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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
MISSISSIPPI**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSISSIPPI, 2005

Inclusion Criteria (2005)	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	780246 (A)	157651 (E)	622595 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	760186 (B)	154176 (F)	606010 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	760186 (C)	154176 (G)	606010 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	13484 (D)	12650 (H)	834 (L)

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Mississippi in 2005 was \$624,254,482, of which \$7,764,915 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 package.

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 2005. 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 separately 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 N+B18D.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 beneficiary 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 2005. 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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	760,186	82,146	168,922	130,764	378,171	183	7,795,814	902,061	1,836,350	1,269,296	3,786,730	1,377
Age												
5 and younger	166,167	0	6,188	5	159,974	0	1,583,361	0	64,381	60	1,518,920	0
6-14	170,383	0	15,510	101	154,772	0	1,803,756	0	173,233	719	1,629,804	0
15-20	91,873	0	11,674	16,843	63,356	0	917,431	0	125,471	154,420	637,540	0
21-44	158,024	0	48,662	109,238	69	55	1,602,549	0	529,682	1,072,037	466	364
45-64	81,421	29	76,702	4,567	0	123	870,810	348	827,537	41,962	0	963
65-74	39,232	32,211	7,006	10	0	5	439,180	359,371	79,661	98	0	50
75-84	33,275	30,731	2,544	0	0	0	370,725	341,526	29,199	0	0	0
85 and older	19,811	19,175	636	0	0	0	208,002	200,816	7,186	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	455,419	59,076	88,735	126,188	181,237	183	4,694,243	652,428	976,120	1,230,318	1,834,000	1,377
Male	286,294	23,025	80,095	4,571	178,603	0	2,953,129	249,173	859,264	38,926	1,805,766	0
Unknown	18,473	45	92	5	18,331	0	148,442	460	966	52	146,964	0
Race												
White	251,781	39,453	56,676	41,190	114,378	84	2,547,696	425,613	608,834	384,902	1,127,716	631
African American	419,484	37,256	88,171	66,668	227,299	90	4,405,627	417,356	968,692	655,438	2,363,484	657
Other/unknown	88,921	5,437	24,075	22,906	36,494	9	842,491	59,092	258,824	228,956	295,530	89
Use of Nursing Facilities^c												
Entire year	13,484	11,706	1,777	1	0	0	137,785	118,562	19,218	5	0	0
Part year	6,765	5,361	1,398	5	1	0	69,086	54,130	14,904	45	7	0
None	739,937	65,079	165,747	130,758	378,170	183	7,588,943	729,369	1,802,228	1,269,246	3,786,723	1,377
Maintenance Assistance Status												
Cash	306,381	24,801	125,021	57,227	99,332	0	3,253,298	277,365	1,347,679	573,352	1,054,902	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	355,786	33,946	29,163	20,007	272,487	183	3,525,958	383,348	320,976	143,530	2,676,727	1,377
Other/unknown	98,019	23,399	14,738	53,530	6,352	0	1,016,558	241,348	167,695	552,414	55,101	0
Dual Medicare Status^d												
Full dual, all year	149,414	77,628	71,069	702	6	9	1,664,640	855,325	802,241	6,928	64	82
Full dual, part year	4,762	2,781	1,981	0	0	0	50,248	28,645	21,603	0	0	0
Non-dual, all year	606,010	1,737	95,872	130,062	378,165	174	6,080,926	18,091	1,012,506	1,262,368	3,786,666	1,295
Managed Care (MC) Status												
Fee-for-service (FFS) all year	760,186	82,146	168,922	130,764	378,171	183	7,795,814	902,061	1,836,350	1,269,296	3,786,730	1,377
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 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
MISSISSIPPI, 2005

