STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
MISSISSIPPI

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSISSIPPI, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	792,928	(A)	155,910	(E)	637,018	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	767,162	(B)	152,025	(F)	615,137	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	767,162	(C)	152,025	(G)	615,137	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	13,133	(D)	12,348	(H)	785	(L)

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Mississippi in 2004 was $676,408,901, of which $10,072,723 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

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 2004. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**767,162**	**82,657**	**164,651**	**122,474**	**397,216**	**164**	**7,674,533**	**923,398**	**1,825,581**	**1,076,072**	**3,848,243**	**1,239**
Age												
5 and younger	175,615	0	6,152	4	169,459	0	1,628,426	0	65,031	38	1,563,357	0
6-14	179,580	0	15,308	98	164,174	0	1,845,372	0	173,729	611	1,671,032	0
15-20	91,946	1	11,024	17,461	63,460	0	888,143	12	123,571	151,489	613,071	0
21-44	149,718	0	49,123	100,425	123	47	1,427,977	0	542,203	884,703	783	288
45-64	78,132	57	73,480	4,482	0	113	851,443	682	810,641	39,198	0	922
65-74	39,105	32,626	6,471	4	0	4	446,152	371,455	74,635	33	0	29
75-84	33,321	30,890	2,431	0	0	0	375,639	347,431	28,208	0	0	0
85 and older	19,745	19,083	662	0	0	0	211,381	203,818	7,563	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	450,482	59,654	86,978	117,370	186,317	163	4,526,053	669,511	971,533	1,036,128	1,847,654	1,227
Male	291,609	22,963	77,606	5,104	185,936	0	0 2,973,475	253,417	853,316	39,944	1,826,798	0
Unknown	25,071	40	67	0	24,963	1	175,005	470	732	0	173,791	12
Race												
White	253,629	39,142	55,295	39,027	120,084	81	2,492,946	431,245	606,683	323,860	1,130,544	614
African American	428,998	37,585	85,002	66,432	239,904	75	4,430,184	426,831	953,700	608,268	2,440,822	563
Other/unknown	84,535	5,930	24,354	17,015	37,228	8	751,403	65,322	265,198	143,944	276,877	62
Use of Nursing Facilities[c]												
Entire year	13,133	11,216	1,917	0	0	0	137,252	116,010	21,242	0	0	0
Part year	6,502	5,306	1,191	4	1	0	66,195	53,566	12,574	43	12	0
None	747,527	66,135	161,543	122,470	397,215	164	7,471,086	753,822	1,791,765	1,076,029	3,848,231	1,239
Maintenance Assistance Status												
Cash	337,121	27,271	123,731	67,058	119,061	0	3,520,973	309,229	1,362,827	615,119	1,233,798	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	365,422	35,626	33,000	22,408	274,224	164	3,511,948	412,238	377,753	148,394	2,572,324	1,239
Other/unknown	64,619	19,760	7,920	33,008	3,931	0	641,612	201,931	85,001	312,559	42,121	0
Dual Medicare Status[d]							0					
Full dual, all year	149,566	79,915	69,109	530	3	9	1,694,094	895,927	793,447	4,604	30	86
Full dual, part year	2,459	1,414	1,043	2	0	0	25,201	14,123	11,054	24	0	0
Non-dual, all year	615,137	1,328	94,499	121,942	397,213	155	5,955,238	13,348	1,021,080	1,071,444	3,848,213	1,153
Managed Care (MC) Status												
Fee-for-service (FFS) all year	767,162	82,657	164,651	122,474	397,216	164	7,674,533	923,398	1,825,581	1,076,072	3,848,243	1,239
FFS part year, with Rx claims	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

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes 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. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

MISSISSIPPI, 2004

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	**70.2 %**	**13.8**	**$869**	**$63**	**$3,788**	**22.9 %**	**767,162**
Age							
5 and younger	62.9	4.9	227	46	1,413	16.1	175,615
6-14	61.5	4.6	295	64	1,381	21.4	179,580
15-20	63.5	5.3	308	58	2,192	14.0	91,946
21-44	70.6	11.4	819	72	4,170	19.6	149,718
45-64	86.2	34.3	2,447	71	8,325	29.4	78,132
65-74	92.4	40.9	2,454	60	7,081	34.7	39,105
75-84	94.0	44.8	2,602	58	10,061	25.9	33,321
85 and older	94.4	45.5	2,468	54	16,270	15.2	19,745
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	93.3	43.4	2,514	58	10,469	24.0	82,657
Disabled	82.5	27.0	2,088	77	7,877	26.5	164,651
Adults	66.2	6.5	271	42	2,419	11.2	122,474
Children	61.5	4.3	205	47	1,120	18.3	397,216
Unknown	78.7	14.7	1,167	80	13,161	8.9	164
Gender							
Female	74.5	15.9	948	60	4,116	23.0	450,482
Male	69.2	11.6	818	71	3,556	23.0	291,609
Unknown	4.9	0.4	28	75	567	5.0	25,071
Race							
White	78.4	19.1	1,260	66	5,175	24.4	253,629
African American	70.7	11.4	676	59	3,176	21.3	428,998
Other/unknown	43.0	9.7	668	69	2,729	24.5	84,535
Use of Nursing Facilities[f]							
Entire year	97.6	74.7	4,560	61	41,728	10.9	13,133
Part year	95.8	50.5	3,197	63	25,691	12.4	6,502
None	69.5	12.4	784	63	2,930	26.7	747,527
Maintenance Assistance Status							
Cash	76.2	15.1	973	64	4,057	24.0	337,121
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	66.4	10.5	638	61	1,840	34.7	365,422
Other/unknown	60.4	25.4	1,625	64	13,395	12.1	64,619

