

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
MISSISSIPPI

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

APPENDIX TABLES

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

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

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

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

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2007

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	87,492	40,351	46,472	658	2	9	959,096	434,856	517,993	6,187	17	43	
Age													
5 and younger	13	0	12	0	1	0	139	0	128	0	11	0	
6-14	14	0	13	0	1	0	148	0	142	0	6	0	
15-20	202	0	198	4	0	0	2,298	0	2,259	39	0	0	
21-44	14,900	0	14,399	501	0	0	164,402	0	159,663	4,739	0	0	
45-64	21,128	25	20,946	151	0	6	232,726	300	231,005	1,392	0	29	
65-74	19,256	11,668	7,583	2	0	3	215,111	128,191	86,889	17	0	14	
75-84	17,973	15,321	2,652	0	0	0	197,649	167,137	30,512	0	0	0	
85 and older	14,006	13,337	669	0	0	0	146,623	139,228	7,395	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Gender													
Female	58,976	30,757	27,666	543	1	9	650,486	334,272	310,944	5,221	6	43	
Male	28,516	9,594	18,806	115	1	0	308,610	100,584	207,049	966	11	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Race													
White	34,794	18,070	16,465	253	1	5	373,021	188,664	182,071	2,253	11	22	
African American	43,556	18,213	24,979	359	1	4	486,129	201,703	280,900	3,499	6	21	
Other/unknown	9,142	4,068	5,028	46	0	0	99,946	44,489	55,022	435	0	0	
Use of Nursing Facilities^c													
Entire year	12,358	10,958	1,400	0	0	0	129,039	113,428	15,611	0	0	0	
Part year	6,874	5,360	1,512	2	0	0	70,412	53,743	16,654	15	0	0	
None	68,260	24,033	43,560	656	2	9	759,645	267,685	485,728	6,172	17	43	
Maintenance Assistance Status													
Cash	57,510	19,959	37,115	436	0	0	643,029	225,404	413,525	4,100	0	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	3,897	1,085	2,723	78	2	9	42,210	11,383	30,089	678	17	43	
Other/unknown	26,085	19,307	6,634	144	0	0	273,857	198,069	74,379	1,409	0	0	
Dual Medicare Status^d													
Full dual, all year	80,835	37,123	43,068	633	2	9	886,209	400,153	480,084	5,912	17	43	
Full dual, part year	6,657	3,228	3,404	25	0	0	72,887	34,703	37,909	275	0	0	
Managed Care (MC) Status													
Fee-for-service (FFS) all year	87,492	40,351	46,472	658	2	9	959,096	434,856	517,993	6,187	17	43	
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	29.7	3.4	\$185	\$55	\$12,561	1.5	87,492
Age							
5 and younger	46.2	18.0	1,511	84	6,336	23.9	13
6-14	64.3	14.1	2,980	212	10,086	29.5	14
15-20	74.8	13.9	1,692	122	10,039	16.9	202
21-44	38.0	4.7	394	83	8,008	4.9	14,900
45-64	35.6	4.7	251	54	10,195	2.5	21,128
65-74	30.1	4.1	198	48	10,017	2.0	19,256
75-84	21.0	1.4	27	20	14,614	0.2	17,973
85 and older	22.0	1.3	19	15	21,880	0.1	14,006
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	22.9	1.7	47	27	17,610	0.3	40,351
Disabled	35.1	4.6	292	64	8,291	3.5	46,472
Adults	67.6	15.2	1,015	67	4,638	21.9	658
Children	50.0	10.0	1,368	137	3,581	38.2	2
Unknown	66.7	12.3	803	65	5,340	15.0	9
Gender							
Female	30.4	3.4	163	48	12,511	1.3	58,976
Male	28.1	3.3	228	69	12,664	1.8	28,516
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	35.4	3.8	187	50	17,836	1.0	34,794
African American	25.9	3.1	190	61	10,193	1.9	43,556
Other/unknown	26.0	2.9	149	51	3,766	4.0	9,142
Use of Nursing Facilities^f							
Entire year	37.1	3.5	98	28	44,994	0.2	12,358
Part year	31.3	2.2	72	34	22,662	0.3	6,874
None	28.2	3.5	211	61	5,671	3.7	68,260
Maintenance Assistance Status							
Cash	27.0	3.3	197	60	4,042	4.9	57,510
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	50.3	7.1	503	71	4,633	10.9	3,897
Other/unknown	32.5	3.0	109	36	32,525	0.3	26,085

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, 2007

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
			None	More than 0, but 1 or Less									
All	0.3	\$17	1.5	70.3	23.3	3.1	3.2	0.1	0.0	\$1,146	87,492	959,096	
Age													
5 and younger	1.7	141	23.9	53.8	0.0	7.7	38.5	0.0	0.0	593	13	139	
6-14	1.3	282	29.5	35.7	21.4	21.4	21.4	0.0	0.0	954	14	148	
15-20	1.2	149	16.9	25.2	48.0	8.9	14.9	3.0	0.0	882	202	2,298	
21-44	0.4	36	4.9	62.0	28.0	5.1	4.8	0.0	0.0	726	14,900	164,402	
45-64	0.4	23	2.5	64.4	25.6	4.8	5.1	0.1	0.0	926	21,128	232,726	
65-74	0.4	18	2.0	69.9	21.9	3.4	4.4	0.3	0.0	897	19,256	215,111	
75-84	0.1	3	0.2	79.0	19.6	1.0	0.4	0.0	0.0	1,329	17,973	197,649	
85 and older	0.1	2	0.1	78.0	21.0	0.8	0.1	0.0	0.0	2,090	14,006	146,623	
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	4	0.3	77.1	20.7	1.4	0.8	0.1	0.0	1,634	40,351	434,856	
Disabled	0.4	26	3.5	64.9	25.5	4.5	4.9	0.1	0.0	744	46,472	517,993	
Adults	1.6	108	21.9	32.4	25.5	12.9	29.2	0.0	0.0	493	658	6,187	
Children	1.2	161	38.2	50.0	0.0	0.0	50.0	0.0	0.0	421	2	17	
Unknown	2.6	168	15.0	33.3	22.2	11.1	33.3	0.0	0.0	1,118	9	43	
Gender													
Female	0.3	15	1.3	69.6	24.1	3.0	3.2	0.1	0.0	1,134	58,976	650,486	
Male	0.3	21	1.8	71.9	21.5	3.3	3.1	0.1	0.0	1,170	28,516	308,610	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	0.4	17	1.0	64.6	28.8	3.5	3.0	0.1	0.0	1,664	34,794	373,021	
African American	0.3	17	1.9	74.1	19.6	2.9	3.2	0.1	0.0	913	43,556	486,129	
Other/unknown	0.3	14	4.0	74.0	20.0	2.6	3.4	0.0	0.0	345	9,142	99,946	
Use of Nursing Facilities^f													
Entire year	0.3	9	0.2	62.9	32.8	2.8	0.9	0.5	0.1	4,309	12,358	129,039	
Part year	0.2	7	0.3	68.7	28.8	1.4	0.9	0.2	0.0	2,212	6,874	70,412	
None	0.3	19	3.7	71.8	21.0	3.4	3.8	0.0	0.0	510	68,260	759,645	
Maintenance Assistance Status													
Cash	0.3	18	4.9	73.0	20.4	3.0	3.5	0.1	0.0	362	57,510	643,029	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.7	46	10.9	49.7	33.3	9.9	7.2	0.0	0.0	428	3,897	42,210	
Other/unknown	0.3	10	0.3	67.5	28.2	2.4	1.8	0.1	0.0	3,098	26,085	273,857	

