STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
MISSISSIPPI

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSISSIPPI, 2007

Inclusion Criteria (2007)	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]	745543 (A)	154966 (E)	590577 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	673171 (B)	87492 (F)	585679 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	673171 (C)	87492 (G)	585679 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	13246 (D)	12358 (H)	888 (L)

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007 (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 2007, 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 2007 was $288,951,997, of which $1,137,387 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, 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, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

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 2007. 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 2007. 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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
MISSISSIPPI, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	673,171	41,616	141,350	126,446	363,530	229	6,420,961	446,025	1,514,088	1,142,009	3,317,298	1,541
Age												
5 and younger	170,124	0	6,536	63	163,525	0	1,522,221	0	64,196	609	1,457,416	0
6-14	157,652	0	15,395	67	142,190	0	1,518,608	0	172,064	442	1,346,102	0
15-20	86,835	0	12,107	16,996	57,732	0	799,283	0	132,521	153,486	513,276	0
21-44	144,930	0	39,289	105,494	82	65	1,380,296	0	423,689	955,736	501	370
45-64	60,563	52	56,529	3,824	0	158	624,234	624	590,747	31,719	0	1,144
65-74	20,125	12,071	8,046	2	0	6	223,734	132,088	91,602	17	0	27
75-84	18,492	15,739	2,753	0	0	0	202,505	170,924	31,581	0	0	0
85 and older	14,449	13,754	695	0	0	0	150,077	142,389	7,688	0	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
Gender												
Female	412,830	31,581	75,687	122,853	182,480	229	3,949,714	341,478	821,534	1,114,711	1,670,450	1,541
Male	259,059	10,027	65,638	3,592	179,802	0	2,462,782	104,461	692,321	27,294	1,638,706	0
Unknown	1,282	8	25	1	1,248	0	8,465	86	233	4	8,142	0
Race												
White	223,257	18,519	41,781	44,396	118,449	112	2,077,531	191,969	438,125	394,753	1,051,947	737
African American	377,772	18,877	71,815	67,998	218,981	101	3,671,920	208,171	778,584	620,653	2,063,818	694
Other/unknown	72,142	4,220	27,754	14,052	26,100	16	671,510	45,885	297,379	126,603	201,533	110
Use of Nursing Facilities[c]												
Entire year	13,246	11,111	2,135	0	0	0	138,458	115,078	23,380	0	0	0
Part year	7,530	5,442	2,086	2	0	0	77,129	54,550	22,564	15	0	0
None	652,395	25,063	137,129	126,444	363,530	229	6,205,374	276,397	1,468,144	1,141,994	3,317,298	1,541
Maintenance Assistance Status												
Cash	266,558	20,601	124,413	48,898	72,646	0	2,699,153	232,416	1,336,735	428,366	701,636	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	311,144	1,175	3,121	21,026	285,593	229	2,761,347	11,848	33,715	154,967	2,559,276	1,541
Other/unknown	95,469	19,840	13,816	56,522	5,291	0	960,461	201,761	143,638	558,676	56,386	0
Dual Medicare Status[d]												
Full dual, all year	80,835	37,123	43,068	633	2	9	886,209	400,153	480,084	5,912	17	43
Full dual, part year	6,657	3,228	3,404	25	0	0	72,887	34,703	37,909	275	0	0
Non-dual, all year	585,679	1,265	94,878	125,788	363,528	220	5,461,865	11,169	996,095	1,135,822	3,317,281	1,498
Managed Care (MC) Status												
Fee-for-service (FFS) all year	673,171	41,616	141,350	126,446	363,530	229	6,420,961	446,025	1,514,088	1,142,009	3,317,298	1,541
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 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

