,511	0.6	3		10	0.2	113	0.4	14	
Male																		
All Males	32	1.0	362	0.5	57		404	12.3	4,388	0.6	3		51	1.6	606	0.5	26	
Male, Disabled																		
All Ages	7	1.0	84	0.5	56		68	10.0	779	0.6	3		26	3.8	307	0.5	26	
64 or younger	6	0.9	72	0.4	41		66	10.0	755	0.6	3		23	3.5	271	0.5	21	
65-74	1	8.3	12	1.0	146		2	16.7	24	0.4	2		3	25.0	36	0.7	66	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male, Other Eligibles																		
All Ages	25	1.0	278	0.5	58		336	12.9	3,609	0.6	3		25	1.0	299	0.6	27	
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	22	2.7	254	0.5	58		108	13.2	1,211	0.7	3		20	2.4	240	0.5	28	
75-84	3	0.3	24	0.5	53		134	13.2	1,422	0.6	2		5	0.5	59	0.6	24	
85 and older	0	0.0	0	0.0	0		94	12.1	976	0.6	3		0	0.0	0	0.0	0	
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	116	0.9	1,331	0.6	\$28	108	0.9	1,271	0.6	\$28	12,504	130,048
Female												
All Females	65	0.7	751	0.6	25	60	0.7	713	0.6	30	9,221	96,622
Female, Disabled												
All Ages	21	3.9	248	0.6	31	11	2.1	132	0.6	41	533	5,890
64 or younger	18	3.5	215	0.4	18	11	2.1	132	0.6	41	517	5,742
65-74	3	30.0	33	1.3	122	0	0.0	0	0.0	0	10	105
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
Female, Other Eligibles												
All Ages	44	0.5	503	0.6	21	49	0.6	581	0.6	27	8,688	90,732
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	33	2.9	392	0.6	21	43	3.8	509	0.6	28	1,128	12,280
75-84	3	0.1	36	0.7	33	3	0.1	36	0.5	27	2,967	31,459
85 and older	8	0.2	75	0.5	18	3	0.1	36	0.7	9	4,593	46,993
Male												
All Males	51	1.6	580	0.6	31	48	1.5	558	0.6	25	3,283	33,426
Male, Disabled												
All Ages	28	4.1	321	0.6	36	15	2.2	180	0.6	32	677	7,358
64 or younger	27	4.1	309	0.6	35	14	2.1	168	0.5	32	663	7,212
65-74	1	8.3	12	0.8	86	1	8.3	12	0.8	28	12	122
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Male, Other Eligibles												
All Ages	23	0.9	259	0.6	25	33	1.3	378	0.6	22	2,606	26,068
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	20	2.4	223	0.5	23	30	3.7	353	0.6	23	817	8,681
75-84	3	0.3	36	0.8	34	3	0.3	25	0.6	16	1,015	10,104
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	774	7,283
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,931 beneficiaries who were in nursing facilities for part of their enrollment and their 72,228 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MISSISSIPPI, 2006