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, 2007

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	\$17	\$55	0.1	\$11	\$201	0.0	\$1	\$78	0.2	\$6	\$22
Age												
5 and younger	1.7	141	84	0.7	112	171	0.2	7	38	0.8	22	26
6-14	1.3	282	212	0.6	255	430	0.1	4	65	0.7	23	34
15-20	1.2	149	122	0.3	118	339	0.0	6	119	0.8	25	30
21-44	0.4	36	83	0.1	26	296	0.0	1	84	0.3	8	25
45-64	0.4	23	54	0.1	14	181	0.0	1	80	0.3	8	23
65-74	0.4	18	48	0.1	10	137	0.0	1	72	0.3	7	23
75-84	0.1	3	20	0.0	1	113	0.0	0	66	0.1	2	15
85 and older	0.1	2	15	0.0	0	97	0.0	0	70	0.1	2	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	4	27	0.0	2	129	0.0	0	69	0.1	2	17
Disabled	0.4	26	64	0.1	18	212	0.0	1	81	0.3	8	24
Adults	1.6	108	67	0.4	69	185	0.0	3	63	1.2	36	30
Children	1.2	161	137	0.6	137	233	0.0	0	0	0.6	24	40
Unknown	2.6	168	65	0.5	110	226	0.3	20	77	1.8	38	21
Gender												
Female	0.3	15	48	0.1	9	177	0.0	1	75	0.2	5	21
Male	0.3	21	69	0.1	15	245	0.0	1	85	0.2	6	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	17	50	0.1	11	212	0.0	0	77	0.3	6	21
African American	0.3	17	61	0.1	11	200	0.0	1	80	0.2	5	24
Other/unknown	0.3	14	51	0.1	9	168	0.0	1	75	0.2	5	22
Use of Nursing Facilities^e												
Entire year	0.3	9	28	0.0	4	158	0.0	0	74	0.3	5	17
Part year	0.2	7	34	0.0	4	188	0.0	0	68	0.2	3	18
None	0.3	19	61	0.1	13	204	0.0	1	79	0.2	6	24
Maintenance Assistance Status												
Cash	0.3	18	60	0.1	12	208	0.0	1	76	0.2	5	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.7	46	71	0.2	30	187	0.0	3	93	0.5	13	28
Other/unknown	0.3	10	36	0.0	5	182	0.0	0	74	0.3	5	18

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 2007

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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
		Generic	Generic		Generic	Generic											
Anti-infective Agents	0.2	0.0	0.0	0.2	\$22	\$16	\$1	\$6	\$99	\$483	\$159	\$30	12,407	\$1,227,667	4,863	5.6	54,766
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	46	46	0	0	2	92	2	0.0	24
Antineoplastic Agents	0.3	0.1	0.0	0.2	167	142	6	18	507	978	4,261	101	909	461,109	246	0.3	2,762
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	28	22	0	6	65	141	21	23	17,626	1,148,940	3,596	4.1	40,479
Cardiovascular Agents	0.8	0.2	0.1	0.6	36	16	5	15	45	89	74	27	53,399	2,401,343	5,941	6.8	66,257
Respiratory Agents	0.3	0.1	0.0	0.2	14	9	1	4	50	118	56	21	15,296	763,096	4,885	5.6	55,770
Gastrointestinal Agents	0.3	0.2	0.0	0.2	32	28	0	3	95	165	269	21	10,053	958,314	2,670	3.1	30,060
Genitourinary Agents	0.2	0.1	0.0	0.1	14	10	0	4	62	90	33	36	1,998	122,894	773	0.9	8,700
CNS Drugs	0.6	0.1	0.0	0.5	23	14	0	9	42	264	125	19	93,411	3,921,350	14,933	17.1	168,409
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	50	42	0	9	128	179	0	54	472	60,330	109	0.1	1,199
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.1	121	117	0	3	296	329	0	67	1,453	430,010	313	0.4	3,560
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	12	3	0	8	33	349	30	24	26,145	849,801	6,604	7.5	73,832
Neuromuscular Agents	0.5	0.1	0.0	0.4	27	14	1	12	53	198	164	28	32,188	1,721,745	5,703	6.5	64,267
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	16	25	32	16	5,314	87,481	1,637	1.9	18,660
Hematological Agents	0.5	0.1	0.0	0.4	34	30	0	4	75	472	36	10	17,342	1,299,552	3,427	3.9	38,419
Topical Products	0.2	0.1	0.0	0.1	10	7	0	3	53	100	85	25	5,043	267,801	2,352	2.7	26,731
Miscellaneous Products	0.5	0.3	0.0	0.2	262	235	3	24	485	774	160	110	813	394,488	132	0.2	1,503
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	16	0	0	0	107	0	0	0	219	23,403	134	0.2	1,498
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.	294,090	16,139,416	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

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, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,120,669	1,499	1.7	17,214	0.4	\$288	\$123
ANTICONVULSANT	1,573,762	4,861	5.6	54,980	0.5	59	29
ANTIANSIETY AGENTS	1,017,704	11,016	12.6	124,191	0.5	17	8
ANTIDIABETIC	1,007,152	2,939	3.4	33,450	0.4	81	30
MISC. HEMATOLOGICAL	874,582	621	0.7	7,102	0.4	311	123
ANTIHYPERTENSIVE	860,841	4,613	5.3	51,799	0.4	45	17
ANTIVIRAL	852,117	395	0.5	4,421	0.4	539	193
ANTHYPERLIPIDEMIC	724,319	2,115	2.4	24,115	0.4	85	30
ULCER DRUGS	706,470	2,186	2.5	24,943	0.3	97	28
ANTIDEPRESSANTS	536,691	3,036	3.5	34,064	0.3	51	16
Total	10,274,307	33,281	n.a.	376,279	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