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	69.6	12.7	\$811	\$64	\$3,941	20.6	760,186
Age							
5 and younger	64.6	4.6	224	48	1,711	13.1	166,167
6-14	63.5	4.6	310	67	1,506	20.6	170,383
15-20	62.7	4.9	319	65	2,310	13.8	91,873
21-44	64.5	9.9	719	73	3,971	18.1	158,024
45-64	85.1	30.2	2,154	71	8,180	26.3	81,421
65-74	90.2	36.3	2,167	60	7,096	30.5	39,232
75-84	92.4	40.8	2,334	57	10,229	22.8	33,275
85 and older	92.9	42.7	2,293	54	16,686	13.7	19,811
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.4	39.7	2,275	57	10,923	20.8	82,146
Disabled	82.0	24.0	1,901	79	7,789	24.4	168,922
Adults	57.9	5.5	225	41	2,179	10.3	130,764
Children	63.3	4.3	209	49	1,312	15.9	378,171
Unknown	77.0	13.1	1,150	88	11,112	10.4	183
Gender							
Female	71.9	14.3	847	59	4,130	20.5	455,419
Male	69.7	10.9	803	74	3,864	20.8	286,294
Unknown	9.5	0.6	35	59	483	7.3	18,473
Race							
White	77.3	17.4	1,155	66	5,333	21.7	251,781
African American	70.7	10.8	657	61	3,408	19.3	419,484
Other/unknown	42.5	8.1	564	70	2,514	22.4	88,921
Use of Nursing Facilities^f							
Entire year	97.2	74.0	4,535	61	43,812	10.4	13,484
Part year	94.5	46.9	2,934	63	26,231	11.2	6,765
None	68.8	11.3	724	64	3,011	24.0	739,937
Maintenance Assistance Status							
Cash	76.5	14.6	969	66	4,289	22.6	306,381
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.3	8.8	497	56	1,785	27.8	355,786
Other/unknown	56.2	20.8	1,459	70	10,680	13.7	98,019

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 MISSISSIPPI, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	1.2	\$79	20.6	30.4	44.5	7.8	14.4	2.5	0.4	\$384	760,186	7,795,814
Age												
5 and younger	0.5	24	13.1	35.4	57.9	5.2	1.5	0.0	0.0	180	166,167	1,583,361
6-14	0.4	29	20.6	36.5	56.6	4.6	2.3	0.1	0.0	142	170,383	1,803,756
15-20	0.5	32	13.8	37.3	54.7	5.3	2.5	0.2	0.0	231	91,873	917,431
21-44	1.0	71	18.1	35.5	42.6	9.3	11.6	0.8	0.0	392	158,024	1,602,549
45-64	2.8	201	26.3	14.9	19.3	13.5	44.6	7.0	0.5	765	81,421	870,810
65-74	3.2	194	30.5	9.8	15.3	13.5	51.1	8.9	1.4	634	39,232	439,180
75-84	3.7	210	22.8	7.6	12.7	12.6	52.0	12.4	2.8	918	33,275	370,725
85 and older	4.1	218	13.7	7.1	11.8	12.5	46.2	18.3	4.1	1,589	19,811	208,002
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	3.6	207	20.8	8.6	13.5	12.9	49.6	12.7	2.8	995	82,146	902,061
Disabled	2.2	175	24.4	18.0	29.4	13.4	34.1	4.8	0.3	717	168,922	1,836,350
Adults	0.6	23	10.3	42.1	46.5	6.7	4.6	0.1	0.0	225	130,764	1,269,296
Children	0.4	21	15.9	36.7	57.4	4.5	1.4	0.0	0.0	131	378,171	3,786,730
Unknown	1.7	153	10.4	23.0	30.6	23.5	22.4	0.5	0.0	1,477	183	1,377
Gender												
Female	1.4	82	20.5	28.1	43.8	8.0	16.6	3.0	0.5	401	455,419	4,694,243
Male	1.1	78	20.8	30.3	48.0	7.8	11.9	1.8	0.3	375	286,294	2,953,129
Unknown	0.1	4	7.3	90.5	8.3	0.8	0.4	0.0	0.0	60	18,473	148,442
Race												
White	1.7	114	21.7	22.7	43.2	9.2	19.6	4.4	0.8	527	251,781	2,547,696
African American	1.0	63	19.3	29.3	49.4	7.4	12.2	1.5	0.1	325	419,484	4,405,627
Other/unknown	0.9	60	22.4	57.5	25.3	5.2	10.5	1.4	0.1	265	88,921	842,491
Use of Nursing Facilities^f												
Entire year	7.2	444	10.4	2.8	3.3	4.8	26.9	44.4	17.8	4,288	13,484	137,785
Part year	4.6	287	11.2	5.5	10.3	11.0	43.1	25.7	4.4	2,569	6,765	69,086
None	1.1	71	24.0	31.2	45.6	7.8	14.0	1.5	0.0	294	739,937	7,588,943
Maintenance Assistance Status												
Cash	1.4	91	22.6	23.5	45.4	10.2	18.6	2.2	0.1	404	306,381	3,253,298
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	50	27.8	32.7	49.9	6.5	10.1	0.8	0.0	180	355,786	3,525,958
Other/unknown	2.0	141	13.7	43.8	22.5	4.6	17.3	9.3	2.6	1,030	98,019	1,016,558

