

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 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. 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. 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. 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. 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 OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

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

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. 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. 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 OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**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 TABLE**

- 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 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MISSISSIPPI, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	695,126 (A)	143,372 (E)	551,754 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	691,422 (B)	139,751 (F)	551,671 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	691,422 (C)	139,751 (G)	551,671 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	13,880 (D)	13,130 (H)	750 (L)

Source: Data for this table are from the MAX 2001 file for Mississippi, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Mississippi in 2001 was \$524,319,979, of which \$6,962,251 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 0.6 percent were restricted benefit months without a pharmacy benefit in Mississippi, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell K but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

Table 1

All Medicaid Beneficiaries

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 MISSISSIPPI, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
<b>All</b>	<b>691,422</b>	<b>73,453</b>	<b>158,157</b>	<b>77,783</b>	<b>381,955</b>	<b>64</b>	<b>6,696,969</b>	<b>773,020</b>	<b>1,711,750</b>	<b>590,013</b>	<b>3,622,016</b>	<b>170</b>					
<b>Age</b>																	
5 and younger	166,614	0	5,308	0	161,298	8	1,528,694	0	55,676	0	1,473,004	14					
6-14	174,942	0	14,312	0	160,622	8	1,755,093	0	162,596	0	1,592,476	21					
15-20	80,860	0	10,786	10,052	60,016	6	750,455	0	116,789	77,334	556,317	15					
21-44	112,536	0	47,676	64,794	29	37	1,001,572	0	513,335	487,930	219	88					
45-64	64,602	2	61,708	2,889	0	3	678,385	24	654,046	24,298	0	17					
65-74	38,074	26,212	11,831	29	0	2	412,375	276,463	135,607	290	0	15					
75-84	32,772	27,728	5,034	10	0	0	353,025	295,868	57,056	101	0	0					
85 and older	21,022	19,511	1,502	9	0	0	217,370	200,665	16,645	60	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
<b>Gender</b>																	
Female	408,901	53,614	86,560	74,665	194,019	43	3,927,014	570,956	948,963	567,784	1,839,212	99					
Male	282,471	19,827	71,595	3,118	187,910	21	2,769,740	201,942	762,766	22,229	1,782,732	71					
Unknown	50	12	2	0	36	0	215	122	21	0	72	0					
<b>Race</b>																	
White	230,306	34,964	49,204	27,142	118,971	25	2,120,778	358,857	518,298	186,427	1,057,127	69					
African American	419,565	31,465	82,812	49,566	255,684	38	4,148,899	337,340	911,571	396,809	2,503,084	95					
Other/unknown	41,551	7,024	26,141	1,075	7,310	1	427,292	76,823	281,881	6,777	61,805	6					
<b>Use of Nursing Facilities<sup>c</sup></b>																	
Entire year	13,880	11,898	1,982	0	0	0	141,583	120,307	21,276	0	0	0					
Part year	5,453	4,226	1,220	5	2	0	53,599	40,861	12,672	42	24	0					
None	672,089	57,329	154,955	77,778	381,963	64	6,501,787	611,852	1,677,802	589,971	3,621,992	170					
<b>Maintenance Assistance Status</b>																	
Cash	302,682	23,215	125,374	42,968	111,125	0	3,082,256	260,673	1,374,619	382,803	1,064,161	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	360,264	33,336	28,368	32,476	266,084	0	3,352,759	345,458	291,149	197,158	2,518,994	0					
Other/unknown	28,476	16,902	4,415	2,339	4,756	64	261,954	166,889	45,982	10,052	38,861	170					
<b>Dual Medicare Status<sup>d</sup></b>																	
Full dual, all year	136,999	70,072	66,550	371	4	2	1,484,392	742,169	738,786	3,396	26	15					
Full dual, part year	2,752	1,876	867	9	0	0	26,783	17,870	8,821	92	0	0					
Non-dual, all year	551,671	1,505	90,740	77,403	381,961	62	5,185,794	12,981	964,143	586,525	3,621,990	155					
<b>Managed Care Status</b>																	
FFS all year	691,422	73,453	158,157	77,783	381,965	64	6,696,969	773,020	1,711,750	590,013	3,622,016	170					
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 2001 file for Mississippi, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C 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 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 MISSISSIPPI, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	71.7 %	13.7	\$748	\$55	\$3,306	22.6 %	691,422
<b>Age</b>							
5 and younger	69.9	5.1	177	35	1,513	11.7	166,614
6-14	56.8	3.7	183	50	1,068	17.1	174,942
15-20	62.1	4.6	226	49	1,948	11.6	80,860
21-44	78.2	13.7	870	64	4,393	19.8	112,536
45-64	88.6	36.6	2,271	62	7,318	31.0	64,602
65-74	90.3	38.2	2,095	55	5,558	37.7	38,074
75-84	92.2	41.4	2,172	53	7,710	28.2	32,772
85 and older	93.3	41.3	2,005	49	12,261	16.4	21,022
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	91.1	39.6	2,058	52	8,273	24.9	73,453
Disabled	85.2	28.4	1,841	65	6,788	27.1	158,157
Adults	75.1	7.1	278	39	2,652	10.5	77,783
Children	61.7	3.9	140	36	1,042	13.4	381,965
Unknown	7.8	1.6	103	63	1,142	9.0	64
<b>Gender</b>							
Female	75.0	16.1	849	53	3,614	23.5	408,901
Male	66.8	10.2	602	59	2,859	21.1	282,471
Unknown	26.0	11.8	647	55	2,468	26.2	50
<b>Race</b>							
White	76.4	18.0	1,022	57	4,258	24.0	230,306
African American	68.5	10.4	533	51	2,562	20.8	419,565
Other/unknown	77.0	23.1	1,405	61	5,537	25.4	41,551
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.9	65.5	3,341	51	30,127	11.1	13,880
Part year	96.1	47.9	2,615	55	18,689	14.0	5,453
None	70.9	12.3	680	55	2,627	25.9	672,089