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, 2007

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
All	155,899	\$10,274,307	1,499	1.7	17,214	0.4	\$123	4,861	5.6	54,980	0.5	\$29
Female												
All Females	106,513	5,776,525	805	1.4	9,207	0.4	110	3,296	5.6	37,307	0.5	25
Female, Disabled												
All Ages	70,414	4,505,381	689	2.5	7,942	0.4	107	2,337	8.4	26,721	0.5	28
5 and younger	30	4,404	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	77	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	463	73,384	14	17.5	161	0.5	111	27	33.7	316	0.5	122
21-44	17,459	1,462,632	375	5.3	4,331	0.3	105	831	11.8	9,485	0.4	39
45-64	33,333	1,802,851	203	1.6	2,309	0.3	91	1,115	8.9	12,670	0.5	21
65-74	17,192	1,112,470	90	1.7	1,065	0.5	153	310	5.9	3,608	0.5	24
75-84	1,674	43,848	7	0.3	76	0.4	34	45	2.1	538	0.4	8
85 and older	262	5,715	0	0.0	0	0.0	0	9	1.5	104	0.2	3
Female, Other Eligibles												
All Ages	36,099	1,271,144	116	0.4	1,265	0.5	129	959	3.1	10,586	0.5	15
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	1,501	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,905	220,943	51	11.8	579	0.3	116	75	17.3	831	0.3	42
45-64	1,222	101,142	6	4.7	54	0.3	41	40	31.3	405	0.4	54
65-74	12,296	540,732	43	0.6	474	0.6	153	313	4.0	3,542	0.5	15
75-84	11,042	241,267	13	0.1	147	0.7	146	286	2.5	3,182	0.5	9
85 and older	9,627	165,559	3	0.0	11	0.6	29	245	2.2	2,626	0.6	7
Male												
All Males	49,386	4,497,782	694	2.4	8,007	0.5	139	1,565	5.5	17,673	0.5	37
Male, Disabled												
All Ages	39,614	4,069,164	636	3.4	7,422	0.5	141	1,288	6.8	14,707	0.5	40
5 and younger	47	4,336	0	0.0	0	0.0	0	2	25.0	24	0.7	54
6-14	16	6,526	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	735	96,170	39	33.1	462	0.5	118	35	29.7	414	0.5	62
21-44	14,611	2,263,071	427	5.8	4,990	0.5	141	615	8.4	7,092	0.5	50
45-64	17,235	1,225,392	117	1.4	1,338	0.5	145	522	6.2	5,821	0.5	30
65-74	6,630	466,073	53	2.3	632	0.6	147	106	4.6	1,260	0.5	30
75-84	296	6,862	0	0.0	0	0.0	0	7	1.3	84	0.5	10
85 and older	44	734	0	0.0	0	0.0	0	1	1.2	12	0.3	3
Male, Other Eligibles												
All Ages	9,772	428,618	58	0.6	585	0.5	110	277	2.9	2,966	0.6	22
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	479	42,201	10	14.7	83	0.3	79	20	29.4	204	0.3	31
45-64	442	38,954	7	13.0	62	0.5	68	18	33.3	164	0.5	63
65-74	5,189	266,088	32	0.8	348	0.6	130	131	3.3	1,463	0.6	26
75-84	2,475	59,895	9	0.2	92	0.4	88	75	2.1	796	0.6	9
85 and older	1,187	21,480	0	0.0	0	0.0	0	33	1.7	339	0.5	7
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	ANTIANGIETY AGENTS					ANTIDIABETIC					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	11,016	12.6	124,191	0.5	\$8	2,939	3.4	33,450	0.4	\$30	621	0.7	7,102	0.4	\$123
Female															
All Females	8,183	13.9	92,618	0.5	8	2,034	3.4	23,254	0.4	31	365	0.6	4,220	0.4	42
Female, Disabled															
All Ages	4,085	14.8	47,124	0.5	8	1,660	6.0	18,952	0.4	31	300	1.1	3,481	0.4	43
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	14	17.5	161	0.2	3	2	2.5	24	0.6	117	0	0.0	0	0.0	0
21-44	1,039	14.7	11,913	0.5	7	259	3.7	2,992	0.3	30	21	0.3	248	0.3	37
45-64	2,105	16.8	24,301	0.5	8	826	6.6	9,273	0.3	28	161	1.3	1,827	0.3	40
65-74	678	12.8	7,868	0.5	8	558	10.5	6,483	0.4	36	111	2.1	1,322	0.4	48
75-84	205	9.8	2,388	0.5	8	13	0.6	156	0.4	15	5	0.2	60	0.3	14
85 and older	44	7.5	493	0.4	7	2	0.3	24	0.4	6	2	0.3	24	0.4	43
Female, Other Eligibles															
All Ages	4,098	13.1	45,494	0.5	9	374	1.2	4,302	0.4	29	65	0.2	739	0.4	38
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	66	15.2	691	0.3	6	50	11.5	555	0.3	35	3	0.7	28	0.5	68
45-64	20	15.6	219	0.3	5	37	28.9	419	0.5	44	3	2.3	36	0.5	56
65-74	948	12.3	10,741	0.5	9	253	3.3	2,957	0.4	26	48	0.6	554	0.4	36
75-84	1,550	13.3	17,311	0.5	9	26	0.2	282	0.5	35	7	0.1	76	0.4	33
85 and older	1,514	13.4	16,532	0.5	8	8	0.1	89	0.5	8	4	0.0	45	0.3	36
Male															
All Males	2,833	9.9	31,573	0.5	9	905	3.2	10,196	0.4	29	256	0.9	2,882	0.4	242
Male, Disabled															
All Ages	1,805	9.6	20,550	0.5	9	778	4.1	8,857	0.4	28	212	1.1	2,422	0.4	278
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	12	10.2	143	0.5	16	7	5.9	77	0.2	12	0	0.0	0	0.0	0
21-44	641	8.7	7,407	0.5	8	190	2.6	2,174	0.4	30	22	0.3	240	0.2	2,348
45-64	913	10.9	10,270	0.5	9	388	4.6	4,340	0.4	27	117	1.4	1,315	0.4	45
65-74	195	8.5	2,223	0.5	11	193	8.4	2,266	0.4	29	71	3.1	847	0.5	57
75-84	38	6.9	441	0.4	6	0	0.0	0	0.0	0	2	0.4	20	0.7	85
85 and older	6	7.2	66	0.6	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,028	10.6	11,023	0.4	8	127	1.3	1,339	0.4	36	44	0.5	460	0.5	56
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	25	36.8	237	0.3	4	11	16.2	120	0.4	49	3	4.4	36	0.7	86
45-64	10	18.5	82	0.7	14	9	16.7	83	0.7	93	2	3.7	17	0.8	105
65-74	392	9.9	4,305	0.5	9	99	2.5	1,066	0.5	31	33	0.8	342	0.4	52
75-84	363	9.9	3,865	0.5	9	6	0.2	53	0.3	9	5	0.1	60	0.3	44
85 and older	238	11.9	2,534	0.4	7	2	0.1	17	0.2	11	1	0.1	5	0.4	40
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIVIRAL					ANTIHYPERLIPIDEMIC				