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MISSISSIPPI, 2005

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	1.2	\$79	\$64	0.5	\$57	\$122	0.0	\$2	\$58	0.7	\$19	\$27
Age												
5 and younger	0.5	24	48	0.2	17	95	0.0	1	41	0.3	6	20
6-14	0.4	29	67	0.2	23	112	0.0	2	63	0.2	5	24
15-20	0.5	32	65	0.2	24	136	0.0	2	53	0.3	6	23
21-44	1.0	71	73	0.3	52	165	0.0	2	62	0.6	17	27
45-64	2.8	201	71	1.1	143	136	0.1	5	75	1.7	53	31
65-74	3.2	194	60	1.3	137	107	0.1	4	58	1.9	52	28
75-84	3.7	210	57	1.5	150	103	0.1	5	50	2.1	55	26
85 and older	4.1	218	54	1.5	154	100	0.1	5	47	2.4	59	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.6	207	57	1.4	148	104	0.1	5	52	2.1	55	26
Disabled	2.2	175	79	0.8	130	155	0.1	5	77	1.3	41	31
Adults	0.6	23	41	0.2	14	90	0.0	1	41	0.4	8	20
Children	0.4	21	49	0.2	15	89	0.0	1	48	0.2	5	21
Unknown	1.7	153	88	0.6	121	219	0.0	2	52	1.1	30	26
Gender												
Female	1.4	82	59	0.5	58	113	0.0	3	54	0.8	22	26
Male	1.1	78	74	0.4	59	139	0.0	2	68	0.6	17	28
Unknown	0.1	4	59	0.0	3	137	0.0	0	33	0.0	1	20
Race												
White	1.7	114	66	0.7	82	123	0.1	4	63	1.0	29	29
African American	1.0	63	61	0.4	46	119	0.0	2	53	0.6	15	25
Other/unknown	0.9	60	70	0.3	44	132	0.0	2	63	0.5	14	28
Use of Nursing Facilities^e												
Entire year	7.2	444	61	2.8	321	115	0.2	11	56	4.2	111	27
Part year	4.6	287	63	1.8	208	118	0.1	6	58	2.7	73	27
None	1.1	71	64	0.4	51	123	0.0	2	58	0.6	17	27
Maintenance Assistance Status												
Cash	1.4	91	66	0.5	66	132	0.0	3	60	0.8	22	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.9	50	56	0.3	35	102	0.0	2	55	0.5	13	26
Other/unknown	2.0	141	70	0.8	105	131	0.1	4	60	1.1	33	29