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	25,292	27.8	1.6	141,859	\$20	\$1,819,641	\$13	11.6	91,067
Age									
5 and younger	6	50.0	4.6	55	241	2,893	53	15.5	12
6-14	8	66.7	6.0	72	195	2,338	32	3.2	12
15-20	79	38.9	1.5	298	26	5,259	18	1.5	203
21-44	3,961	25.2	1.2	19,574	18	284,585	15	5.4	15,741
45-64	6,328	29.4	1.7	35,593	23	484,950	14	9.6	21,553
65-74	5,257	25.8	1.4	29,007	19	384,555	13	9.3	20,351
75-84	5,149	27.4	1.6	30,543	19	363,746	12	67.4	18,768
85 and older	4,504	31.2	1.9	26,717	20	291,315	11	110.2	14,427
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	12,513	28.7	1.7	75,200	20	889,819	12	34.3	43,599
Disabled	12,530	26.9	1.4	65,689	20	915,180	14	7.4	46,659
Adults	245	30.8	1.2	950	18	14,095	15	2.0	795
Children	2	33.3	2.3	14	85	507	36	18.4	6
Unknown	2	25.0	0.8	6	5	40	7	0.4	8
Gender									
Female	18,273	29.8	1.7	102,170	21	1,316,393	13	12.9	61,414
Male	7,019	23.7	1.3	39,689	17	503,248	13	9.1	29,653
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	12,641	34.8	2.3	83,613	31	1,112,691	13	18.1	36,375
African American	10,446	23.1	1.1	47,616	13	570,586	12	7.0	45,125
Other/unknown	2,205	23.0	1.1	10,630	14	136,364	13	9.6	9,567
Use of Nursing Facilities^d									
Entire year	6,519	52.1	4.2	51,917	49	608,603	12	50.5	12,504
Part year	2,454	35.4	1.7	12,119	22	152,071	13	30.2	6,931
None	16,319	22.8	1.1	77,823	15	1,058,967	14	7.6	71,632
Maintenance Assistance Status									
Cash	13,699	23.3	1.1	66,164	15	885,722	13	7.9	58,853
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,319	20.5	0.7	4,378	12	78,548	18	3.6	6,445
Other/unknown	10,274	39.9	2.8	71,317	33	855,371	12	36.8	25,769

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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, 2006

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	0.1	\$2	\$13	\$0	\$1	1,003,480
Age						
5 and younger	0.4	21	53	0	0	140
6-14	0.5	17	32	0	0	134
15-20	0.1	2	18	0	0	2,324
21-44	0.1	2	15	0	1	175,204
45-64	0.1	2	14	0	1	240,278
65-74	0.1	2	13	0	1	227,381
75-84	0.1	2	12	0	1	207,055
85 and older	0.2	2	11	0	1	150,964
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	12	0	1	471,361
Disabled	0.1	2	14	0	1	524,902
Adults	0.1	2	15	0	1	7,085
Children	0.3	9	36	0	0	56
Unknown	0.1	1	7	0	0	76
Gender						
Female	0.2	2	13	0	1	680,556
Male	0.1	2	13	0	1	322,924
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	13	0	2	392,872
African American	0.1	1	12	0	1	505,500
Other/unknown	0.1	1	13	0	1	105,108
Use of Nursing Facilities^d						
Entire year	0.4	5	12	0	3	130,048
Part year	0.2	2	13	0	2	72,228
None	0.1	1	14	0	1	801,204
Maintenance Assistance Status						
Cash	0.1	1	13	0	1	662,312
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	18	0	1	71,383
Other/unknown	0.3	3	12	0	2	269,785

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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.

Benef(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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Excluded Rx
All	30,376	\$60	\$1,819,641	100.0	141,859	\$13	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	2,068	31	64,793	3.6	4,130	16	2.9
Vitamins and minerals	1,307	59	77,556	4.3	4,410	18	3.1
Non-prescription drugs	11,695	32	372,163	20.5	48,192	8	34.0
Barbiturates	888	42	37,357	2.1	7,421	5	5.2
Benzodiazepines	13,326	89	1,191,300	65.5	74,905	16	52.8
Other Part D Excl Rx Drugs	1,092	70	76,472	4.2	2,801	27	2.0

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MISSISSIPPI, 2006

Total Number of Dual Eligible Beneficiaries: 91,067
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$15,730,938
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$172

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	64,879	71.2	\$0	0.0
1-500	19,851	21.8	2,013,508	12.8
501-1,000	2,264	2.5	1,615,284	10.3
1,001-1,500	1,197	1.3	1,469,655	9.3
1,501-2,000	832	0.9	1,450,333	9.2
2,001-2,500	560	0.6	1,250,434	7.9
2,501-3,000	369	0.4	1,008,862	6.4
3,001-3,500	250	0.3	804,602	5.1
3,501-4,000	190	0.2	708,092	4.5
4,001-4,500	109	0.1	460,159	2.9
4,501-5,000	96	0.1	453,871	2.9
5,001-5,500	72	0.1	379,741	2.4
5,501-6,000	62	0.1	355,744	2.3
6,001-6,500	39	0.0	242,601	1.5
6,501-7,000	34	0.0	229,997	1.5
7,001-7,500	25	0.0	180,126	1.1
7,501-8,000	41	0.0	318,261	2.0
8,001-8,500	18	0.0	148,341	0.9
8,501-9,000	18	0.0	157,256	1.0
9,001-9,500	11	0.0	101,465	0.6
9,501-10,000	17	0.0	166,900	1.1
10,001+	133	0.1	2,215,706	14.1

