

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 MICHIGAN

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MICHIGAN, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	1,339,452 (A)	204,389 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,317,390 (B)	193,195 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	707,415 (C)	157,431 (G)
4. Benes who were all-year nursing facility residents ^f	26,272 (D)	24,843 (H)

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

- 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 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were 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. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Michigan in 1999 was \$309,038,670, of which \$4,124,918 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. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. 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 were excluded from the analysis 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 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. 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. 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 1999. All benefit months of such dual eligible beneficiaries, of which 3.7 percent were restricted benefit months without a pharmacy benefit in Michigan, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of 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 = Center for Medicare and 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}
 MICHIGAN, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	707,415	87,020	147,298	127,071	345,696	330	3,966,056	832,744	1,143,840	471,572	1,516,314	1,586					
Age																	
5 and younger	149,759	0	5,439	500	143,738	82	664,105	0	38,680	2,395	622,635	395					
6-14	157,398	0	11,855	410	145,046	87	713,460	0	83,777	1,747	627,494	442					
15-20	81,831	0	7,895	18,846	54,974	116	393,987	0	53,929	79,338	260,112	608					
21-44	152,516	1	51,169	99,501	1,807	38	755,252	1	388,600	360,967	5,560	124					
45-64	62,106	16	54,310	7,759	15	6	438,432	97	411,421	26,854	45	15					
65-74	35,931	24,116	11,775	40	0	0	348,724	231,793	116,704	227	0	0					
75-84	36,695	32,840	3,844	10	1	0	359,915	319,479	40,394	36	6	0					
85 and older	31,062	30,046	1,011	5	0	0	291,711	281,368	10,335	8	0	0					
Unknown	117	1	0	0	115	1	470	6	0	0	462	2					
Gender																	
Female	416,066	65,774	75,046	105,191	169,890	165	2,368,568	641,069	586,375	402,172	738,098	854					
Male	291,349	21,246	72,252	21,880	175,806	165	1,597,488	191,675	557,465	69,400	778,216	732					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	442,357	60,169	90,922	82,131	208,904	231	2,509,525	573,961	723,936	304,121	906,363	1,144					
African American	179,722	14,194	36,379	32,986	96,152	11	969,034	139,881	274,470	123,480	431,165	38					
Other/unknown	85,336	12,657	19,997	11,954	40,640	88	487,497	118,902	145,434	43,971	178,786	404					
Use of Nursing Facilities																	
All year	26,272	22,920	3,349	3	0	0	275,210	237,456	37,748	6	0	0					
Part year	16,880	14,183	2,687	8	2	0	148,297	124,132	24,103	45	17	0					
None	664,263	49,917	141,262	127,060	345,694	330	3,542,549	471,156	1,081,989	471,521	1,516,297	1,586					
Maintenance Assistance Status																	
Cash	202,760	18,318	90,749	32,999	60,694	0	1,241,903	192,262	700,719	123,506	225,416	0					
Medically needy	72,062	6,477	8,334	33,948	23,303	0	312,593	53,825	54,864	116,220	87,684	0					
Poverty-related	228,134	1,598	4,374	28,359	193,803	0	989,180	16,358	41,456	108,836	822,530	0					
Other/unknown	204,459	60,627	43,841	31,765	67,896	330	1,422,380	570,299	346,801	123,010	380,684	1,586					
Dual Medicare Status^c																	
Full dual, all year	147,443	79,530	67,112	774	27	0	1,435,244	773,159	658,280	3,640	165	0					
Full dual, part year	9,988	3,825	6,158	5	0	0	99,504	39,157	60,313	34	0	0					
Non-dual, all year	549,984	3,665	74,028	126,292	345,669	330	2,431,308	20,428	425,247	467,898	1,516,149	1,586					
Managed Care Status																	
FFS all year	338,536	83,378	90,803	54,002	110,085	268	2,628,617	816,135	912,757	230,490	667,924	1,311					
FFS part year, with Rx claims	159,850	2,742	38,749	40,422	77,922	15	663,985	13,837	168,854	150,628	330,574	92					
FFS part year, no Rx claims	209,029	900	17,746	32,647	157,689	47	673,454	2,772	62,229	90,454	517,816	183					