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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, 0.3 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.medispn.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.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MISSISSIPPI, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users ^e		
	Total	Patented Brand-	Off-Patent Brand-	Total	Total	Patented Brand-	Off-Patent Brand-	Total	Total	Patented Brand-	Off-Patent Brand-	Total	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Name	Name			Name	Name			Name	Name						
Anti-infective Agents	0.2	0.1	0.0	0.1	\$14	\$9	\$2	\$4	\$58	\$127	\$65	\$25	976,848	\$57,057,579	364,717	48.0	4,030,599
Biologicals	0.4	0.4	0.0	0.0	533	455	16	61	1399	1,249	2,479	6,369	5,959	8,338,685	1,655	0.2	15,651
Antineoplastic Agents	0.4	0.1	0.0	0.3	102	75	0	27	233	598	148	87	39,115	9,132,240	8,404	1.1	89,748
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	20	2	7	58	104	43	26	921,990	53,066,005	171,326	22.5	1,914,262
Cardiovascular Agents	1.3	0.5	0.0	0.7	57	41	0	16	45	75	19	23	2,212,946	100,396,691	156,782	20.6	1,768,571
Respiratory Agents	0.3	0.2	0.0	0.1	18	15	0	3	53	82	27	18	970,478	51,016,311	260,814	34.3	2,894,552
Gastrointestinal Agents	0.4	0.1	0.0	0.3	25	18	0	7	67	167	83	26	434,520	28,906,431	104,353	13.7	1,167,432
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	0	4	63	83	62	32	144,729	9,113,298	45,727	6.0	504,702
CNS Drugs	0.7	0.3	0.0	0.4	74	62	0	12	101	180	111	30	1,118,616	112,760,661	135,599	17.8	1,521,934
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	52	49	0	3	100	109	105	45	123,637	12,384,036	21,157	2.8	237,314
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	106	104	0	3	155	170	122	35	113,384	17,587,945	14,872	2.0	165,407
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	16	6	1	8	41	160	138	25	1,032,267	42,453,005	241,953	31.8	2,695,883
Neuromuscular Agents	0.6	0.1	0.0	0.4	47	25	2	20	82	174	77	49	545,858	44,765,842	84,635	11.1	959,111
Nutritional Products	0.4	0.0	0.0	0.3	7	1	0	6	20	29	29	19	234,952	4,679,529	59,455	7.8	652,920
Hematological Agents	0.6	0.3	0.0	0.3	78	70	1	7	139	266	36	26	271,088	37,789,839	43,318	5.7	483,723
Topical Products	0.2	0.1	0.0	0.1	11	7	0	4	48	83	48	26	465,008	22,237,888	189,675	25.0	2,112,728
Miscellaneous Products	0.4	0.1	0.0	0.2	101	72	7	23	289	680	411	100	13,763	3,976,191	3,679	0.5	39,257
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	28	0	0	0	29,561	827,391	12,857	1.7	145,616
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.	9,654,719	616,489,567	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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.medispn.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, 0.3 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.medispn.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 2005.

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, 2005

Top 10 Drug Groups	Users			Among Users			
	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	\$72,503,005	53,805	7.1	611,054	0.5	\$232	\$119
ANTICONVULSANT	38,135,605	57,263	7.5	651,601	0.6	106	59
ANTIDIABETIC	37,787,560	84,893	11.2	970,957	0.5	75	39
ANTIHYPERTENSIVE	34,180,577	130,682	17.2	1,494,740	0.5	45	23
ANTIASTHMATIC	31,721,951	148,886	19.6	1,674,690	0.2	76	19
ANTIDEPRESSANTS	30,928,112	102,327	13.5	1,153,339	0.4	63	27
ANTIHYPERTENSIVE	29,248,609	56,602	7.4	655,821	0.5	96	45
MISC. HEMATOLOGICAL	26,765,908	23,430	3.1	265,373	0.5	185	101
ANALGESICS - Narcotic	20,806,568	243,705	32.1	2,725,546	0.2	32	8
ULCER DRUGS	18,590,753	99,735	13.1	1,122,879	0.3	51	17
Total	340,668,648	1,001,328		11,326,000	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Mississippi, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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.

All Medicaid Beneficiaries