	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	4,613	5.3	51,799	0.4	\$17	395	0.5	4,421	0.4	\$193	2,115	2.4	24,115	0.4	\$30
Female															
All Females	2,997	5.1	34,061	0.4	17	220	0.4	2,497	0.3	125	1,393	2.4	15,949	0.3	30
Female, Disabled															
All Ages	2,456	8.9	28,057	0.4	16	194	0.7	2,206	0.3	126	1,128	4.1	12,986	0.3	29
5 and younger	0	0.0	0	0.0	0	2	50.0	24	0.8	168	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	6	0	0.0	0	0.0	0
15-20	8	10.0	96	0.4	8	4	5.0	48	0.1	126	1	1.3	12	0.2	19
21-44	429	6.1	4,917	0.3	13	105	1.5	1,170	0.3	134	128	1.8	1,486	0.3	25
45-64	1,212	9.7	13,644	0.3	16	69	0.6	796	0.3	120	569	4.5	6,446	0.3	27
65-74	783	14.8	9,112	0.4	20	13	0.2	156	0.3	96	416	7.9	4,874	0.4	33
75-84	23	1.1	276	0.4	21	0	0.0	0	0.0	0	14	0.7	168	0.4	33
85 and older	1	0.2	12	0.7	62	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	541	1.7	6,004	0.4	19	26	0.1	291	0.4	117	265	0.8	2,963	0.4	32
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	1	100.0	6	0.2	175	1	100.0	6	0.7	38
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	63	14.5	683	0.4	20	15	3.5	169	0.4	166	15	3.5	168	0.3	31
45-64	54	42.2	605	0.4	16	3	2.3	32	1.1	116	29	22.7	304	0.3	25
65-74	364	4.7	4,098	0.4	19	7	0.1	84	0.1	14	188	2.4	2,141	0.4	34
75-84	35	0.3	376	0.5	26	0	0.0	0	0.0	0	26	0.2	289	0.4	28
85 and older	25	0.2	242	0.3	12	0	0.0	0	0.0	0	6	0.1	55	0.4	41
Male															
All Males	1,616	5.7	17,738	0.4	16	175	0.6	1,924	0.4	281	722	2.5	8,166	0.4	30
Male, Disabled															
All Ages	1,414	7.5	15,639	0.4	16	168	0.9	1,883	0.4	287	618	3.3	7,076	0.4	29
5 and younger	0	0.0	0	0.0	0	2	25.0	24	0.3	87	0	0.0	0	0.0	0
6-14	1	11.1	7	0.1	9	2	22.2	20	0.2	317	0	0.0	0	0.0	0
15-20	13	11.0	148	0.4	8	2	1.7	24	0.1	3	0	0.0	0	0.0	0
21-44	371	5.1	4,007	0.4	14	88	1.2	998	0.4	278	131	1.8	1,508	0.3	26
45-64	710	8.4	7,778	0.3	15	70	0.8	769	0.5	327	321	3.8	3,631	0.3	27
65-74	312	13.6	3,651	0.4	19	4	0.2	48	0.3	49	163	7.1	1,909	0.4	37
75-84	7	1.3	48	0.3	13	0	0.0	0	0.0	0	3	0.5	28	0.5	21
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	202	2.1	2,099	0.4	20	7	0.1	41	0.3	35	104	1.1	1,090	0.4	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	25	36.8	248	0.4	25	3	4.4	11	0.3	20	9	13.2	94	0.3	31
45-64	17	31.5	142	0.4	17	0	0.0	0	0.0	0	16	29.6	139	0.3	33
65-74	142	3.6	1,515	0.5	20	4	0.1	30	0.3	40	73	1.9	797	0.4	37
75-84	15	0.4	169	0.5	18	0	0.0	0	0.0	0	5	0.1	48	0.4	35
85 and older	3	0.2	25	0.5	15	0	0.0	0	0.0	0	1	0.1	12	0.9	66
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS						
	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 Beneficiaries	Number of Benefit Months
All	2,186	2.5	24,943	0.3	\$28	3,036	3.5	34,064	0.3	\$16	87,492	959,096
Female												
All Females	1,491	2.5	17,046	0.3	28	2,242	3.8	25,180	0.3	15	58,976	650,486
Female, Disabled												
All Ages	1,235	4.5	14,214	0.3	28	1,862	6.7	21,004	0.3	14	27,666	310,944
5 and younger	3	75.0	36	0.3	11	0	0.0	0	0.0	0	4	41
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
15-20	18	22.5	216	0.2	18	22	27.5	256	0.3	11	80	915
21-44	323	4.6	3,747	0.2	24	678	9.6	7,714	0.3	14	7,058	78,772
45-64	567	4.5	6,408	0.3	32	859	6.9	9,479	0.3	13	12,538	139,454
65-74	312	5.9	3,663	0.3	27	296	5.6	3,481	0.3	16	5,294	60,955
75-84	11	0.5	132	0.3	25	7	0.3	74	0.3	3	2,102	24,260
85 and older	1	0.2	12	0.1	12	0	0.0	0	0.0	0	586	6,499
Female, Other Eligibles												
All Ages	256	0.8	2,832	0.3	27	380	1.2	4,176	0.3	20	31,310	339,542
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	2	200.0	12	0.2	19	0	0.0	0	0.0	0	1	6
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
21-44	41	9.5	429	0.2	21	143	33.0	1,613	0.3	23	433	4,141
45-64	45	35.2	506	0.3	33	72	56.3	738	0.3	24	128	1,269
65-74	136	1.8	1,549	0.3	27	139	1.8	1,548	0.4	16	7,733	85,978
75-84	19	0.2	218	0.4	21	13	0.1	145	0.4	11	11,671	128,587
85 and older	13	0.1	118	0.3	33	13	0.1	132	0.4	12	11,340	119,522
Male												
All Males	695	2.4	7,897	0.3	30	794	2.8	8,884	0.3	18	28,516	308,610
Male, Disabled												
All Ages	602	3.2	6,927	0.3	29	700	3.7	7,891	0.3	18	18,806	207,049
5 and younger	3	37.5	36	0.6	27	0	0.0	0	0.0	0	8	87
6-14	3	33.3	32	0.4	4	0	0.0	0	0.0	0	9	94
15-20	13	11.0	155	0.3	38	27	22.9	312	0.3	18	118	1,344
21-44	206	2.8	2,374	0.3	29	370	5.0	4,250	0.3	19	7,341	80,891
45-64	219	2.6	2,486	0.3	31	239	2.8	2,566	0.3	17	8,408	91,551
65-74	155	6.8	1,816	0.3	24	62	2.7	739	0.4	19	2,289	25,934
75-84	3	0.5	28	0.1	11	2	0.4	24	0.6	7	550	6,252
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	83	896
Male, Other Eligibles												
All Ages	93	1.0	970	0.4	37	94	1.0	993	0.4	17	9,710	101,561
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	14	20.6	137	0.3	33	35	51.5	356	0.3	17	68	598
45-64	8	14.8	79	0.5	46	16	29.6	152	0.4	22	54	452
65-74	67	1.7	713	0.4	38	35	0.9	405	0.4	16	3,940	42,244
75-84	3	0.1	29	0.4	16	6	0.2	72	0.6	18	3,650	38,550
85 and older	1	0.1	12	0.2	24	2	0.1	8	0.3	24	1,997	19,706
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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 &