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 MICHIGAN, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benefes
All	51.5 %	10.6	\$431	\$41	\$3,165	13.5 %	\$14	707,415
Age								
5 and younger	39.4	1.4	36	25	1,270	2.8	2	149,759
6-14	31.3	1.7	93	55	905	10.3	3	157,398
15-20	41.0	2.5	121	48	1,318	9.2	3	81,831
21-44	57.5	8.2	455	56	2,459	18.5	9	152,516
45-64	76.3	26.4	1,233	47	6,098	20.2	40	62,106
65-74	82.3	37.1	1,345	36	5,791	23.2	59	35,931
75-84	84.9	39.7	1,294	33	10,136	12.8	51	36,695
85 and older	86.6	37.7	1,071	28	15,413	6.9	41	31,062
Unknown	0.0	0.0	0	0	145	0.0	0	117
Basis of Eligibility								
Aged	84.0	37.4	1,194	32	11,069	10.8	47	87,020
Disabled	74.2	23.6	1,195	51	5,597	21.4	34	147,298
Adults	50.4	2.6	77	30	1,459	5.3	3	127,071
Children	34.1	1.3	44	33	809	5.4	2	345,696
Unknown	20.6	0.7	23	33	1,048	2.2	0	330
Gender								
Female	55.4	12.5	461	37	3,517	13.1	17	416,066
Male	46.0	8.0	388	49	2,711	14.3	10	291,349
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	54.9	12.1	491	41	3,438	14.3	15	442,357
African American	44.1	7.5	297	39	2,603	11.4	12	179,722
Other/unknown	49.6	9.9	401	41	3,100	12.9	14	85,336
Use of Nursing Facilities								
Entire year	92.6	52.1	1,605	31	28,591	5.6	68	26,272
Part year	92.2	41.7	1,307	31	15,966	8.2	50	16,880
None	48.9	8.2	362	44	1,855	19.5	11	664,263
Maintenance Assistance Status								
Cash	58.6	13.6	619	46	3,194	19.4	19	202,760
Medically needy	47.1	7.5	313	42	2,277	13.8	10	72,062
Poverty related	35.8	1.6	57	35	843	6.7	2	228,134
Other/unknown	63.6	18.9	703	37	6,109	11.5	25	204,459

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; 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}
 MICHIGAN, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				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			
All	1.9	\$77	13.5 %	48.5 %	28.0 %	6.6 %	9.9 %	5.7 %	1.3 %	\$568	707,415	3,966,056
Age												
5 and younger	0.3	8	2.8	60.6	35.2	3.0	1.1	0.1	0.0	286	149,759	664,105
6-14	0.4	21	10.3	68.7	25.9	3.1	2.0	0.2	0.0	200	157,398	713,460
15-20	0.5	25	9.2	59.0	33.1	4.7	2.7	0.5	0.0	274	81,831	393,987
21-44	1.6	92	18.5	42.5	32.5	9.2	10.8	4.1	0.9	497	152,516	755,252
45-64	3.7	175	20.2	23.7	18.5	11.2	24.6	16.9	5.0	864	62,106	438,432
65-74	3.8	139	23.2	17.7	17.7	11.5	27.8	20.4	4.9	597	35,931	348,724
75-84	4.0	132	12.8	15.1	15.3	11.4	30.5	22.8	4.9	1,033	36,695	359,915
85 and older	4.0	114	6.9	13.4	14.8	12.3	32.6	22.9	3.9	1,641	31,062	291,711
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	36	117	470
Basis of Eligibility												
Aged	3.9	125	10.8	16.0	16.1	11.8	30.1	21.7	4.4	1,157	87,020	832,744
Disabled	3.0	154	21.4	25.8	23.7	11.3	22.2	13.5	3.5	721	147,298	1,143,840
Adults	0.7	21	5.3	49.6	36.3	7.4	5.3	1.1	0.2	393	127,071	471,572
Children	0.3	10	5.4	65.9	29.8	2.9	1.3	0.1	0.0	184	345,696	1,516,314
Unknown	0.1	5	2.2	79.4	18.5	1.5	0.6	0.0	0.0	218	330	1,586
Gender												
Female	2.2	81	13.1	44.6	28.7	7.0	11.2	6.9	1.7	618	416,066	2,368,568
Male	1.5	71	14.3	54.0	27.1	5.9	8.1	4.0	0.8	494	291,349	1,597,488
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.1	87	14.3	45.1	28.7	7.0	10.9	6.7	1.6	606	442,357	2,509,525
African American	1.4	55	11.4	55.9	26.6	5.6	7.6	3.6	0.6	483	179,722	969,034
Other/unknown	1.7	70	12.9	50.4	27.6	6.2	9.4	5.3	1.1	543	85,336	487,497
Use of Nursing Facilities												
Entire year	5.0	153	5.6	7.4	10.7	10.2	32.9	30.3	8.4	2,729	26,272	275,210
Part year	4.7	149	8.2	7.8	12.9	11.8	33.4	27.2	6.8	1,817	16,880	148,297
None	1.5	68	19.5	51.1	29.1	6.3	8.4	4.2	0.9	348	664,263	3,542,549
Maintenance Assistance Status												
Cash	2.2	101	19.4	41.4	27.2	8.4	13.8	7.6	1.7	521	202,760	1,241,903
Medically needy	1.7	72	13.8	52.9	25.6	7.2	8.9	4.4	1.0	525	72,062	312,593
Poverty related	0.4	13	6.7	64.2	30.9	3.0	1.5	0.3	0.1	194	228,134	989,180
Other/unknown	2.7	101	11.5	36.4	26.5	8.5	15.8	10.4	2.4	878	204,459	1,422,380

