

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 MISSISSIPPI

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSISSIPPI, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	716,757 (A)	149,867 (E)	566,890 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	712,074 (B)	145,262 (F)	566,812 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	712,074 (C)	145,262 (G)	566,812 (K)
4. Benes who were all-year nursing facility residents ^f	13,390 (D)	12,614 (H)	776 (L)

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$543,302,591, of which \$1,010,387 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. 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 J 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 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MISSISSIPPI, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	712,074	74,768	159,665	86,344	391,273	24	7,039,058	803,456	1,753,024	689,980	3,792,371	227		
Age														
5 and younger	171,021	0	5,344	0	165,677	0	1,605,113	0	56,477	0	1,548,636	0		
6-14	176,714	0	14,233	0	162,479	2	1,809,790	0	162,279	0	1,647,497	14		
15-20	83,267	0	10,531	9,647	63,084	5	788,363	0	115,490	76,857	595,967	49		
21-44	120,011	0	46,957	73,014	33	7	1,094,711	0	513,688	580,689	271	63		
45-64	68,173	3	64,531	3,631	0	8	730,398	25	698,406	31,890	0	77		
65-74	38,902	27,265	11,604	31	0	2	428,661	294,789	133,508	340	0	24		
75-84	33,607	28,621	4,973	13	0	0	368,689	311,752	56,803	134	0	0		
85 and older	20,379	18,879	1,492	8	0	0	213,333	196,890	16,373	70	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	421,354	54,110	87,024	82,320	197,890	10	4,133,636	586,747	966,929	659,529	1,920,362	69		
Male	290,707	20,648	72,639	4,023	193,383	14	2,905,280	216,593	786,071	30,449	1,872,009	158		
Unknown	13	10	2	1	0	0	142	116	24	2	0	0		
Race														
White	243,520	36,182	49,881	30,342	127,106	9	2,288,718	380,982	536,686	218,342	1,152,620	88		
African American	425,331	31,936	82,522	54,867	255,993	13	4,300,520	349,568	917,326	464,234	2,569,267	125		
Other/unknown	43,223	6,650	27,262	1,135	8,174	2	449,820	72,906	299,012	7,404	70,484	14		
Use of Nursing Facilities^c														
Entire year	13,390	11,343	2,047	0	0	0	138,142	115,949	22,193	0	0	0		
Part year	6,009	4,625	1,379	4	1	0	60,891	46,280	14,556	43	12	0		
None	692,675	58,800	156,239	86,340	391,272	24	6,840,025	641,227	1,716,275	689,937	3,792,359	227		
Maintenance Assistance Status														
Cash	310,589	21,706	123,666	56,298	108,919	0	3,255,178	242,876	1,365,729	507,531	1,139,042	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	375,609	35,478	31,161	29,817	279,153	0	3,513,544	381,105	334,587	179,858	2,617,994	0		
Other/unknown	25,876	17,584	4,838	229	3,201	24	270,336	179,475	52,708	2,591	35,335	227		
Dual Medicare Status^d														
Full dual, all year	142,474	71,667	70,288	511	4	4	1,565,378	772,999	787,500	4,798	33	48		
Full dual, part year	2,788	1,797	990	1	0	0	29,355	18,623	10,720	12	0	0		
Non-dual, all year	566,812	1,304	88,387	85,832	391,269	20	5,444,325	11,834	954,804	685,170	3,792,338	179		
Managed Care Status														
FFS all year	712,074	74,768	159,665	86,344	391,273	24	7,039,058	803,456	1,753,024	689,980	3,792,371	227		
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		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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^{a, b}
 MISSISSIPPI, 2002