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSISSIPPI, 2007

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	12,358	129,039
Age				
0-64	26	0.7	1,216	13,514
65-74	23	0.6	2,069	22,325
75-84	5	0.3	3,861	40,326
85 and older	3	0.2	5,212	52,874
Unknown	0	0.0	0	0
Gender				
Female	8	0.3	9,015	94,407
Male	14	0.4	3,343	34,632
Unknown	0	0.0	0	0
Race				
White	9	0.4	7,960	82,261
African American	11	0.3	4,219	44,968
Other/unknown	13	0.4	179	1,810
Basis of Eligibility^c				
Aged	6	0.3	10,958	113,428
Disabled	36	0.8	1,400	15,611
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	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	\$25	\$0	\$7	\$101	\$518	\$88	\$27	364	\$36,686	99	0.8	1,123
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	0.3	0.0	0.0	0.3	42	0	0	42	127	0	0	127	71	8,997	18	0.1	215
Endocrine/Metabolic Drugs	0.8	0.4	0.0	0.4	48	40	0	8	59	111	50	17	832	49,267	90	0.7	1,020
Cardiovascular Agents	1.4	0.3	0.1	1.0	58	23	8	27	42	88	78	27	2,379	100,585	153	1.2	1,724
Respiratory Agents	0.3	0.0	0.0	0.2	9	5	0	4	37	125	46	21	601	22,347	208	1.7	2,378
Gastrointestinal Agents	0.8	0.3	0.0	0.5	60	48	1	10	72	147	332	21	853	61,250	90	0.7	1,024
Genitourinary Agents	0.4	0.2	0.0	0.2	32	15	0	17	78	79	0	77	207	16,152	43	0.3	505
CNS Drugs	0.6	0.0	0.0	0.6	16	6	0	11	26	213	20	17	21,960	568,257	3,143	25.4	34,573
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.0	0.8	12	0	0	12	14	0	0	14	20	283	2	0.0	24
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	100	99	0	1	146	146	0	89	313	45,610	39	0.3	456
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	10	0	0	10	25	53	0	24	714	17,702	147	1.2	1,699
Neuromuscular Agents	0.8	0.0	0.0	0.7	21	7	0	14	28	171	51	20	5,908	166,436	701	5.7	7,784
Nutritional Products	0.4	0.0	0.0	0.4	6	1	0	5	15	23	29	14	1,000	14,952	236	1.9	2,649
Hematological Agents	0.6	0.0	0.0	0.6	6	2	0	4	11	176	30	7	7,863	85,175	1,245	10.1	13,731
Topical Products	0.2	0.0	0.0	0.2	8	4	0	4	34	94	64	20	425	14,460	163	1.3	1,868
Miscellaneous Products	0.1	0.1	0.0	0.1	26	25	0	1	171	321	0	8	23	3,934	13	0.1	154
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	20	0	0	0	109	0	0	0	14	1,519	7	0.1	75
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.	43,547	1,213,612	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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 2007. 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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = 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, 2007