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

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.

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MICHIGAN, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.9	\$77	0.7	\$49	0.3	\$13	0.9	\$13
Age								
5 and younger	0.3	8	0.1	5	0.0	0	0.2	2
6-14	0.4	21	0.1	14	0.0	2	0.2	4
15-20	0.5	25	0.2	18	0.1	4	0.2	3
21-44	1.6	92	0.6	61	0.2	16	0.8	12
45-64	3.7	175	1.4	113	0.5	29	1.7	27
65-74	3.8	139	1.4	86	0.5	22	1.8	25
75-84	4.0	132	1.4	79	0.6	22	1.9	25
85 and older	4.0	114	1.2	65	0.7	20	2.0	25
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	3.9	125	1.3	75	0.6	21	1.8	24
Disabled	3.0	154	1.1	101	0.4	26	1.4	23
Adults	0.7	21	0.2	13	0.1	3	0.4	4
Children	0.3	10	0.1	7	0.0	1	0.2	2
Unknown	0.1	5	0.0	2	0.0	0	0.1	2
Gender								
Female	2.2	81	0.8	51	0.3	13	1.0	14
Male	1.5	71	0.5	46	0.2	12	0.7	11
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.1	87	0.8	55	0.3	14	1.0	14
African American	1.4	55	0.5	35	0.2	8	0.7	10
Other/unknown	1.7	70	0.6	45	0.2	11	0.8	12
Use of Nursing Facilities								
Entire year	5.0	153	1.6	90	0.8	26	2.4	33
Part year	4.7	149	1.6	90	0.7	23	2.3	32
None	1.5	68	0.6	44	0.2	11	0.7	11
Maintenance Assistance								
Status								
Cash	2.2	101	0.8	65	0.3	17	1.0	16
Medically needy	1.7	72	0.6	46	0.2	12	0.8	12
Poverty related	0.4	13	0.1	9	0.0	2	0.2	2
Other/unknown	2.7	101	1.0	63	0.4	16	1.3	18
\$ per Rx								
All		\$77	0.7	\$49	0.3	\$13	0.9	\$13
Patented Brand-Name Drugs		\$41		\$73		\$50		\$14

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

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.

