STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
MISSISSIPPI

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSISSIPPI, 2003

Inclusion Criteria (2003)	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]	766,343	(A)	155,881	(E)	610,462	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	758,319	(B)	153,476	(F)	604,843	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	758,319	(C)	153,476	(G)	604,843	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	13,163	(D)	12,390	(H)	773	(L)

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2003 (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 2003, 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 2003 was $586,088,302, of which $1,628,026 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 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.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 2003. 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 2003. 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, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**758,319**	**86,482**	**163,162**	**101,914**	**406,761**	**0**	**7,254,886**	**938,318**	**1,701,548**	**788,559**	**3,826,461**	**0**
Age												
5 and younger	184,528	0	6,325	0	178,203	0	1,629,729	0	58,485	0	1,571,244	0
6-14	181,405	0	15,546	56	165,803	0	1,825,130	0	162,513	247	1,662,370	0
15-20	87,653	0	10,678	14,273	62,702	0	814,549	0	114,096	108,011	592,442	0
21-44	133,251	26	49,925	83,248	52	0	1,167,254	209	522,617	644,032	396	0
45-64	76,423	105	71,995	4,322	1	0	786,628	910	749,530	36,179	9	0
65-74	40,352	34,694	5,650	8	0	0	441,292	379,487	61,754	51	0	0
75-84	34,589	32,298	2,285	6	0	0	379,045	354,245	24,770	30	0	0
85 and older	20,118	19,359	758	1	0	0	211,259	203,467	7,783	9	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	443,196	62,705	85,831	96,990	197,670	0	4,253,214	687,497	906,742	753,108	1,905,867	0
Male	303,623	23,765	77,320	4,922	197,616	0	2,972,233	250,717	794,726	35,447	1,891,343	0
Unknown	11,500	12	11	2	11,475	0	29,439	104	80	4	29,251	0
Race												
White	256,372	40,146	51,242	35,041	129,943	0	2,390,464	427,019	544,480	247,415	1,171,550	0
African American	435,242	39,065	79,151	61,895	255,131	0	4,357,921	432,641	866,334	516,230	2,542,716	0
Other/unknown	66,705	7,271	32,769	4,978	21,687	0	506,501	78,658	290,734	24,914	112,195	0
Use of Nursing Facilities[c]												
Entire year	13,163	11,077	2,086	0	0	0	135,787	113,414	22,373	0	0	0
Part year	6,414	5,120	1,291	2	1	0	65,350	51,916	13,403	19	12	0
None	738,742	70,285	159,785	101,912	406,760	0	7,053,749	772,988	1,665,772	788,540	3,826,449	0
Maintenance Assistance Status												
Cash	334,485	29,636	120,423	65,963	118,463	0	3,386,136	338,914	1,248,687	587,502	1,211,033	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	387,057	37,724	36,299	28,354	284,680	0	3,526,833	405,206	384,175	161,036	2,576,416	0
Other/unknown	36,777	19,122	6,440	7,597	3,618	0	341,917	194,198	68,686	40,021	39,012	0
Dual Medicare Status[d]												
Full dual, all year	152,083	83,879	67,640	558	6	0	1,659,451	914,919	740,220	4,274	38	0
Full dual, part year	1,393	961	430	2	0	0	14,400	9,808	4,568	24	0	0
Non-dual, all year	604,843	1,642	95,092	101,354	406,755	0	5,581,035	13,591	956,760	784,261	3,826,423	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	758,319	86,482	163,162	101,914	406,761	0	7,254,886	938,318	1,701,548	788,559	3,826,461	0
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 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. 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, 2003

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	**73.6 %**	**13.5**	**$771**	**$57**	**$3,621**	**21.3 %**	**758,319**
Age							
5 and younger	69.1	5.4	223	41	1,744	12.8	184,528
6-14	64.4	4.6	257	56	1,275	20.2	181,405
15-20	66.1	5.3	275	52	2,073	13.3	87,653
21-44	76.6	12.2	812	67	4,324	18.8	133,251
45-64	86.1	32.5	2,106	65	7,463	28.2	76,423
65-74	91.2	37.8	2,078	55	6,190	33.6	40,352
75-84	93.1	41.9	2,213	53	8,988	24.6	34,589
85 and older	94.0	43.1	2,140	50	15,089	14.2	20,118
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	92.3	40.5	2,138	53	9,170	23.3	86,482
Disabled	82.6	25.4	1,800	71	7,288	24.7	163,162
Adults	74.1	7.2	278	39	2,657	10.5	101,914
Children	65.8	4.6	191	41	1,211	15.7	406,761
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	77.5	15.7	847	54	3,950	21.4	443,196
Male	70.6	10.9	689	63	3,262	21.1	303,623
Unknown	2.1	0.1	8	76	419	1.8	11,500
Race							
White	80.0	18.0	1,075	60	4,690	22.9	256,372
African American	72.5	10.9	580	53	2,961	19.6	435,242
Other/unknown	55.7	13.3	843	64	3,816	22.1	66,705
Use of Nursing Facilities[f]							
Entire year	98.0	70.3	3,908	56	38,505	10.1	13,163
Part year	96.3	49.7	2,871	58	23,327	12.3	6,414
None	73.0	12.2	697	57	2,828	24.6	738,742
Maintenance Assistance Status							
Cash	77.0	14.6	855	59	3,743	22.8	334,485
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	70.1	10.1	552	55	1,898	29.1	387,057
Other/unknown	79.3	39.6	2,307	58	20,641	11.2	36,777