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	74.8 %	13.9	\$762	\$55	\$3,437	22.2 %	712,074
Age							
5 and younger	73.4	5.6	208	37	1,634	12.7	171,021
6-14	61.5	4.1	215	52	1,161	18.5	176,714
15-20	64.9	4.9	247	50	2,020	12.2	83,267
21-44	80.3	13.3	855	64	4,423	19.3	120,011
45-64	90.9	35.5	2,217	62	7,470	29.7	68,173
65-74	91.8	38.3	2,057	54	5,718	36.0	38,902
75-84	93.5	41.9	2,159	52	8,054	26.8	33,607
85 and older	94.2	42.4	2,057	49	12,822	16.0	20,379
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	92.7	40.5	2,079	51	8,571	24.3	74,768
Disabled	87.0	28.1	1,856	66	7,063	26.3	159,665
Adults	77.9	7.6	294	39	2,714	10.8	86,344
Children	65.8	4.4	167	38	1,136	14.7	391,273
Unknown	45.8	15.1	1,025	68	4,328	23.7	24
Gender							
Female	78.1	16.1	844	52	3,719	22.7	421,354
Male	70.0	10.7	643	60	3,028	21.2	290,707
Unknown	92.3	43.9	2,798	64	9,831	28.5	13
Race							
White	79.4	17.9	1,028	57	4,337	23.7	243,520
African American	71.8	10.7	549	51	2,708	20.3	425,331
Other/unknown	78.3	22.0	1,353	62	5,543	24.4	43,223
Use of Nursing Facilities^d							
Entire year	98.3	68.6	3,650	53	32,371	11.3	13,390
Part year	96.5	48.7	2,700	55	20,024	13.5	6,009
None	74.2	12.5	689	55	2,734	25.2	692,675

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
Maintenance Assistance Status							
Cash	78.4	15.8	900	57	3,705	24.3	310,589
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	70.7	9.8	507	52	1,832	27.7	375,609
Other/unknown	91.8	50.4	2,793	55	23,518	11.9	25,876

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

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^{a,b}
 MISSISSIPPI, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services					No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
			22.2 %	25.2 %	None	More than 0, but 1 or Less	47.9 %	8.8 %	More than 2, but 5 or Less	13.0 %	4.8 %	More than 10				0.3 %
All	1.4	\$77	22.2 %	25.2 %	None	More than 0, but 1 or Less	47.9 %	8.8 %	More than 2, but 5 or Less	13.0 %	4.8 %	More than 10	0.3 %	\$348	712,074	7,039,058
Age																
5 and younger	0.6	22	12.7	26.6		63.8	7.5	2.1			0.0	0.0		174	171,021	1,605,113
6-14	0.4	21	18.5	38.5		55.7	3.8	1.8			0.1	0.0		113	176,714	1,809,790
15-20	0.5	26	12.2	35.1		56.5	5.6	2.6			0.2	0.0		213	83,267	788,363
21-44	1.5	94	19.3	19.7		49.4	13.0	14.8			3.1	0.0		485	120,011	1,094,711
45-64	3.3	207	29.7	9.1		19.3	14.6	39.2			17.4	0.5		697	68,173	730,398
65-74	3.5	187	36.0	8.2		16.5	14.2	42.4			17.6	1.1		519	38,902	428,661
75-84	3.8	197	26.8	6.5		14.3	13.5	43.0			20.6	2.2		734	33,607	368,689
85 and older	4.0	197	16.0	5.8		13.5	13.5	42.0			22.3	3.0		1,225	20,379	213,333
Unknown	0.0	0	0.0	0.0		0.0	0.0	0.0			0.0	0.0		0	0	0
Basis of Eligibility^c																
Aged	3.8	193	24.3	7.3		15.2	13.8	41.7			19.7	2.3		798	74,768	803,456
Disabled	2.6	169	26.3	13.0		29.8	14.1	31.0			11.8	0.3		643	159,665	1,753,024
Adults	1.0	37	10.8	22.1		58.4	11.4	7.3			0.8	0.0		340	86,344	689,980
Children	0.5	17	14.7	34.2		59.2	5.1	1.5			0.0	0.0		117	391,273	3,792,371
Unknown	1.6	108	23.7	54.2		8.3	8.3	16.7			12.5	0.0		458	24	227
Gender																
Female	1.6	86	22.7	21.9		47.0	9.4	15.2			6.2	0.4		379	421,354	4,133,636
Male	1.1	64	21.2	30.0		49.1	7.9	9.9			2.9	0.2		303	290,707	2,905,280
Unknown	4.0	256	28.5	7.7		23.1	23.1	30.8			7.7	7.7		900	13	142
Race																
White	1.9	109	23.7	20.6		44.8	10.1	16.2			7.7	0.7		461	243,520	2,288,718
African American	1.1	54	20.3	28.2		51.0	7.8	10.2			2.8	0.1		268	425,331	4,300,520
Other/unknown	2.1	130	24.4	21.7		34.3	11.8	22.8			9.1	0.3		533	43,223	449,820
Use of Nursing Facilities^d																
Entire year	6.7	354	11.3	1.7		4.2	6.1	31.8			42.4	13.9		3,138	13,390	138,142
Part year	4.8	267	13.5	3.5		10.0	11.4	39.5			31.5	4.2		1,976	6,009	60,891
None	1.3	70	25.2	25.8		49.0	8.8	12.4			3.9	0.0		277	692,675	6,840,025