Table 5

All Medicaid Beneficiaries

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 Michigan, 4.5 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.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and 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}
 MICHIGAN, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$				Users			
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		As % of All Benes	No. of Bene Mos		
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$12	\$0	\$2	\$43	\$81	\$61	\$11	518,401	209,528	29.6 %	1,628,854
Biologics	0.8	0.1	0.2	0.5	####	116	327	883	1726	1,712	1,927	1,664	385	48	0.0	501
Antineoplastic Agents	0.5	0.2	0.2	0.1	74	49	20	5	150	247	124	38	31,947	6,816	1.0	65,003
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.3	21	16	2	3	27	48	18	9	636,883	92,573	13.1	807,667
Cardiovascular Agents	1.6	0.5	0.3	0.7	43	22	12	9	27	45	34	12	1,674,136	113,716	16.1	1,059,014
Respiratory Agents	0.6	0.3	0.0	0.3	22	17	0	5	36	50	33	18	533,073	105,091	14.9	867,981
Gastrointestinal Agents	0.6	0.3	0.1	0.3	36	26	4	6	57	90	70	20	429,786	72,457	10.2	678,231
Genitourinary Agents	0.4	0.2	0.0	0.2	12	9	0	2	31	46	33	14	108,748	31,649	4.5	285,814
CNS Drugs	1.1	0.5	0.2	0.4	69	46	15	7	64	98	93	15	1,056,269	111,079	15.7	980,374
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.5	21	5	4	13	33	38	52	29	48,819	11,364	1.6	75,611
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	55	52	1	2	102	115	97	20	28,591	5,560	0.8	53,029
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	23	13	4	6	33	89	71	12	761,680	134,490	19.0	1,110,613
Neuromuscular Agents	1.0	0.4	0.2	0.4	46	30	6	10	48	85	39	22	525,417	60,374	8.5	548,074
Nutritional Products	0.5	0.0	0.0	0.4	6	0	1	4	11	10	19	10	226,159	51,236	7.2	429,624
Hematological Agents	0.7	0.1	0.2	0.4	51	34	8	9	75	387	46	22	193,299	29,128	4.1	283,130
Topical Products	0.4	0.1	0.1	0.2	11	6	2	2	27	43	35	12	418,077	123,272	17.4	1,069,745
Miscellaneous Products	0.5	0.2	0.1	0.2	83	48	29	6	162	277	262	27	35,030	7,167	1.0	68,587
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	34	0	0	0	302,947	81,033	11.5	739,910
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.	7,529,647	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 6 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 therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Michigan, 4.5 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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}
 MICHIGAN, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$35,949,688	50,128	481,576	0.7	\$104	\$75	
ANTIDEPRESSANTS	24,398,578	87,075	764,672	0.6	53	32	
ANTICONVULSANT	21,519,077	47,875	450,073	0.8	58	48	
ULCER DRUGS	19,076,869	70,390	672,612	0.5	62	28	
ANALGESICS - Narcotic	14,290,816	119,359	1,039,258	0.5	30	14	
ANTIHYPERTENSIVE	12,759,213	67,178	642,279	0.6	31	20	
ANTIASTHMATIC	11,205,878	93,459	801,563	0.4	34	14	
CALCIUM BLOCKERS	11,003,510	37,953	368,526	0.7	43	30	
ANTIDIABETIC	10,657,237	46,970	439,213	0.7	35	24	
ANTHYPERLIPIDEMIC	9,879,514	25,091	241,164	0.6	65	41	

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 MICHIGAN, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,416,156	\$170,740,380	50,128	7.1 %	481,576	0.7	\$75	87,075	12.3 %	764,672	0.6	\$32					
Female	2,279,594	107,195,693	28,644	6.9	276,573	0.7	62	59,779	14.4	525,011	0.6	32					
Disabled	1,027,577	56,915,194	15,292	20.4	144,998	0.8	84	27,206	36.3	240,107	0.6	35					
5 and younger	4,361	182,702	8	0.4	80	0.3	13	10	0.4	93	0.3	9					
6-14	13,779	717,814	199	4.6	1,739	0.6	61	368	8.5	3,052	0.5	24					
15-20	12,362	711,630	310	10.1	2,760	0.6	60	496	16.1	4,309	0.5	29					
21-44	247,024	16,355,306	5,735	24.7	51,266	0.8	92	9,644	41.6	79,922	0.6	37					
45-64	495,076	27,475,180	6,759	22.3	64,182	0.8	88	13,243	43.6	115,756	0.6	38					
65-74	185,018	8,520,163	1,572	19.5	17,209	0.7	65	2,600	32.3	27,676	0.6	27					
75-84	56,337	2,416,340	561	19.1	6,151	0.7	52	643	21.9	7,137	0.6	26					
85 and older	13,620	536,059	148	17.4	1,611	0.7	41	202	23.8	2,162	0.6	27					
Other Eligibles	1,252,017	50,280,499	13,352	3.9	131,575	0.5	37	32,573	9.6	284,904	0.6	29					
5 and younger	10,473	231,863	28	0.0	231	0.2	4	50	0.1	396	0.3	10					
6-14	19,293	779,761	344	0.5	3,039	0.5	43	1,183	1.6	9,269	0.5	21					
15-20	24,696	1,038,967	604	1.4	4,835	0.4	33	2,163	4.8	16,438	0.4	26					
21-44	76,596	2,675,461	1,105	1.3	5,917	0.3	23	7,292	8.8	36,235	0.4	26					
45-64	12,576	514,718	118	2.4	639	0.4	23	874	18.0	4,173	0.5	32					
65-74	295,930	13,124,461	2,250	13.7	23,990	0.6	52	4,675	28.5	49,301	0.6	29					
75-84	452,148	18,487,789	4,399	17.9	46,523	0.6	39	8,209	33.4	85,738	0.6	29					
85 and older	360,305	13,427,479	4,504	18.2	46,401	0.5	30	8,127	32.8	83,354	0.7	30					
Male	1,136,562	63,544,687	21,484	7.4	205,003	0.8	92	27,296	9.4	239,661	0.6	32					
Disabled	744,536	47,639,738	16,092	22.3	154,853	0.9	107	16,490	22.8	148,410	0.6	35					
5 and younger	6,704	254,783	26	0.8	244	0.3	13	42	1.3	366	0.3	13					
6-14	24,749	1,295,729	633	8.4	5,267	0.6	58	1,003	13.3	7,837	0.5	24					
15-20	17,849	1,202,178	575	11.9	5,096	0.7	76	739	15.3	6,308	0.6	34					
21-44	287,584	21,675,049	8,358	29.9	79,216	0.9	117	7,467	26.7	67,401	0.6	36					
45-64	329,592	19,664,142	5,606	23.4	55,735	0.9	109	6,343	26.5	57,373	0.6	36					
65-74	63,574	2,923,436	692	18.6	7,164	0.8	68	719	19.3	7,310	0.6	33					
75-84	12,536	541,889	173	19.1	1,849	0.9	65	143	15.8	1,461	0.6	26					
85 and older	1,948	82,532	29	17.9	282	0.8	49	34	21.0	354	0.8	38					
Other Eligibles	392,026	15,904,949	5,392	2.5	50,150	0.6	45	10,806	4.9	91,251	0.6	28					
5 and younger	16,783	397,754	90	0.1	741	0.3	15	106	0.1	830	0.4	9					
6-14	33,898	1,467,578	825	1.1	6,888	0.6	52	2,321	3.1	17,583	0.5	23					
15-20	22,872	1,292,370	681	2.3	5,806	0.6	69	1,618	5.5	13,286	0.5	32					
21-44	16,310	638,774	189	1.0	841	0.5	40	1,085	6.0	4,595	0.4	26					
45-64	6,117	259,698	41	1.4	191	0.5	40	254	8.6	1,110	0.5	30					
65-74	106,230	4,548,204	1,009	13.0	10,515	0.7	50	1,593	20.5	16,308	0.6	28					
75-84	122,446	4,832,253	1,556	18.8	15,351	0.6	40	2,224	26.9	22,087	0.7	30					
85 and older	67,370	2,468,318	1,001	19.1	9,817	0.5	32	1,605	30.6	15,452	0.7	29					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 7A 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 MICHIGAN, 1999