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	74.1	16.2	930	58	3,598	25.9	302,682
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	68.6	9.3	477	51	1,775	26.9	360,264
Other/unknown	84.5	42.4	2,249	53	19,565	11.5	28,476

Source: Data for this table are from the MAX 2001 file for Mississippi, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

Table 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MISSISSIPPI, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	1.4	\$77	22.6 %	28.3 %	46.1 %	8.2 %	11.4 %	5.6 %	0.3 %	\$341	691,422	6,696,969
<b>Age</b>												
5 and younger	0.6	19	11.7	30.1	61.4	6.5	1.9	0.1	0.0	165	166,614	1,528,694
6-14	0.4	18	17.1	43.2	52.0	3.2	1.5	0.1	0.0	106	174,942	1,755,093
15-20	0.5	24	11.6	37.9	54.4	5.0	2.4	0.3	0.0	210	80,860	750,455
21-44	1.5	98	19.8	21.8	47.8	12.4	13.6	4.5	0.0	494	112,536	1,001,572
45-64	3.5	216	31.0	11.4	19.3	14.0	34.1	20.8	0.4	697	64,602	678,385
65-74	3.5	194	37.7	9.7	17.9	14.9	36.5	20.0	1.0	513	38,074	412,375
75-84	3.8	202	28.2	7.8	15.8	14.5	37.6	22.2	2.2	716	32,772	353,025
85 and older	4.0	194	16.4	6.7	15.3	14.1	38.0	23.1	2.9	1,186	21,022	217,370
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.8	196	24.9	8.9	16.8	14.5	36.5	21.1	2.2	786	73,453	773,020
Disabled	2.6	170	27.1	14.8	30.3	13.7	26.9	14.0	0.3	627	158,157	1,711,750
Adults	0.9	37	10.5	24.9	57.1	10.3	6.5	1.2	0.0	350	77,783	590,013
Children	0.4	15	13.4	38.3	56.1	4.3	1.2	0.0	0.0	110	381,965	3,622,016
Unknown	0.6	39	9.0	92.2	3.1	3.1	1.6	0.0	0.0	430	64	170
<b>Gender</b>												
Female	1.7	88	23.5	25.0	45.2	8.8	13.4	7.2	0.4	376	408,901	3,927,014
Male	1.0	61	21.1	33.2	47.4	7.4	8.6	3.3	0.2	292	282,471	2,769,740
Unknown	2.7	151	26.2	74.0	8.0	2.0	10.0	4.0	2.0	574	50	215
<b>Race</b>												
White	1.9	111	24.0	23.6	43.3	9.3	14.2	8.9	0.7	462	230,306	2,120,778
African American	1.1	54	20.8	31.5	48.9	7.3	9.0	3.3	0.1	259	419,565	4,148,899
Other/unknown	2.2	137	25.4	23.0	33.1	11.6	21.0	11.0	0.4	538	41,551	427,292
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.4	328	11.1	2.1	5.0	6.9	31.8	41.8	12.4	2,954	13,880	141,583
Part year	4.9	266	14.0	3.9	10.4	11.7	38.4	31.5	4.2	1,901	5,453	53,599
None	1.3	70	25.9	29.1	47.2	8.2	10.8	4.7	0.0	272	672,089	6,501,787

Table 4

All Medicaid Beneficiaries



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				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 or Less			
<b>Maintenance Assistance Status</b>												
Cash	1.6	91	25.9	25.9	42.8	9.9	14.8	6.4	0.1	353	302,682	3,082,256
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.0	51	26.9	31.4	51.2	6.7	7.5	3.2	0.0	191	360,264	3,352,759
Other/unknown	4.6	244	11.5	15.5	16.8	8.7	26.2	26.6	6.2	2,127	28,476	261,954