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

MISSISSIPPI, 2004

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.4**	**$87**	**22.9 %**	**29.8 %**	**43.9 %**	**8.0 %**	**13.3 %**	**4.6 %**	**0.4 %**	**$379**	**767,162**	**7,674,533**
Age												
5 and younger	0.5	25	16.1	37.1	54.8	6.0	2.1	0.1	0.0	152	175,615	1,628,426
6-14	0.4	29	21.4	38.5	54.2	4.5	2.5	0.2	0.0	134	179,580	1,845,372
15-20	0.5	32	14.0	36.5	54.4	5.8	3.0	0.4	0.0	227	91,946	888,143
21-44	1.2	86	19.6	29.4	44.9	10.8	12.8	2.0	0.0	437	149,718	1,427,977
45-64	3.1	225	29.4	13.8	18.2	12.7	39.2	15.7	0.5	764	78,132	851,443
65-74	3.6	215	34.7	7.6	14.3	12.7	45.4	18.6	1.4	621	39,105	446,152
75-84	4.0	231	25.9	6.0	12.1	11.9	45.8	21.5	2.9	892	33,321	375,639
85 and older	4.3	231	15.2	5.6	11.5	11.6	43.6	23.8	3.8	1,520	19,745	211,381
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	3.9	225	24.0	6.7	12.9	12.1	45.0	20.8	2.6	937	82,657	923,398
Disabled	2.4	188	26.5	17.5	28.4	12.8	30.5	10.5	0.4	710	164,651	1,825,581
Adults	0.7	31	11.2	33.8	50.8	8.9	6.1	0.3	0.0	275	122,474	1,076,072
Children	0.4	21	18.3	38.5	54.7	4.8	1.9	0.1	0.0	116	397,216	3,848,243
Unknown	1.9	155	8.9	21.3	31.1	18.3	26.2	3.0	0.0	1,742	164	1,239
Gender												
Female	1.6	94	23.0	25.5	44.3	8.5	15.4	5.8	0.4	410	450,482	4,526,053
Male	1.1	80	23.0	30.8	46.7	7.9	11.2	3.1	0.2	349	291,609	2,973,475
Unknown	0.1	4	5.0	95.1	4.2	0.3	0.2	0.1	0.0	81	25,071	175,005
Race												
White	1.9	128	24.4	21.6	42.5	9.5	17.8	7.8	0.8	527	253,629	2,492,946
African American	1.1	66	21.3	29.3	48.8	7.6	11.3	2.9	0.1	308	428,998	4,430,184
Other/unknown	1.1	75	24.5	57.0	23.6	5.4	10.5	3.4	0.1	307	84,535	751,403
Use of Nursing Facilities[f]												
Entire year	7.1	436	10.9	2.4	3.3	4.7	27.7	44.7	17.1	3,993	13,133	137,252
Part year	5.0	314	12.4	4.2	9.2	10.0	40.5	30.8	5.3	2,524	6,502	66,195
None	1.2	78	26.7	30.5	44.9	8.0	12.9	3.7	0.0	293	747,527	7,471,086
Maintenance Assistance Status												
Cash	1.4	93	24.0	23.8	45.5	10.0	16.1	4.4	0.1	388	337,121	3,520,973
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.1	66	34.7	33.6	46.1	6.8	10.5	3.0	0.0	192	365,422	3,511,948
Other/unknown	2.6	164	12.1	39.6	22.8	4.4	15.0	14.4	3.8	1,349	64,619	641,612