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MISSISSIPPI, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 36,721
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,111,076
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$275

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	23,770	64.7		\$0	0.0
1-500	9,098	24.8		1,065,365	10.5
501-1,000	1,343	3.7		965,918	9.6
1,001-1,500	728	2.0		891,755	8.8
1,501-2,000	451	1.2		784,996	7.8
2,001-2,500	331	0.9		738,931	7.3
2,501-3,000	216	0.6		593,944	5.9
3,001-3,500	152	0.4		488,867	4.8
3,501-4,000	132	0.4		493,743	4.9
4,001-4,500	78	0.2		330,002	3.3
4,501-5,000	65	0.2		307,463	3.0
5,001-5,500	58	0.2		305,422	3.0
5,501-6,000	42	0.1		241,014	2.4
6,001-6,500	35	0.1		217,394	2.2
6,501-7,000	24	0.1		162,421	1.6
7,001-7,500	22	0.1		158,619	1.6
7,501-8,000	32	0.1		248,448	2.5
8,001-8,500	13	0.0		107,282	1.1
8,501-9,000	9	0.0		78,225	0.8
9,001-9,500	8	0.0		73,850	0.7
9,501-10,000	12	0.0		117,509	1.2
10,001+	102	0.3		1,739,908	17.2

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MISSISSIPPI, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 53,546
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,919,774
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$91

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	40,826	76.2	\$0	0.0
1-500	10,547	19.7	910,756	18.5
501-1,000	825	1.5	579,892	11.8
1,001-1,500	408	0.8	503,520	10.2
1,501-2,000	347	0.6	604,987	12.3
2,001-2,500	205	0.4	457,403	9.3
2,501-3,000	124	0.2	335,460	6.8
3,001-3,500	79	0.1	253,851	5.2
3,501-4,000	48	0.1	177,363	3.6
4,001-4,500	21	0.0	88,181	1.8
4,501-5,000	20	0.0	94,524	1.9
5,001-5,500	11	0.0	58,104	1.2
5,501-6,000	16	0.0	91,680	1.9
6,001-6,500	4	0.0	25,207	0.5
6,501-7,000	8	0.0	53,859	1.1
7,001-7,500	3	0.0	21,507	0.4
7,501-8,000	8	0.0	62,265	1.3
8,001-8,500	4	0.0	32,682	0.7
8,501-9,000	8	0.0	70,365	1.4
9,001-9,500	2	0.0	18,460	0.4
9,501-10,000	4	0.0	39,550	0.8
10,001+	28	0.1	440,158	8.9

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MISSISSIPPI, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 20,351
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$4,115,400
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$202

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,420	70.9	\$0	0.0
1-500	4,024	19.8	447,464	10.9
501-1,000	651	3.2	465,576	11.3
1,001-1,500	379	1.9	468,025	11.4
1,501-2,000	320	1.6	558,082	13.6
2,001-2,500	193	0.9	431,125	10.5
2,501-3,000	119	0.6	321,271	7.8
3,001-3,500	73	0.4	234,735	5.7
3,501-4,000	46	0.2	170,235	4.1
4,001-4,500	19	0.1	79,607	1.9
4,501-5,000	18	0.1	85,204	2.1
5,001-5,500	10	0.0	52,835	1.3
5,501-6,000	14	0.1	80,288	2.0
6,001-6,500	4	0.0	25,207	0.6
6,501-7,000	8	0.0	53,859	1.3
7,001-7,500	3	0.0	21,507	0.5
7,501-8,000	7	0.0	54,638	1.3
8,001-8,500	4	0.0	32,682	0.8
8,501-9,000	7	0.0	61,436	1.5
9,001-9,500	2	0.0	18,460	0.4
9,501-10,000	4	0.0	39,550	1.0
10,001+	26	0.1	413,614	10.1