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	\$305,813	2,716	22.0	29,813	0.6	\$19	\$10	
ANTI-PSYCHOTICS	194,027	102	0.8	1,172	0.7	235	166	
ANTI-CONVULSANTS	152,600	710	5.7	7,889	0.7	27	19	
HEMATOPOIETIC AGENTS	68,551	1,980	16.0	21,680	0.5	6	3	
ANTI-DIABETIC	54,661	111	0.9	1,292	0.7	61	42	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	47,475	70	0.6	825	0.4	128	58	
ANALGESICS - NonNarcotic	43,926	1,332	10.8	14,721	0.7	5	3	
ULCER DRUGS	42,092	82	0.7	933	0.5	82	45	
ANTI-DEPRESSANTS	36,360	114	0.9	1,313	0.6	48	28	
ANTI-HYPERLIPIDEMIC	35,670	63	0.5	723	0.6	88	49	
Total	981,175	7,280	n.a.	80,361	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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 2007. 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 2007 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTI-PSYCHOTICS				
	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	47,432	\$981,175	2,716	22.0	29,813	0.6	\$10	102	0.8	1,172	0.7	\$166
Female												
All Females	34,085	615,241	2,023	22.4	22,264	0.6	10	48	0.5	551	0.7	198
Female, Disabled												
All Ages	4,790	173,441	201	31.2	2,305	0.7	14	20	3.1	239	0.6	152
64 or younger	3,498	92,640	169	30.5	1,933	0.7	14	6	1.1	72	0.3	85
65-74	1,284	80,507	30	35.7	348	0.7	16	14	16.7	167	0.7	180
75-84	4	278	2	66.7	24	0.1	5	0	0.0	0	0.0	0
85 and older	4	16	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	29,295	441,800	1,822	21.8	19,959	0.5	10	28	0.3	312	0.8	233
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,319	149,103	280	26.2	3,128	0.6	11	17	1.6	195	0.8	286
75-84	10,566	147,880	652	22.9	7,162	0.6	10	9	0.3	108	0.8	155
85 and older	13,410	144,817	890	20.0	9,669	0.5	9	2	0.0	9	0.7	22
Male												
All Males	13,347	365,934	693	20.7	7,549	0.5	11	54	1.6	621	0.7	137
Male, Disabled												
All Ages	4,919	215,570	200	26.5	2,244	0.6	14	37	4.9	444	0.6	133
64 or younger	3,906	140,198	174	26.3	1,968	0.7	14	16	2.4	192	0.6	113
65-74	1,013	75,372	26	28.0	276	0.4	12	21	22.6	252	0.6	149
75-84	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
Male, Other Eligibles												
All Ages	8,428	150,364	493	19.0	5,305	0.5	10	17	0.7	177	0.8	146
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,620	93,634	170	20.6	1,892	0.5	11	12	1.5	117	1.0	189
75-84	2,909	38,484	175	17.4	1,844	0.5	10	5	0.5	60	0.4	63
85 and older	1,899	18,246	148	19.5	1,569	0.4	7	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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					ANTIDIABETIC				
	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	710	5.7	7,889	0.7	\$19	1,980	16.0	21,680	0.5	\$3	111	0.9	1,292	0.7	\$42
Female															
All Females	494	5.5	5,432	0.7	15	1,455	16.1	15,910	0.5	3	64	0.7	747	0.7	45
Female, Disabled															
All Ages	105	16.3	1,211	0.8	29	108	16.7	1,266	0.6	6	26	4.0	306	0.8	58
64 or younger	80	14.4	915	0.8	27	95	17.1	1,114	0.6	6	12	2.2	139	0.6	49
65-74	25	29.8	296	0.8	37	13	15.5	152	0.7	4	13	15.5	155	1.0	69
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	14
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	389	4.6	4,221	0.7	12	1,347	16.1	14,644	0.5	3	38	0.5	441	0.6	36
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	96	9.0	1,048	0.7	17	180	16.9	2,005	0.6	3	29	2.7	339	0.6	32
75-84	143	5.0	1,573	0.7	11	474	16.6	5,274	0.5	3	5	0.2	60	0.8	82
85 and older	150	3.4	1,600	0.7	9	693	15.6	7,365	0.5	3	4	0.1	42	0.6	8
Male															
All Males	216	6.5	2,457	0.7	28	525	15.7	5,770	0.6	4	47	1.4	545	0.7	39
Male, Disabled															
All Ages	97	12.8	1,139	0.8	38	112	14.8	1,282	0.6	5	28	3.7	327	0.8	47
64 or younger	79	12.0	923	0.8	41	102	15.4	1,162	0.6	5	13	2.0	147	1.1	72
65-74	18	19.4	216	0.6	26	10	10.8	120	0.8	4	15	16.1	180	0.5	26
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	119	4.6	1,318	0.7	19	413	16.0	4,488	0.6	3	19	0.7	218	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	60	7.3	690	0.7	28	148	18.0	1,689	0.6	3	17	2.1	198	0.6	28
75-84	43	4.3	463	0.7	11	145	14.4	1,533	0.5	3	2	0.2	20	0.7	10
85 and older	16	2.1	165	0.6	8	120	15.8	1,266	0.5	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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - NonNarcotic					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	70	0.6	825	0.4	\$58	1,332	10.8	14,721	0.7	\$3	82	0.7	933	0.5	\$45
Female															
All Females	40	0.4	466	0.4	55	999	11.1	11,088	0.6	3	42	0.5	472	0.5	33
Female, Disabled															
All Ages	15	2.3	179	0.3	44	64	9.9	707	0.8	4	20	3.1	221	0.4	29
64 or younger	9	1.6	108	0.3	48	51	9.2	552	0.7	4	13	2.3	140	0.4	27
65-74	6	7.1	71	0.4	38	12	14.3	143	0.9	4	7	8.3	81	0.5	33
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	0.3	1	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	25	0.3	287	0.5	62	935	11.2	10,381	0.6	3	22	0.3	251	0.5	35
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	7	0.7	84	0.4	43	121	11.3	1,307	0.7	3	12	1.1	137	0.6	44
75-84	11	0.4	132	0.5	70	333	11.7	3,779	0.6	3	5	0.2	60	0.4	6
85 and older	7	0.2	71	0.5	71	481	10.8	5,295	0.6	3	5	0.1	54	0.4	46
Male															
All Males	30	0.9	359	0.5	61	333	10.0	3,633	0.7	3	40	1.2	461	0.6	58
Male, Disabled															
All Ages	16	2.1	192	0.5	68	66	8.7	747	0.7	4	32	4.2	383	0.6	54
64 or younger	8	1.2	96	0.4	54	53	8.0	593	0.7	4	22	3.3	263	0.6	64
65-74	8	8.6	96	0.6	83	13	14.0	154	0.8	4	10	10.8	120	0.6	34
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	14	0.5	167	0.4	52	267	10.3	2,886	0.7	3	8	0.3	78	0.7	76
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	9	1.1	108	0.5	62	93	11.3	1,092	0.7	3	8	1.0	78	0.7	76
75-84	4	0.4	47	0.3	41	100	9.9	1,070	0.7	3	0	0.0	0	0.0	0
85 and older	1	0.1	12	0.1	3	74	9.8	724	0.7	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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC					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	114	0.9	1,313	0.6	\$28	63	0.5	723	0.6	\$49	12,358	129,039
Female												
All Females	67	0.7	758	0.6	27	40	0.4	452	0.6	48	9,015	94,407
Female, Disabled												
All Ages	34	5.3	402	0.7	33	20	3.1	229	0.6	59	645	7,172
64 or younger	18	3.2	211	0.6	29	7	1.3	73	0.6	55	555	6,140
65-74	16	19.0	191	0.8	37	13	15.5	156	0.6	61	84	962
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	34
Female, Other Eligibles												
All Ages	33	0.4	356	0.5	21	20	0.2	223	0.5	37	8,370	87,235
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	20	1.9	220	0.5	26	11	1.0	125	0.6	42	1,068	11,440
75-84	7	0.2	80	0.5	16	6	0.2	72	0.3	23	2,851	30,169
85 and older	6	0.1	56	0.6	9	3	0.1	26	0.5	49	4,451	45,626
Male												
All Males	47	1.4	555	0.5	28	23	0.7	271	0.6	51	3,343	34,632
Male, Disabled												
All Ages	36	4.8	428	0.5	29	17	2.3	199	0.7	58	755	8,439
64 or younger	21	3.2	248	0.5	25	10	1.5	115	0.6	58	661	7,374
65-74	15	16.1	180	0.5	35	7	7.5	84	0.7	57	93	1,053
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	0	0
Male, Other Eligibles												
All Ages	11	0.4	127	0.6	25	6	0.2	72	0.4	34	2,588	26,193
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	0.8	79	0.6	28	6	0.7	72	0.4	34	824	8,870
75-84	4	0.4	48	0.6	22	0	0.0	0	0.0	0	1,006	10,109
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	758	7,214
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,874 beneficiaries who were in nursing facilities for part of their enrollment and their 70,412 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 2007. 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 2007 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, 2007