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	**60.9**	**6.3**	**$428**	**$68**	**$4,366**	**9.8**	**673,171**
Age							
5 and younger	71.3	5.1	270	53	2,318	11.6	170,124
6-14	63.6	4.7	371	79	1,755	21.1	157,652
15-20	63.1	5.0	384	76	2,896	13.3	86,835
21-44	56.1	6.8	472	70	4,277	11.0	144,930
45-64	64.4	17.8	1,254	71	10,178	12.3	60,563
65-74	31.2	4.8	241	51	10,080	2.4	20,125
75-84	20.9	1.4	31	22	14,455	0.2	18,492
85 and older	21.6	1.3	21	16	21,465	0.1	14,449
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility[e]							
Aged	23.0	1.9	60	31	17,409	0.3	41,616
Disabled	63.3	13.4	1,211	90	9,219	13.1	141,350
Adults	55.2	5.0	203	41	2,437	8.3	126,446
Children	66.3	4.5	243	54	1,651	14.7	363,530
Unknown	77.3	12.4	1,020	82	14,038	7.3	229
Gender							
Female	60.0	6.4	378	59	4,391	8.6	412,830
Male	62.3	6.1	508	84	4,344	11.7	259,059
Unknown	58.9	2.5	102	40	767	13.3	1,282
Race							
White	64.7	7.4	514	70	5,705	9.0	223,257
African American	61.3	5.7	359	63	3,745	9.6	377,772
Other/unknown	47.0	5.8	518	89	3,472	14.9	72,142
Use of Nursing Facilities[f]							
Entire year	40.6	8.2	452	55	46,301	1.0	13,246
Part year	36.3	5.9	379	64	25,240	1.5	7,530
None	61.6	6.3	428	68	3,274	13.1	652,395
Maintenance Assistance Status							
Cash	63.9	9.4	707	75	4,951	14.3	266,558
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	65.9	4.4	235	54	1,772	13.3	311,144
Other/unknown	36.2	3.9	277	71	11,187	2.5	95,469

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number Beneficiaries	Benefit Months
All	**0.7**	**$45**	**9.8**	**39.1**	**48.4**	**6.6**	**5.8**	**0.2**	**0.0**	**$458**	**673,171**	**6,420,961**
Age												
5 and younger	0.6	30	11.6	28.7	63.3	6.5	1.6	0.0	0.0	259	170,124	1,522,221
6-14	0.5	39	21.1	36.4	55.6	5.4	2.5	0.1	0.0	182	157,652	1,518,608
15-20	0.5	42	13.3	36.9	54.1	6.1	2.7	0.2	0.0	315	86,835	799,283
21-44	0.7	50	11.0	43.9	40.4	8.0	7.6	0.1	0.0	449	144,930	1,380,296
45-64	1.7	122	12.3	35.6	22.7	11.0	29.4	0.8	0.4	987	60,563	624,234
65-74	0.4	22	2.4	68.8	21.6	3.6	5.5	0.4	0.1	907	20,125	223,734
75-84	0.1	3	0.2	79.1	19.5	1.0	0.4	0.0	0.0	1,320	18,492	202,505
85 and older	0.1	2	0.1	78.4	20.5	0.9	0.2	0.0	0.0	2,067	14,449	150,077
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
Basis of Eligibility[e]												
Aged	0.2	6	0.3	77.0	20.4	1.4	1.0	0.1	0.0	1,624	41,616	446,025
Disabled	1.3	113	13.1	36.7	32.7	10.6	19.0	0.7	0.2	861	141,350	1,514,088
Adults	0.5	23	8.3	44.8	43.9	6.7	4.5	0.0	0.0	270	126,446	1,142,009
Children	0.5	27	14.7	33.7	59.2	5.5	1.6	0.0	0.0	181	363,530	3,317,298
Unknown	1.8	152	7.3	22.7	32.8	20.1	24.5	0.0	0.0	2,086	229	1,541
Gender												
Female	0.7	40	8.6	40.0	47.0	6.4	6.4	0.1	0.0	459	412,830	3,949,714
Male	0.6	53	11.7	37.7	50.4	6.8	4.8	0.2	0.1	457	259,059	2,462,782
Unknown	0.4	15	13.3	41.1	53.0	4.4	1.3	0.2	0.0	116	1,282	8,465
Race												
White	0.8	55	9.0	35.3	48.9	8.0	7.5	0.2	0.1	613	223,257	2,077,531
African American	0.6	37	9.6	38.7	50.7	5.9	4.6	0.1	0.0	385	377,772	3,671,920
Other/unknown	0.6	56	14.9	53.0	34.6	5.6	6.6	0.2	0.0	373	72,142	671,510
Use of Nursing Facilities[f]												
Entire year	0.8	43	1.0	59.4	31.0	2.9	2.3	2.8	1.6	4,430	13,246	138,458
Part year	0.6	37	1.5	63.7	27.3	2.1	4.0	2.3	0.5	2,464	7,530	77,129
None	0.7	45	13.1	38.4	49.0	6.7	5.9	0.1	0.0	344	652,395	6,205,374
Maintenance Assistance Status												
Cash	0.9	70	14.3	36.1	43.2	8.9	11.4	0.3	0.1	489	266,558	2,699,153
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	27	13.3	34.1	58.5	5.7	1.7	0.0	0.0	200	311,144	2,761,347
Other/unknown	0.4	28	2.5	63.8	29.6	2.9	3.4	0.3	0.1	1,112	95,469	960,461