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. 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, 2003

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	**1.4**	**$81**	**21.3 %**	**26.4 %**	**46.5 %**	**8.9 %**	**13.8 %**	**4.1 %**	**0.3 %**	**$379**	**758,319**	**7,254,886**
Age												
5 and younger	0.6	25	12.8	30.9	59.2	7.5	2.4	0.1	0.0	198	184,528	1,629,729
6-14	0.5	26	20.2	35.6	57.3	4.6	2.3	0.2	0.0	127	181,405	1,825,130
15-20	0.6	30	13.3	33.9	56.4	6.3	2.9	0.3	0.0	223	87,653	814,549
21-44	1.4	93	18.8	23.4	47.2	12.8	14.7	1.9	0.0	494	133,251	1,167,254
45-64	3.2	205	28.2	13.9	18.2	13.6	40.6	13.3	0.4	725	76,423	786,628
65-74	3.5	190	33.6	8.8	15.5	13.5	45.2	15.9	1.0	566	40,352	441,292
75-84	3.8	202	24.6	6.9	13.3	12.5	46.0	18.9	2.4	820	34,589	379,045
85 and older	4.1	204	14.2	6.0	12.6	12.7	44.1	21.3	3.1	1,437	20,118	211,259
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	3.7	197	23.3	7.7	14.2	13.0	44.9	18.1	2.1	845	86,482	938,318
Disabled	2.4	173	24.7	17.4	28.8	13.5	31.1	8.9	0.3	699	163,162	1,701,548
Adults	0.9	36	10.5	25.9	55.3	11.3	7.3	0.3	0.0	343	101,914	788,559
Children	0.5	20	15.7	34.2	58.3	5.6	1.9	0.1	0.0	129	406,761	3,826,461
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.6	88	21.4	22.5	46.2	9.5	16.2	5.2	0.4	412	443,196	4,253,214
Male	1.1	70	21.1	29.4	48.7	8.3	10.9	2.6	0.2	333	303,623	2,972,233
Unknown	0.0	3	1.8	97.9	1.8	0.2	0.1	0.0	0.0	164	11,500	29,439
Race												
White	1.9	115	22.9	20.0	44.2	10.3	18.0	6.8	0.7	503	256,372	2,390,464
African American	1.1	58	19.6	27.5	50.9	8.1	11.1	2.4	0.1	296	435,242	4,357,921
Other/unknown	1.7	111	22.1	44.3	26.8	8.4	15.8	4.5	0.2	503	66,705	506,501
Use of Nursing Facilities[f]												
Entire year	6.8	379	10.1	2.0	4.0	5.7	30.0	43.8	14.5	3,733	13,163	135,787
Part year	4.9	282	12.3	3.7	9.6	10.5	42.4	29.0	4.9	2,290	6,414	65,350
None	1.3	73	24.6	27.0	47.6	8.9	13.3	3.1	0.0	296	738,742	7,053,749
Maintenance Assistance Status												
Cash	1.4	84	22.8	23.0	46.3	10.4	16.5	3.7	0.1	370	334,485	3,386,136
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	61	29.1	29.9	49.4	7.8	10.4	2.5	0.0	208	387,057	3,526,833
Other/unknown	4.3	248	11.2	20.7	18.3	7.1	25.3	23.1	5.6	2,220	36,777	341,917

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. 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, 2003

	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**	**$81**	**$57**	**0.7**	**$62**	**$93**	**0.0**	**$1**	**$34**	**0.7**	**$17**	**$25**
Age												
5 and younger	0.6	25	41	0.3	20	65	0.0	1	33	0.3	4	16
6-14	0.5	26	56	0.2	20	82	0.0	1	49	0.2	5	24
15-20	0.6	30	52	0.3	22	83	0.0	1	43	0.3	7	23
21-44	1.4	93	67	0.6	73	123	0.0	1	43	0.8	18	24
45-64	3.2	205	65	1.5	158	106	0.1	2	36	1.6	43	27
65-74	3.5	190	55	1.7	143	86	0.1	2	26	1.7	44	26
75-84	3.8	202	53	1.8	150	84	0.1	3	25	1.9	48	25
85 and older	4.1	204	50	1.7	147	84	0.1	3	24	2.2	53	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.7	197	53	1.7	147	85	0.1	2	25	1.9	47	25
Disabled	2.4	173	71	1.1	136	118	0.1	3	44	1.2	34	28
Adults	0.9	36	39	0.4	26	69	0.0	1	24	0.5	10	18
Children	0.5	20	41	0.2	16	63	0.0	1	36	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.6	88	54	0.8	67	88	0.0	1	31	0.8	20	24
Male	1.1	70	63	0.5	55	103	0.0	1	42	0.5	14	26
Unknown	0.0	3	76	0.0	3	157	0.0	0	15	0.0	0	16
Race												
White	1.9	115	60	0.9	89	96	0.1	2	36	0.9	24	26
African American	1.1	58	53	0.5	44	88	0.0	1	32	0.6	13	23
Other/unknown	1.7	111	64	0.8	87	103	0.0	2	41	0.8	22	26
Use of Nursing Facilities[e]												
Entire year	6.8	379	56	2.9	279	95	0.2	6	31	3.7	93	25
Part year	4.9	282	58	2.2	212	98	0.1	4	31	2.6	65	25
None	1.3	73	57	0.6	56	93	0.0	1	35	0.6	15	24
Maintenance Assistance Status												
Cash	1.4	84	59	0.7	65	98	0.0	1	36	0.7	18	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.1	61	55	0.5	47	86	0.0	1	33	0.5	12	24
Other/unknown	4.3	248	58	1.9	187	98	0.1	4	33	2.2	57	26