Source: Data for this table are from the MAX 2001 file for Mississippi, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MISSISSIPPI, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.4	\$77	0.7	\$60	0.1	\$5	0.6	\$13
<b>Age</b>								
5 and younger	0.6	19	0.3	15	0.1	1	0.2	3
6-14	0.4	18	0.2	14	0.0	1	0.1	3
15-20	0.5	24	0.2	18	0.0	2	0.2	4
21-44	1.5	98	0.7	77	0.1	6	0.7	14
45-64	3.5	216	1.8	170	0.2	13	1.5	34
65-74	3.5	194	1.8	149	0.3	11	1.5	33
75-84	3.8	202	1.8	152	0.3	13	1.7	36
85 and older	4.0	194	1.7	141	0.4	15	1.8	38
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.8	196	1.8	148	0.3	13	1.6	35
Disabled	2.6	170	1.3	134	0.2	11	1.1	26
Adults	0.9	37	0.4	27	0.1	2	0.5	7
Children	0.4	15	0.2	11	0.0	1	0.2	3
Unknown	0.6	39	0.3	31	0.0	3	0.3	5
<b>Gender</b>								
Female	1.7	88	0.8	68	0.1	6	0.7	15
Male	1.0	61	0.5	48	0.1	4	0.5	10
Unknown	2.7	151	1.0	101	0.3	18	1.4	31
<b>Race</b>								
White	1.9	111	1.0	86	0.1	7	0.8	18
African American	1.1	54	0.5	42	0.1	3	0.5	9
Other/unknown	2.2	137	1.1	107	0.2	9	1.0	21
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.4	328	2.9	238	0.6	26	2.9	62
Part year	4.9	266	2.3	199	0.4	20	2.2	47
None	1.3	70	0.6	55	0.1	4	0.5	11

Table 5

All Medicaid Beneficiaries



TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 MISSISSIPPI, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos
Anti-infective Agents	0.3	0.2	0.0	\$13	\$11	\$0	\$47	\$72	\$39	\$13	\$49,660,349	362,022	52.4 %	3,878,976
Biologics	0.2	0.1	0.0	82	75	5	510	530	2,280	108	5,713,445	6,340	0.9	69,418
Antineoplastic Agents	0.5	0.2	0.1	81	49	20	177	249	184	81	6,569,783	7,652	1.1	80,630
Endocrine/Metabolic Drugs	0.5	0.3	0.0	25	21	1	49	66	27	17	38,053,618	142,523	20.6	1,541,611
Cardiovascular Agents	1.3	0.5	0.1	52	35	3	42	65	34	22	80,199,042	139,451	20.2	1,531,970
Respiratory Agents	0.4	0.2	0.0	16	13	1	45	58	19	27	47,633,148	275,724	39.9	2,980,415
Gastrointestinal Agents	0.5	0.3	0.0	44	39	1	92	135	100	22	55,626,603	116,009	16.8	1,267,255
Genitourinary Agents	0.3	0.2	0.0	13	12	0	52	63	20	19	6,968,787	48,777	7.1	516,338
CNS Drugs	0.7	0.4	0.0	63	50	6	86	133	120	24	84,994,628	122,631	17.7	1,343,481
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	27	23	1	73	86	49	38	5,216,586	17,221	2.5	192,354
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	51	46	0	99	130	69	32	6,907,976	12,277	1.8	135,233
Analgesics and Anesthetics	0.4	0.1	0.0	20	14	1	45	102	59	16	51,126,887	235,192	34.0	2,541,515
Neuromuscular Agents	0.6	0.2	0.1	34	26	3	58	106	39	21	29,344,501	77,084	11.1	855,125
Nutritional Products	0.3	0.0	0.1	8	1	4	23	33	31	18	5,589,302	68,032	9.8	707,183
Hematological Agents	0.5	0.2	0.1	40	31	2	87	172	36	30	20,333,704	48,212	7.0	512,602
Topical Products	0.2	0.1	0.0	8	6	1	34	50	41	17	18,641,112	202,506	29.3	2,199,769
Miscellaneous Products	0.2	0.1	0.0	46	34	7	184	270	290	49	3,500,691	6,970	1.0	76,288
Unknown Therapeutic Category	0.2	0.0	0.0	5	0	0	25	0	0	0	1,277,566	23,669	3.4	261,722
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	517,357,728	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Mississippi, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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.

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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Mississippi, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MISSISSIPPI, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ULCER DRUGS	\$49,826,841	113,538	16.4 %	1,250,605	0.4	\$112		\$40
ANTIPSYCHOTICS	44,641,414	45,344	6.6	505,675	0.5	164		88
ANTIDEPRESSANTS	31,248,226	97,167	14.1	1,068,428	0.4	70		29
ANTI-DIABETIC	28,827,809	70,664	10.2	791,503	0.5	69		36
ANALGESICS - ANTI-INFLAMMATORY	27,285,146	153,922	22.3	1,715,044	0.2	67		16
ANTIHYPERTENSIVE	26,077,372	105,233	15.2	1,174,378	0.5	44		22
ANTICONVULSANT	23,106,563	47,190	6.8	526,669	0.6	76		44
ANTI-ASTHMATIC	21,521,696	132,016	19.1	1,457,986	0.2	59		15
ANALGESICS - Narcotic	20,050,163	228,071	33.0	2,474,030	0.3	32		8
CALCIUM BLOCKERS	18,860,729	48,486	7.0	541,352	0.6	62		35
Total	291,445,959	1,041,631		11,505,670	n.a.	n.a.		n.a.

Source: Data for this table are from the MAX 2001 file for Mississippi, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.