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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
MISSISSIPPI

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSISSIPPI, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	775999 (A)	157272 (E)	618727 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	701861 (B)	91067 (F)	610794 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	701861 (C)	91067 (G)	610794 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	13342 (D)	12504 (H)	838 (L)

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.
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 2006 (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 2006, 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 2006 was $263,971,577, of which $1,866,645 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. 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 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 2006. 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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**701,861**	**44,831**	**138,789**	**136,057**	**381,956**	**228**	**6,729,476**	**484,523**	**1,523,905**	**1,232,866**	**3,486,629**	**1,553**
Age												
5 and younger	170,235	0	6,006	10	164,219	0	1,507,145	0	62,758	112	1,444,275	0
6-14	168,851	0	15,433	98	153,320	0	1,635,891	0	175,175	722	1,459,994	0
15-20	92,749	0	11,582	16,837	64,330	0	866,839	0	128,302	156,751	581,786	0
21-44	154,721	1	40,209	114,350	87	74	1,480,929	11	442,427	1,037,452	574	465
45-64	60,029	3	55,124	4,753	0	149	634,934	36	596,071	37,776	0	1,051
65-74	21,174	13,978	7,183	8	0	5	236,033	154,038	81,906	52	0	37
75-84	19,275	16,679	2,595	1	0	0	212,586	182,628	29,957	1	0	0
85 and older	14,827	14,170	657	0	0	0	155,119	147,810	7,309	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	430,550	33,933	74,632	131,694	190,063	228	4,151,614	370,235	828,506	1,199,846	1,751,474	1,553
Male	266,865	10,885	64,107	4,362	187,511	0	2,562,591	114,168	694,860	33,019	1,720,544	0
Unknown	4,446	13	50	1	4,382	0	15,271	120	539	1	14,611	0
Race												
White	227,343	19,610	42,388	43,661	121,581	103	2,169,255	206,246	456,548	395,201	1,110,584	676
African American	392,819	20,530	73,453	66,986	231,741	109	3,832,558	227,238	816,348	609,067	2,179,125	780
Other/unknown	81,699	4,691	22,948	25,410	28,634	16	727,663	51,039	251,009	228,598	196,920	97
Use of Nursing Facilities[c]												
Entire year	13,342	11,445	1,897	0	0	0	139,154	118,440	20,714	0	0	0
Part year	7,598	5,597	1,996	5	0	0	79,079	57,191	21,844	44	0	0
None	680,921	27,789	134,896	136,052	381,956	228	6,511,243	308,892	1,481,347	1,232,822	3,486,629	1,553
Maintenance Assistance Status												
Cash	279,484	22,912	120,859	53,805	81,908	0	2,848,850	258,263	1,332,866	475,721	782,000	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	322,273	1,748	5,173	21,477	293,647	228	2,887,067	18,796	57,189	163,381	2,646,148	1,553
Other/unknown	100,104	20,171	12,757	60,775	6,401	0	993,559	207,464	133,850	593,764	58,481	0
Dual Medicare Status[d]												
Full dual, all year	82,888	39,698	42,408	768	6	8	912,677	428,875	476,889	6,781	56	76
Full dual, part year	8,179	3,901	4,251	27	0	0	90,803	42,486	48,013	304	0	0
Non-dual, all year	610,794	1,232	92,130	135,262	381,950	220	5,725,996	13,162	999,003	1,225,781	3,486,573	1,477
Managed Care (MC) Status												
Fee-for-service (FFS) all year	701,861	44,831	138,789	136,057	381,956	228	6,729,476	484,523	1,523,905	1,232,866	3,486,629	1,553
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 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

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	**59.0**	**5.9**	**$373**	**$63**	**$3,962**	**9.4**	**701,861**
Age							
5 and younger	68.7	4.8	237	50	2,085	11.4	170,235
6-14	61.4	4.4	317	72	1,573	20.1	168,851
15-20	60.3	4.6	315	68	2,532	12.4	92,749
21-44	55.1	6.5	413	64	3,933	10.5	154,721
45-64	64.5	17.3	1,155	67	9,630	12.0	60,029
65-74	30.0	4.5	229	51	8,815	2.6	21,174
75-84	20.1	1.4	33	24	13,379	0.2	19,275
85 and older	20.6	1.2	21	17	19,851	0.1	14,827
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	22.5	2.0	70	35	15,722	0.4	44,831
Disabled	63.2	13.2	1,108	84	8,572	12.9	138,789
Adults	53.8	4.8	187	39	2,235	8.4	136,057
Children	63.5	4.2	208	50	1,518	13.7	381,956
Unknown	74.1	11.8	756	64	11,732	6.4	228
Gender							
Female	58.5	6.2	338	55	4,006	8.4	430,550
Male	60.3	5.7	436	77	3,949	11.0	266,865
Unknown	24.1	1.0	39	39	485	8.1	4,446
Race							
White	64.1	7.2	470	65	5,311	8.8	227,343
African American	60.4	5.5	322	58	3,478	9.2	392,819
Other/unknown	38.0	4.4	355	81	2,540	14.0	81,699
Use of Nursing Facilities[f]							
Entire year	38.3	7.5	401	54	43,243	0.9	13,342
Part year	33.6	5.3	324	62	23,037	1.4	7,598
None	59.7	5.9	374	63	2,980	12.5	680,921
Maintenance Assistance Status							
Cash	62.5	8.9	619	70	4,452	13.9	279,484
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	63.6	4.2	205	49	1,670	12.3	322,273
Other/unknown	34.3	3.5	230	65	9,975	2.3	100,104