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	22,309	25.5	1.6	137,577	\$19	\$1,705,828	\$12	10.6	87,492	
Age										
5 and younger	5	38.5	2.2	29	50	646	22	3.3	13	
6-14	9	64.3	5.0	70	87	1,221	17	2.9	14	
15-20	58	28.7	1.7	336	50	10,050	30	2.9	202	
21-44	3,509	23.6	1.3	19,263	18	262,349	14	4.5	14,900	
45-64	5,835	27.6	1.8	37,232	23	487,368	13	9.2	21,128	
65-74	4,636	24.1	1.5	28,737	19	373,523	13	9.8	19,256	
75-84	4,443	24.7	1.6	28,090	18	322,448	11	66.2	17,973	
85 and older	3,814	27.2	1.7	23,820	18	248,223	10	94.5	14,006	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	10,378	25.7	1.7	66,951	19	753,435	11	40.1	40,351	
Disabled	11,718	25.2	1.5	69,900	20	942,066	13	6.9	46,472	
Adults	211	32.1	1.1	723	16	10,307	14	1.5	658	
Children	0	0.0	0.0	0	0	0	0	0.0	2	
Unknown	2	22.2	0.3	3	2	20	7	0.3	9	
Gender										
Female	16,088	27.3	1.7	98,968	21	1,226,505	12	12.7	58,976	
Male	6,221	21.8	1.4	38,609	17	479,323	12	7.4	28,516	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	11,305	32.5	2.3	80,804	30	1,045,870	13	16.1	34,794	
African American	9,186	21.1	1.1	46,582	12	527,791	11	6.4	43,556	
Other/unknown	1,818	19.9	1.1	10,191	14	132,167	13	9.7	9,142	
Use of Nursing Facilities^d										
Entire year	5,721	46.3	3.8	47,436	44	538,744	11	44.4	12,358	
Part year	2,224	32.4	1.7	11,592	21	142,030	12	28.6	6,874	
None	14,364	21.0	1.2	78,549	15	1,025,054	13	7.1	68,260	
Maintenance Assistance Status										
Cash	12,031	20.9	1.2	66,296	15	868,753	13	7.7	57,510	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	866	22.2	0.8	2,936	11	41,635	14	2.1	3,897	
Other/unknown	9,412	36.1	2.6	68,345	30	795,440	12	28.1	26,085	

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	\$12	\$0	\$1	959,096
Age						
5 and younger	0.2	5	22	0	3	139
6-14	0.5	8	17	0	0	148
15-20	0.1	4	30	0	1	2,298
21-44	0.1	2	14	0	1	164,402
45-64	0.2	2	13	0	2	232,726
65-74	0.1	2	13	0	1	215,111
75-84	0.1	2	11	0	1	197,649
85 and older	0.2	2	10	0	1	146,623
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	11	0	1	434,856
Disabled	0.1	2	13	0	1	517,993
Adults	0.1	2	14	0	1	6,187
Children	0.0	0	0	0	0	17
Unknown	0.1	0	7	0	0	43
Gender						
Female	0.2	2	12	0	1	650,486
Male	0.1	2	12	0	1	308,610
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	13	0	2	373,021
African American	0.1	1	11	0	1	486,129
Other/unknown	0.1	1	13	0	1	99,946
Use of Nursing Facilities^d						
Entire year	0.4	4	11	0	3	129,039
Part year	0.2	2	12	0	2	70,412
None	0.1	1	13	0	1	759,645
Maintenance Assistance Status						
Cash	0.1	1	13	0	1	643,029
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	14	0	1	42,210
Other/unknown	0.2	3	12	0	2	273,857

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MISSISSIPPI, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	26,560	\$64	\$1,705,828	100.0	137,577	\$12	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	1,975	35	69,749	4.1	4,312	16	3.1
Vitamins and minerals	1,384	52	72,236	4.2	4,642	16	3.4
Non-prescription drugs	8,328	27	226,021	13.2	38,993	6	28.3
Barbiturates	796	43	34,545	2.0	7,070	5	5.1
Benzodiazepines	13,039	95	1,234,704	72.4	79,751	15	58.0
Other Part D Excl Rx Drugs	1,038	66	68,573	4.0	2,809	24	2.0

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MISSISSIPPI, 2007

Total Number of Dual Eligible Beneficiaries: 87,492
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$16,139,416
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$184

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	61,520	70.3	\$0	0.0
1-500	20,060	22.9	2,048,261	12.7
501-1,000	2,057	2.4	1,466,545	9.1
1,001-1,500	1,086	1.2	1,341,109	8.3
1,501-2,000	737	0.8	1,280,060	7.9
2,001-2,500	534	0.6	1,194,895	7.4
2,501-3,000	374	0.4	1,024,563	6.3
3,001-3,500	274	0.3	884,267	5.5
3,501-4,000	148	0.2	555,019	3.4
4,001-4,500	109	0.1	460,973	2.9
4,501-5,000	83	0.1	393,644	2.4
5,001-5,500	56	0.1	293,670	1.8
5,501-6,000	53	0.1	303,786	1.9
6,001-6,500	44	0.1	274,438	1.7
6,501-7,000	40	0.0	269,670	1.7
7,001-7,500	38	0.0	274,966	1.7
7,501-8,000	30	0.0	233,465	1.4
8,001-8,500	35	0.0	288,335	1.8
8,501-9,000	23	0.0	201,297	1.2
9,001-9,500	22	0.0	203,979	1.3
9,501-10,000	16	0.0	155,964	1.0
10,001+	153	0.2	2,990,510	18.5

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MISSISSIPPI, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 35,568
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,895,499
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$306

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	22,685	63.8	\$0	0.0
1-500	9,110	25.6	1,076,381	9.9
501-1,000	1,312	3.7	936,265	8.6
1,001-1,500	699	2.0	864,759	7.9
1,501-2,000	453	1.3	790,023	7.3
2,001-2,500	309	0.9	691,481	6.3
2,501-3,000	210	0.6	574,507	5.3
3,001-3,500	177	0.5	573,691	5.3
3,501-4,000	98	0.3	367,532	3.4
4,001-4,500	74	0.2	312,993	2.9
4,501-5,000	54	0.2	256,932	2.4
5,001-5,500	39	0.1	204,924	1.9
5,501-6,000	41	0.1	235,470	2.2
6,001-6,500	32	0.1	199,702	1.8
6,501-7,000	31	0.1	209,204	1.9
7,001-7,500	25	0.1	181,432	1.7
7,501-8,000	21	0.1	163,316	1.5
8,001-8,500	26	0.1	214,424	2.0
8,501-9,000	17	0.0	149,181	1.4
9,001-9,500	19	0.1	176,531	1.6
9,501-10,000	13	0.0	126,851	1.2
10,001+	123	0.3	2,589,900	23.8