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007

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	**0.7**	**$45**	**$68**	**0.2**	**$31**	**$171**	**0.0**	**$2**	**$68**	**0.4**	**$12**	**$26**
Age												
5 and younger	0.6	30	53	0.2	19	128	0.0	2	52	0.4	9	24
6-14	0.5	39	79	0.2	29	145	0.0	2	84	0.3	8	29
15-20	0.5	42	76	0.2	31	196	0.0	2	71	0.4	9	25
21-44	0.7	50	70	0.2	35	216	0.0	2	63	0.5	13	24
45-64	1.7	122	71	0.4	81	188	0.1	4	76	1.2	36	29
65-74	0.4	22	51	0.1	13	141	0.0	1	73	0.3	8	24
75-84	0.1	3	22	0.0	1	118	0.0	0	63	0.1	2	16
85 and older	0.1	2	16	0.0	0	105	0.0	0	81	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	6	31	0.0	3	134	0.0	0	71	0.2	3	18
Disabled	1.3	113	90	0.4	84	237	0.0	4	83	0.9	25	29
Adults	0.5	23	41	0.1	13	112	0.0	1	46	0.4	9	21
Children	0.5	27	54	0.1	17	114	0.0	2	64	0.3	8	25
Unknown	1.8	152	82	0.4	114	299	0.0	4	94	1.4	34	24
Gender												
Female	0.7	40	59	0.2	26	152	0.0	2	64	0.5	12	25
Male	0.6	53	84	0.2	40	196	0.0	2	75	0.4	11	28
Unknown	0.4	15	40	0.1	9	109	0.0	1	49	0.3	6	20
Race												
White	0.8	55	70	0.2	38	172	0.0	2	75	0.5	15	28
African American	0.6	37	63	0.2	25	160	0.0	2	63	0.4	10	25
Other/unknown	0.6	56	89	0.2	42	208	0.0	2	73	0.4	11	29
Use of Nursing Facilities[e]												
Entire year	0.8	43	55	0.2	28	174	0.0	1	73	0.6	15	24
Part year	0.6	37	64	0.1	24	214	0.0	1	91	0.5	12	26
None	0.7	45	68	0.2	31	170	0.0	2	68	0.4	12	26
Maintenance Assistance Status												
Cash	0.9	70	75	0.2	50	200	0.0	3	74	0.6	17	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	27	54	0.1	17	114	0.0	2	65	0.3	8	25
Other/unknown	0.4	28	71	0.1	20	200	0.0	1	55	0.3	7	26

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 0.4 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.