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

				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	**0.6**	**$39**	**9.4**	**41.0**	**47.2**	**6.2**	**5.4**	**0.2**	**0.0**	**$413**	**701,861**	**6,729,476**
Age												
5 and younger	0.5	27	11.4	31.3	61.3	6.1	1.3	0.0	0.0	236	170,235	1,507,145
6-14	0.5	33	20.1	38.6	54.2	4.9	2.2	0.1	0.0	162	168,851	1,635,891
15-20	0.5	34	12.4	39.7	52.4	5.4	2.3	0.1	0.0	271	92,749	866,839
21-44	0.7	43	10.5	44.9	40.0	7.8	7.2	0.1	0.0	411	154,721	1,480,929
45-64	1.6	109	12.0	35.5	23.7	11.0	28.8	0.8	0.3	910	60,029	634,934
65-74	0.4	21	2.6	70.0	20.7	3.6	5.4	0.3	0.1	791	21,174	236,033
75-84	0.1	3	0.2	79.9	18.7	0.9	0.4	0.1	0.0	1,213	19,275	212,586
85 and older	0.1	2	0.1	79.4	19.6	0.8	0.2	0.0	0.0	1,898	14,827	155,119
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	0.2	7	0.4	77.5	19.7	1.4	1.2	0.2	0.0	1,455	44,831	484,523
Disabled	1.2	101	12.9	36.8	33.2	10.5	18.7	0.7	0.2	781	138,789	1,523,905
Adults	0.5	21	8.4	46.2	42.8	6.5	4.4	0.0	0.0	247	136,057	1,232,866
Children	0.5	23	13.7	36.5	57.1	5.0	1.3	0.0	0.0	166	381,956	3,486,629
Unknown	1.7	111	6.4	25.9	32.5	13.6	28.1	0.0	0.0	1,723	228	1,553
Gender												
Female	0.6	35	8.4	41.5	46.1	6.2	6.1	0.1	0.0	416	430,550	4,151,614
Male	0.6	45	11.0	39.7	49.5	6.3	4.3	0.2	0.0	411	266,865	2,562,591
Unknown	0.3	11	8.1	75.9	21.3	1.8	1.0	0.0	0.0	141	4,446	15,271
Race												
White	0.8	49	8.8	35.9	48.9	7.7	7.2	0.2	0.1	557	227,343	2,169,255
African American	0.6	33	9.2	39.6	50.1	5.8	4.4	0.1	0.0	356	392,819	3,832,558
Other/unknown	0.5	40	14.0	62.0	28.8	4.0	5.1	0.2	0.0	285	81,699	727,663
Use of Nursing Facilities[f]												
Entire year	0.7	38	0.9	61.7	29.4	2.6	2.3	2.8	1.2	4,146	13,342	139,154
Part year	0.5	31	1.4	66.4	25.1	2.0	4.1	2.1	0.3	2,214	7,598	79,079
None	0.6	39	12.5	40.3	47.8	6.3	5.4	0.1	0.0	312	680,921	6,511,243
Maintenance Assistance Status												
Cash	0.9	61	13.9	37.5	43.0	8.5	10.6	0.3	0.1	437	279,484	2,848,850
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	23	12.3	36.4	56.9	5.2	1.5	0.0	0.0	186	322,273	2,887,067
Other/unknown	0.4	23	2.3	65.7	28.0	2.8	3.3	0.2	0.1	1,005	100,104	993,559