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MISSISSIPPI, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 18,768
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$540,074
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$28

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,985	79.8	\$0	0.0
1-500	3,595	19.2	275,041	50.9
501-1,000	113	0.6	74,196	13.7
1,001-1,500	20	0.1	24,441	4.5
1,501-2,000	23	0.1	40,431	7.5
2,001-2,500	12	0.1	26,278	4.9
2,501-3,000	5	0.0	14,189	2.6
3,001-3,500	6	0.0	19,116	3.5
3,501-4,000	1	0.0	3,608	0.7
4,001-4,500	2	0.0	8,574	1.6
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,269	1.0
5,501-6,000	1	0.0	5,831	1.1
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,627	1.4
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,929	1.7
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	26,544	4.9

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MISSISSIPPI, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 14,427
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$264,300
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$18

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,421	79.2	\$0	0.0
1-500	2,928	20.3	188,251	71.2
501-1,000	61	0.4	40,120	15.2
1,001-1,500	9	0.1	11,054	4.2
1,501-2,000	4	0.0	6,474	2.4
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.0	3,520	1.3
4,001-4,500	0	0.0	0	0.0
4,501-5,000	2	0.0	9,320	3.5
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,561	2.1
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

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, 2006

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	91,067	43,599	46,659	795	6	8	1,003,480	471,361	524,902	7,085	56	76
Age												
5 and younger	12	0	11	0	1	0	140	0	128	0	12	0
6-14	12	0	12	0	0	0	134	0	134	0	0	0
15-20	203	0	196	4	3	0	2,324	0	2,252	48	24	0
21-44	15,741	1	15,142	596	2	0	175,204	11	169,616	5,557	20	0
45-64	21,553	0	21,360	189	0	4	240,278	0	238,798	1,432	0	48
65-74	20,351	13,527	6,814	6	0	4	227,381	149,157	78,148	48	0	28
75-84	18,768	16,272	2,496	0	0	0	207,055	178,235	28,820	0	0	0
85 and older	14,427	13,799	628	0	0	0	150,964	143,958	7,006	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	61,414	33,186	27,591	627	2	8	680,556	362,196	312,521	5,751	12	76
Male	29,653	10,413	19,068	168	4	0	322,924	109,165	212,381	1,334	44	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	36,375	19,224	16,838	307	2	4	392,872	202,292	187,890	2,638	14	38
African American	45,125	19,835	24,862	420	4	4	505,500	219,590	281,960	3,870	42	38
Other/unknown	9,567	4,540	4,959	68	0	0	105,108	49,479	55,052	577	0	0
Use of Nursing Facilities^c												
Entire year	12,504	11,294	1,210	0	0	0	130,048	116,800	13,248	0	0	0
Part year	6,931	5,503	1,426	2	0	0	72,228	56,265	15,941	22	0	0
None	71,632	26,802	44,023	793	6	8	801,204	298,296	495,713	7,063	56	76
Maintenance Assistance Status												
Cash	58,853	22,243	36,093	516	1	0	662,312	250,796	406,737	4,767	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	6,445	1,664	4,701	70	2	8	71,383	17,925	52,721	647	14	76
Other/unknown	25,769	19,692	5,865	209	3	0	269,785	202,640	65,444	1,671	30	0
Dual Status^d												
Full dual, all year	82,888	39,698	42,408	768	6	8	912,677	428,875	476,889	6,781	56	76
Full dual, part year	8,179	3,901	4,251	27	0	0	90,803	42,486	48,013	304	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	91,067	43,599	46,659	795	6	8	1,003,480	471,361	524,902	7,085	56	76
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	91,067	1,003,480	91,067	1,003,480	0	0
Fee-for-service (FFS) all year	91,067	1,003,480	91,067	1,003,480	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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

Dual Medicaid Beneficiaries