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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, 0.7 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$14	$11	$0	$3	$55	$82	$68	$23	1,098,334	$60,267,348	399,842	52.7 %	4,269,566
Biologicals	0.3	0.3	0.0	0.0	332	309	8	15	1022	1,026	1,837	789	7,601	7,769,683	2,464	0.3	23,386
Antineoplastic Agents	0.4	0.2	0.0	0.3	99	71	1	27	229	417	138	106	39,859	9,132,165	8,659	1.1	92,418
Endocrine/Metabolic Drugs	0.5	0.3	0.0	0.2	25	21	1	4	49	67	20	24	934,760	46,130,624	168,270	22.2	1,819,188
Cardiovascular Agents	1.3	0.6	0.0	0.7	54	39	0	15	41	63	17	22	2,253,349	92,369,109	154,351	20.4	1,709,498
Respiratory Agents	0.3	0.2	0.0	0.1	16	13	1	3	46	64	26	21	1,085,443	50,287,318	297,058	39.2	3,192,037
Gastrointestinal Agents	0.4	0.1	0.0	0.3	30	18	0	12	71	134	161	41	549,429	38,999,498	116,934	15.4	1,287,282
Genitourinary Agents	0.3	0.2	0.0	0.1	16	15	0	1	58	67	32	23	151,690	8,868,481	50,662	6.7	540,172
CNS Drugs	0.7	0.4	0.0	0.3	68	59	0	9	92	145	105	27	1,138,137	104,465,130	139,398	18.4	1,526,067
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	43	37	0	5	85	94	65	53	95,281	8,108,513	17,643	2.3	188,897
Miscellaneous Psychological/ Neurological Agents	0.6	0.4	0.0	0.1	68	63	0	4	121	146	56	35	78,584	9,535,660	12,741	1.7	141,225
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	16	10	0	6	41	129	53	19	1,081,490	44,478,372	257,082	33.9	2,784,932
Neuromuscular Agents	0.6	0.3	0.0	0.3	43	34	1	8	75	131	37	29	551,232	41,463,539	86,183	11.4	955,529
Nutritional Products	0.4	0.0	0.0	0.3	7	1	0	6	19	21	18	19	256,995	5,007,139	67,164	8.9	706,926
Hematological Agents	0.5	0.3	0.0	0.2	53	46	1	7	102	167	32	30	291,474	29,587,610	50,972	6.7	555,108
Topical Products	0.2	0.1	0.0	0.1	10	7	0	2	41	60	50	21	551,082	22,672,300	214,110	28.2	2,327,782
Miscellaneous Products	0.3	0.1	0.0	0.1	45	35	4	6	179	320	317	45	16,503	2,948,587	6,148	0.8	65,888
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	35	0	0	0	66,812	2,369,200	39,454	5.2	432,503
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.	10,248,055	584,460,276	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

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, 0.7 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 2003.

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, 2003

		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	$61,798,104	53,486	7.1 %	598,203	0.5	$201	$103
ANTIDEPRESSANTS	33,868,998	107,495	14.2	1,181,059	0.4	66	29
ANTIDIABETIC	33,868,649	76,997	10.2	869,621	0.6	69	39
ANTICONVULSANT	33,507,425	55,622	7.3	621,280	0.6	94	54
ANTIHYPERTENSIVE	31,954,103	122,427	16.1	1,380,950	0.6	42	23
ANTIASTHMATIC	29,486,500	152,238	20.1	1,668,331	0.2	72	18
ULCER DRUGS	29,422,732	108,852	14.4	1,211,412	0.3	74	24
ANTIHYPERLIPIDEMIC	24,274,539	44,372	5.9	507,533	0.5	91	48
ANALGESICS - Narcotic	20,286,397	246,340	32.5	2,682,728	0.2	32	8
ANALGESICS - ANTI-INFLAMMATORY	19,551,082	141,947	18.7	1,573,711	0.2	56	12
Total	318,018,529	1,109,776		12,294,828	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Mississippi, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. 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.