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

	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	**0.6**	**$39**	**$63**	**0.2**	**$28**	**$144**	**0.0**	**$1**	**$54**	**0.4**	**$10**	**$24**
Age												
5 and younger	0.5	27	50	0.2	19	109	0.0	1	36	0.3	7	21
6-14	0.5	33	72	0.2	26	130	0.0	1	49	0.2	6	26
15-20	0.5	34	68	0.2	25	163	0.0	1	61	0.3	8	24
21-44	0.7	43	64	0.2	31	176	0.0	1	64	0.5	11	23
45-64	1.6	109	67	0.5	75	155	0.0	2	75	1.1	32	29
65-74	0.4	21	51	0.1	13	124	0.0	1	75	0.3	7	23
75-84	0.1	3	24	0.0	1	107	0.0	0	65	0.1	2	16
85 and older	0.1	2	17	0.0	0	101	0.0	0	48	0.1	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.2	7	35	0.0	4	122	0.0	0	72	0.2	3	19
Disabled	1.2	101	84	0.4	77	198	0.0	2	74	0.8	22	28
Adults	0.5	21	39	0.1	12	97	0.0	1	57	0.4	8	20
Children	0.5	23	50	0.2	16	100	0.0	1	41	0.3	6	22
Unknown	1.7	111	64	0.4	81	191	0.0	3	123	1.3	27	21
Gender												
Female	0.6	35	55	0.2	24	129	0.0	1	55	0.4	10	24
Male	0.6	45	77	0.2	35	165	0.0	1	52	0.4	9	26
Unknown	0.3	11	39	0.1	7	91	0.0	0	33	0.2	4	19
Race												
White	0.8	49	65	0.2	35	146	0.0	1	63	0.5	13	26
African American	0.6	33	58	0.2	24	136	0.0	1	48	0.4	9	23
Other/unknown	0.5	40	81	0.2	31	178	0.0	1	53	0.3	8	27
Use of Nursing Facilities[e]												
Entire year	0.7	38	54	0.2	25	153	0.0	1	78	0.5	13	23
Part year	0.5	31	62	0.1	21	175	0.0	0	72	0.4	9	25
None	0.6	39	63	0.2	28	144	0.0	1	54	0.4	10	24
Maintenance Assistance Status												
Cash	0.9	61	70	0.3	45	168	0.0	1	63	0.6	15	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	23	49	0.2	16	101	0.0	1	45	0.3	6	22
Other/unknown	0.4	23	65	0.1	17	160	0.0	1	52	0.2	6	25

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx

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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Users[e]				
	Total	Patented Brand-Name	Off-Patent Brand-Name	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	0.0	0.0	0.2	$12	$6	$1	$5	$49	$141	$47	$26	721,489	$35,337,298	283,536	40.4	2,991,345
Biologicals	0.4	0.4	0.0	0.0	488	482	3	4	1308	1,299	1,740	4,348	6,798	8,892,329	2,034	0.3	18,218
Antineoplastic Agents	0.4	0.1	0.0	0.3	151	133	0	18	378	1,004	96	68	8,068	3,047,666	1,894	0.3	20,174
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	16	11	0	5	54	108	31	27	352,559	18,983,730	107,975	15.4	1,165,381
Cardiovascular Agents	0.8	0.3	0.0	0.5	34	22	1	12	43	77	70	23	464,665	20,063,096	53,513	7.6	584,836
Respiratory Agents	0.3	0.2	0.0	0.1	16	13	0	3	50	81	25	20	702,827	35,451,533	210,099	29.9	2,230,846
Gastrointestinal Agents	0.3	0.1	0.0	0.1	17	13	1	3	69	135	255	21	149,197	10,327,207	55,566	7.9	595,578
Genitourinary Agents	0.2	0.0	0.0	0.1	7	3	1	4	42	82	94	29	45,254	1,898,432	25,446	3.6	270,605
CNS Drugs	0.5	0.2	0.0	0.4	54	43	2	9	98	251	108	26	466,093	45,614,761	77,132	11.0	848,099
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	57	55	0	3	108	117	314	42	117,222	12,710,856	20,296	2.9	221,915
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.1	98	93	0	5	247	288	0	62	9,759	2,406,233	2,177	0.3	24,587
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	7	3	0	5	27	188	93	18	449,012	12,239,022	154,861	22.1	1,666,160
Neuromuscular Agents	0.5	0.2	0.0	0.3	42	29	0	13	85	188	51	38	241,253	20,560,575	44,273	6.3	489,433
Nutritional Products	0.2	0.1	0.0	0.2	6	3	0	4	27	35	84	23	77,749	2,077,255	30,646	4.4	324,154
Hematological Agents	0.4	0.1	0.0	0.3	121	113	0	8	292	973	36	26	61,251	17,902,874	13,563	1.9	148,387
Topical Products	0.2	0.0	0.0	0.1	7	4	0	3	39	94	29	22	284,209	11,070,479	143,854	20.5	1,531,726
Miscellaneous Products	0.4	0.2	0.0	0.2	219	185	6	27	522	829	308	154	6,374	3,325,846	1,362	0.2	15,217
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	52	0	0	0	3,772	195,740	2,640	0.4	29,011
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.	4,167,551	262,104,932	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx.

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Mississippi, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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, 2006

		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	$33,145,233	25,617	3.6	290,012	0.4	$257	$114
ANTIASTHMATIC	21,072,046	114,446	16.3	1,241,720	0.2	79	17
ANTICONVULSANT	18,735,552	29,923	4.3	335,523	0.5	112	56
MISC. HEMATOLOGICAL	14,104,516	3,845	0.5	43,014	0.5	687	328
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	12,710,856	24,092	3.4	265,190	0.4	108	48
ANTIDIABETIC	10,381,751	25,788	3.7	287,794	0.4	82	36
ANTIVIRAL	10,145,050	21,918	3.1	236,883	0.2	276	43
PASSIVE IMMUNIZING AGENTS	8,891,593	2,007	0.3	17,894	0.4	1,313	497
ANTIDEPRESSANTS	8,835,272	45,455	6.5	500,134	0.3	55	18
CEPHALOSPORINS	8,215,800	111,748	15.9	1,218,430	0.1	56	7
Total	146,237,669	404,839	n.a.	4,436,594	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Mississippi, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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