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				
Maintenance Assistance Status												
Cash	1.5	86	24.3	21.6	46.4	10.5	16.3	5.1	0.1	354	310,589	3,255,178
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	54	27.7	29.3	51.4	7.4	9.1	2.8	0.0	196	375,609	3,513,544
Other/unknown	4.8	267	11.9	8.2	14.3	8.4	30.9	30.9	7.3	2,251	25,876	270,336

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 4

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
Maintenance Assistance Status								
Cash	1.5	86	0.7	57	0.1	6	0.7	16
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	1.0	54	0.5	52	0.1	4	0.5	10
Other/unknown	4.8	267	2.1	55	0.4	17	2.3	54

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

- Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddeb.asp (May 13 2003).
- 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.
- Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MISSISSIPPI, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	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 No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.1	0.0	\$13	\$10	\$1	\$50	\$75	\$70	\$15	\$54,060,752	386,183	54.2 %	4,141,759
Biologics	0.2	0.2	0.0	119	111	5	648	678	2,060	189	7,486,332	5,838	0.8	62,945
Antineoplastic Agents	0.5	0.2	0.0	92	65	4	200	315	148	104	8,243,010	8,371	1.2	89,366
Endocrine/Metabolic Drugs	0.5	0.3	0.1	24	18	2	47	63	31	24	41,150,919	159,385	22.4	1,731,928
Cardiovascular Agents	1.3	0.6	0.1	51	34	3	40	62	36	21	83,650,716	147,470	20.7	1,632,861
Respiratory Agents	0.3	0.2	0.1	16	11	2	46	62	40	22	51,539,118	297,500	41.8	3,215,403
Gastrointestinal Agents	0.4	0.2	0.0	34	28	1	81	135	109	27	45,349,185	119,728	16.8	1,320,678
Genitourinary Agents	0.3	0.2	0.0	15	13	0	54	64	37	19	7,843,478	50,463	7.1	537,082
CNS Drugs	0.7	0.4	0.0	65	53	3	90	137	98	31	94,049,389	131,447	18.5	1,446,903
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	36	24	6	75	87	74	48	5,460,362	13,897	2.0	153,177
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	58	53	0	108	134	59	35	7,975,231	12,428	1.7	138,130
Analgesics and Anesthetics	0.4	0.1	0.0	17	11	1	42	117	54	18	46,895,525	249,299	35.0	2,705,641
Neuromuscular Agents	0.6	0.2	0.1	38	28	3	65	118	50	24	35,134,471	82,949	11.6	924,354
Nutritional Products	0.3	0.0	0.0	7	0	1	20	22	21	19	4,895,191	68,486	9.6	718,602
Hematological Agents	0.5	0.2	0.0	44	36	1	91	164	31	29	24,089,134	50,917	7.2	547,856
Topical Products	0.2	0.1	0.0	9	6	1	37	53	46	18	19,929,950	210,910	29.6	2,298,333
Miscellaneous Products	0.3	0.1	0.0	47	36	6	183	287	305	43	3,556,824	6,979	1.0	75,447
Unknown Therapeutic Category	0.2	0.0	0.0	4	0	0	22	0	0	0	982,617	20,330	2.9	226,804
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.	542,292,204	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 (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, 0.5 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 (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^{a, b, c}
 MISSISSIPPI, 2002

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
ANTIPTYCHOTICS	\$52,299,903	49,276	6.9 %	554,000	0.5	\$182
ULCER DRUGS	38,166,779	128,426	18.0	1,440,126	0.3	93
ANTIDEPRESSANTS	33,072,601	104,646	14.7	1,158,417	0.4	68
ANTIIDIABETIC	30,509,798	74,025	10.4	836,528	0.5	67
ANTIHYPERTENSIVE	28,534,600	115,057	16.2	1,297,172	0.5	41
ANTICONVULSANT	28,022,796	52,152	7.3	586,406	0.6	84
ANTIASTHMATIC	24,332,195	142,949	20.1	1,573,939	0.2	64
ANALGESICS - ANTI-INFLAMMATORY	21,766,111	149,135	20.9	1,664,986	0.2	59
ANALGESICS - Narcotic	20,999,393	242,890	34.1	2,648,417	0.2	33
ANTIHYPERLIPIDEMIC	19,898,823	37,828	5.3	432,985	0.5	91
Total	297,602,999	1,096,384		12,192,976	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Mississippi, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, 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.