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MISSISSIPPI, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 51,235
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,569,082
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$89

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	38,600	75.3	\$0	0.0
1-500	10,766	21.0	940,382	20.6
501-1,000	678	1.3	482,826	10.6
1,001-1,500	340	0.7	418,077	9.2
1,501-2,000	249	0.5	428,581	9.4
2,001-2,500	197	0.4	441,045	9.7
2,501-3,000	127	0.2	347,046	7.6
3,001-3,500	84	0.2	269,444	5.9
3,501-4,000	42	0.1	157,647	3.5
4,001-4,500	30	0.1	127,194	2.8
4,501-5,000	20	0.0	94,186	2.1
5,001-5,500	16	0.0	83,511	1.8
5,501-6,000	7	0.0	39,396	0.9
6,001-6,500	11	0.0	68,546	1.5
6,501-7,000	9	0.0	60,466	1.3
7,001-7,500	10	0.0	72,185	1.6
7,501-8,000	6	0.0	46,721	1.0
8,001-8,500	7	0.0	57,355	1.3
8,501-9,000	5	0.0	43,376	0.9
9,001-9,500	2	0.0	18,222	0.4
9,501-10,000	3	0.0	29,113	0.6
10,001+	26	0.1	343,763	7.5

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MISSISSIPPI, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 19,256
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,819,433
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$198

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,467	69.9	\$0	0.0
1-500	4,135	21.5	454,518	11.9
501-1,000	524	2.7	383,944	10.1
1,001-1,500	318	1.7	390,667	10.2
1,501-2,000	237	1.2	408,085	10.7
2,001-2,500	190	1.0	425,818	11.1
2,501-3,000	126	0.7	344,479	9.0
3,001-3,500	79	0.4	253,209	6.6
3,501-4,000	42	0.2	157,647	4.1
4,001-4,500	25	0.1	105,745	2.8
4,501-5,000	18	0.1	84,761	2.2
5,001-5,500	14	0.1	73,220	1.9
5,501-6,000	6	0.0	33,862	0.9
6,001-6,500	11	0.1	68,546	1.8
6,501-7,000	9	0.0	60,466	1.6
7,001-7,500	8	0.0	58,006	1.5
7,501-8,000	6	0.0	46,721	1.2
8,001-8,500	7	0.0	57,355	1.5
8,501-9,000	5	0.0	43,376	1.1
9,001-9,500	2	0.0	18,222	0.5
9,501-10,000	3	0.0	29,113	0.8
10,001+	24	0.1	321,673	8.4

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 17,973
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$487,061
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$27

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,203	79.0	\$0	0.0
1-500	3,611	20.1	278,219	57.1
501-1,000	108	0.6	70,080	14.4
1,001-1,500	19	0.1	23,740	4.9
1,501-2,000	10	0.1	17,006	3.5
2,001-2,500	6	0.0	12,996	2.7
2,501-3,000	0	0.0	0	0.0
3,001-3,500	5	0.0	16,235	3.3
3,501-4,000	0	0.0	0	0.0
4,001-4,500	4	0.0	17,037	3.5
4,501-5,000	1	0.0	4,703	1.0
5,001-5,500	1	0.0	5,242	1.1
5,501-6,000	1	0.0	5,534	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	2	0.0	14,179	2.9
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+	2	0.0	22,090	4.5

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 14,006
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$262,588
 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	10,930	78.0	\$0	0.0
1-500	3,020	21.6	207,645	79.1
501-1,000	46	0.3	28,802	11.0
1,001-1,500	3	0.0	3,670	1.4
1,501-2,000	2	0.0	3,490	1.3
2,001-2,500	1	0.0	2,231	0.8
2,501-3,000	1	0.0	2,567	1.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,412	1.7
4,501-5,000	1	0.0	4,722	1.8
5,001-5,500	1	0.0	5,049	1.9
5,501-6,000	0	0.0	0	0.0
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

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	87,492	40,351	46,472	658	2	9	959,096	434,856	517,993	6,187	17	43
Age												
5 and younger	13	0	12	0	1	0	139	0	128	0	11	0
6-14	14	0	13	0	1	0	148	0	142	0	6	0
15-20	202	0	198	4	0	0	2,298	0	2,259	39	0	0
21-44	14,900	0	14,399	501	0	0	164,402	0	159,663	4,739	0	0
45-64	21,128	25	20,946	151	0	6	232,726	300	231,005	1,392	0	29
65-74	19,256	11,668	7,583	2	0	3	215,111	128,191	86,889	17	0	14
75-84	17,973	15,321	2,652	0	0	0	197,649	167,137	30,512	0	0	0
85 and older	14,006	13,337	669	0	0	0	146,623	139,228	7,395	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	58,976	30,757	27,666	543	1	9	650,486	334,272	310,944	5,221	6	43
Male	28,516	9,594	18,806	115	1	0	308,610	100,584	207,049	966	11	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	34,794	18,070	16,465	253	1	5	373,021	188,664	182,071	2,253	11	22
African American	43,556	18,213	24,979	359	1	4	486,129	201,703	280,900	3,499	6	21
Other/unknown	9,142	4,068	5,028	46	0	0	99,946	44,489	55,022	435	0	0
Use of Nursing Facilities^c												
Entire year	12,358	10,958	1,400	0	0	0	129,039	113,428	15,611	0	0	0
Part year	6,874	5,360	1,512	2	0	0	70,412	53,743	16,654	15	0	0
None	68,260	24,033	43,560	656	2	9	759,645	267,685	485,728	6,172	17	43
Maintenance Assistance Status												
Cash	57,510	19,959	37,115	436	0	0	643,029	225,404	413,525	4,100	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	3,897	1,085	2,723	78	2	9	42,210	11,383	30,089	678	17	43
Other/unknown	26,085	19,307	6,634	144	0	0	273,857	198,069	74,379	1,409	0	0
Dual Status^d												
Full dual, all year	80,835	37,123	43,068	633	2	9	886,209	400,153	480,084	5,912	17	43
Full dual, part year	6,657	3,228	3,404	25	0	0	72,887	34,703	37,909	275	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	87,492	40,351	46,472	658	2	9	959,096	434,856	517,993	6,187	17	43
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
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	87,492	959,096	87,492	959,096	0	0
Fee-for-service (FFS) all year	87,492	959,096	87,492	959,096	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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.
a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.