All Medicaid Beneficiaries

TABLE 6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
MISSISSIPPI, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Benefit Month Among Users — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Rx — 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	$5	$1	$6	$51	$257	$95	$30	710,445	$35,905,559	278,135	41.3	2,923,280
Biologicals	0.3	0.3	0.0	0.0	496	496	0	0	1451	1,451	0	0	6,846	9,933,131	2,280	0.3	20,020
Antineoplastic Agents	0.4	0.1	0.0	0.3	184	163	2	19	449	1,156	1,151	70	8,923	4,005,988	2,040	0.3	21,800
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	17	12	0	5	58	126	21	27	343,647	19,839,395	108,433	16.1	1,166,730
Cardiovascular Agents	0.8	0.2	0.1	0.6	36	15	5	16	44	93	75	27	476,273	20,958,891	53,708	8.0	585,283
Respiratory Agents	0.3	0.2	0.0	0.1	19	14	2	3	58	88	48	23	708,561	41,355,879	210,335	31.2	2,231,239
Gastrointestinal Agents	0.3	0.1	0.0	0.1	21	16	1	4	80	151	101	27	169,563	13,518,889	60,449	9.0	645,484
Genitourinary Agents	0.2	0.0	0.0	0.1	8	3	0	4	44	90	59	32	47,180	2,076,017	25,823	3.8	273,618
CNS Drugs	0.6	0.2	0.0	0.4	56	45	0	11	98	276	147	27	472,345	46,479,554	76,061	11.3	834,551
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	64	61	0	3	118	129	55	42	122,616	14,418,354	20,809	3.1	225,515
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.1	107	103	0	4	279	321	0	62	9,802	2,737,519	2,282	0.3	25,541
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	7	2	0	5	25	297	29	18	437,718	10,922,380	149,809	22.3	1,605,677
Neuromuscular Agents	0.5	0.2	0.0	0.3	50	33	4	13	95	202	160	38	262,572	24,874,624	45,174	6.7	497,474
Nutritional Products	0.2	0.1	0.0	0.2	6	3	0	3	25	36	42	19	80,728	2,034,945	31,392	4.7	329,755
Hematological Agents	0.4	0.1	0.0	0.3	149	144	0	5	347	1,001	33	17	60,978	21,167,688	13,059	1.9	142,386
Topical Products	0.2	0.0	0.0	0.1	8	4	0	3	40	99	76	23	304,628	12,222,223	148,779	22.1	1,581,882
Miscellaneous Products	0.6	0.3	0.0	0.2	427	395	6	27	773	1,310	281	116	6,337	4,897,524	1,023	0.2	11,457
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	8	0	0	0	68	0	0	0	6,900	466,050	5,021	0.7	55,297
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.	4,236,062	287,814,610	n.a.	n.a.	n.a.

TABLE 7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
MISSISSIPPI, 2007

| Top 10 Drug Groups | Total Medicaid Rx $ | Users | | | Among Users | | |
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$34,213,155	23,601	3.5	267,455	0.5	$271	$128
ANTIASTHMATIC	25,472,025	119,582	17.8	1,293,630	0.2	93	20
ANTICONVULSANT	22,972,191	32,221	4.8	359,075	0.5	124	64
MISC. HEMATOLOGICAL	17,659,207	3,739	0.6	41,542	0.5	872	425
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	14,418,354	24,889	3.7	271,985	0.5	118	53
ANTIVIRAL	11,597,350	16,713	2.5	180,068	0.2	354	64
ANTIDIABETIC	10,825,147	24,310	3.6	271,941	0.4	88	40
ULCER DRUGS	10,549,441	50,785	7.5	542,385	0.2	87	19
PASSIVE IMMUNIZING AGENTS	9,931,863	2,238	0.3	19,538	0.3	1,460	508
ANTIHISTAMINES	9,063,553	140,848	20.9	1,530,163	0.2	37	6
Total	166,702,286	438,926	n.a.	4,777,782	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Mississippi, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 2007. 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 2007. 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.

All Medicaid Beneficiaries