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

MISSISSIPPI, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**1.4**	**$87**	**$63**	**0.6**	**$63**	**$109**	**0.1**	**$6**	**$62**	**0.7**	**$18**	**$25**
Age												
5 and younger	0.5	25	46	0.2	18	81	0.1	2	32	0.2	4	17
6-14	0.4	29	64	0.2	23	98	0.0	2	49	0.2	5	24
15-20	0.5	32	58	0.2	22	105	0.1	2	47	0.3	7	25
21-44	1.2	86	72	0.4	63	142	0.1	6	73	0.7	17	25
45-64	3.1	225	71	1.3	163	122	0.2	16	88	1.6	45	28
65-74	3.6	215	60	1.6	155	98	0.2	13	64	1.8	47	26
75-84	4.0	231	58	1.7	167	96	0.2	12	56	2.0	51	26
85 and older	4.3	231	54	1.7	162	95	0.2	12	49	2.3	57	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.9	225	58	1.7	162	97	0.2	12	57	2.0	50	26
Disabled	2.4	188	77	1.0	140	134	0.1	13	87	1.2	35	29
Adults	0.7	31	42	0.2	20	83	0.1	3	44	0.4	8	19
Children	0.4	21	47	0.2	16	78	0.0	2	35	0.2	4	20
Unknown	1.9	155	80	0.7	116	173	0.1	5	52	1.2	33	29
Gender												
Female	1.6	94	60	0.7	68	103	0.1	6	59	0.8	20	25
Male	1.1	80	71	0.5	60	120	0.1	5	67	0.6	15	27
Unknown	0.1	4	75	0.0	3	158	0.0	0	39	0.0	1	20
Race												
White	1.9	128	66	0.8	93	111	0.1	9	71	1.0	26	27
African American	1.1	66	59	0.5	48	105	0.1	4	52	0.6	14	24
Other/unknown	1.1	75	69	0.5	56	117	0.1	5	68	0.5	14	26
Use of Nursing Facilities[e]												
Entire year	7.1	436	61	2.8	310	109	0.4	23	58	3.8	103	27
Part year	5.0	314	63	2.1	229	111	0.3	17	61	2.6	68	26
None	1.2	78	63	0.5	57	109	0.1	5	62	0.6	16	25
Maintenance Assistance Status												
Cash	1.4	93	64	0.6	68	114	0.1	6	63	0.7	19	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.1	66	61	0.5	49	101	0.1	5	59	0.5	13	25
Other/unknown	2.6	164	64	1.1	118	112	0.2	10	62	1.3	35	27

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. 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.

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 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

MISSISSIPPI, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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 All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$15	$11	$1	$3	$60	$102	$73	$25	999,976	$60,096,558	369,434	48.2 %	4,046,730
Biologicals	0.4	0.4	0.0	0.0	490	409	9	71	1300	1,155	1,805	4,110	5,441	7,073,251	1,469	0.2	14,448
Antineoplastic Agents	0.4	0.1	0.0	0.3	93	56	1	36	208	580	169	105	43,757	9,101,264	9,036	1.2	98,275
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	28	20	3	5	56	91	35	26	971,320	54,105,458	171,726	22.4	1,906,029
Cardiovascular Agents	1.3	0.6	0.0	0.7	60	43	2	15	45	70	38	22	2,408,855	107,346,158	157,734	20.6	1,790,613
Respiratory Agents	0.4	0.2	0.0	0.1	19	16	1	2	53	77	22	21	1,082,490	57,323,497	272,264	35.5	2,994,606
Gastrointestinal Agents	0.4	0.1	0.0	0.3	33	23	1	9	77	156	70	34	556,310	43,086,731	115,579	15.1	1,297,716
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	2	2	63	78	52	31	163,501	10,219,423	52,463	6.8	573,682
CNS Drugs	0.8	0.4	0.0	0.4	74	61	2	11	98	165	89	30	1,201,849	118,026,084	141,650	18.5	1,588,676
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	49	45	0	4	92	99	79	49	123,022	11,308,124	20,719	2.7	230,029
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.1	92	89	0	3	149	167	109	37	104,294	15,577,190	15,029	2.0	168,961
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	18	12	1	6	45	138	137	18	1,146,452	51,472,192	254,616	33.2	2,821,183
Neuromuscular Agents	0.6	0.2	0.1	0.3	49	25	14	9	84	149	126	31	577,356	48,458,773	87,372	11.4	989,794
Nutritional Products	0.4	0.0	0.0	0.3	8	1	0	7	21	27	24	20	254,310	5,276,047	63,640	8.3	691,843
Hematological Agents	0.6	0.3	0.1	0.2	70	58	4	8	123	214	62	36	289,056	35,614,477	45,371	5.9	507,242
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	49	75	52	26	558,900	27,455,452	209,660	27.3	2,330,142
Miscellaneous Products	0.4	0.1	0.0	0.2	95	61	18	15	257	615	495	66	12,942	3,325,444	3,201	0.4	34,960
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	25	0	0	0	58,444	1,470,055	22,281	2.9	252,142
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.	10,558,275	666,336,178	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Mississippi, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

MISSISSIPPI, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$70,768,951	55,368	7.2 %	631,752	0.5	$219	$112
ANTICONVULSANT	39,709,958	57,851	7.5	660,424	0.6	106	60
ANTIDIABETIC	38,945,421	79,660	10.4	914,689	0.6	75	43
ANTIDEPRESSANTS	37,287,262	110,854	14.4	1,247,341	0.4	68	30
ANTIHYPERTENSIVE	36,572,301	127,751	16.7	1,468,670	0.6	45	25
ANTIASTHMATIC	35,850,107	153,093	20.0	1,712,635	0.3	80	21
ANTIHYPERLIPIDEMIC	31,019,897	53,950	7.0	628,803	0.5	95	49
ULCER DRUGS	30,923,158	107,190	14.0	1,213,161	0.3	74	25
MISC. HEMATOLOGICAL	23,086,583	23,828	3.1	272,942	0.6	150	85
ANALGESICS - Narcotic	22,662,517	255,148	33.3	2,839,017	0.2	33	8
Total	366,826,155	1,024,693		11,589,434	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Mississippi, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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