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	47,875	6.8 %	450,073	0.8	\$48	70,390	10.0 %	672,612	0.5	\$28	119,359	16.9 %	1,039,258	0.5	\$14
Female	27,118	6.5	253,971	0.8	44	49,466	11.9	476,959	0.5	28	84,533	20.3	739,363	0.4	13
Disabled	17,187	22.9	162,052	0.8	52	21,127	28.2	203,052	0.4	29	33,227	44.3	308,757	0.5	17
5 and younger	192	8.4	1,964	0.7	41	193	8.5	1,988	0.3	15	103	4.5	1,066	0.1	1
6-14	712	16.5	6,859	0.8	47	232	5.4	2,508	0.4	22	319	7.4	3,441	0.2	2
15-20	545	17.7	5,157	0.8	51	226	7.3	2,277	0.3	19	412	13.4	4,062	0.2	3
21-44	6,850	29.5	61,316	0.8	59	4,921	21.2	44,824	0.4	29	9,997	43.1	86,713	0.5	20
45-64	7,167	23.6	68,064	0.9	51	10,375	34.2	94,807	0.4	31	15,936	52.5	142,949	0.5	19
65-74	1,300	16.2	14,077	0.8	38	3,653	45.4	39,504	0.4	29	4,624	57.5	50,044	0.5	12
75-84	345	11.7	3,798	0.8	30	1,206	41.0	13,607	0.4	27	1,499	51.0	16,817	0.4	9
85 and older	76	9.0	817	0.8	28	321	37.8	3,537	0.5	28	337	39.7	3,665	0.4	12
Other Eligibles	9,931	2.9	91,919	0.7	28	28,339	8.3	273,907	0.5	28	51,306	15.0	430,606	0.4	11
5 and younger	131	0.2	993	0.6	31	550	0.8	3,538	0.3	9	572	0.8	4,043	0.2	1
6-14	492	0.7	3,868	0.6	32	432	0.6	3,191	0.3	16	1,039	1.4	6,939	0.2	1
15-20	511	1.1	3,902	0.5	32	989	2.2	7,179	0.2	11	3,961	8.9	26,254	0.2	2
21-44	1,494	1.8	7,499	0.5	29	3,258	3.9	17,636	0.3	18	15,974	19.2	87,818	0.4	6
45-64	179	3.7	872	0.5	26	537	11.1	2,673	0.4	28	1,211	25.0	6,009	0.5	9
65-74	1,960	12.0	20,819	0.8	33	5,664	34.6	60,911	0.4	28	7,471	45.6	80,463	0.4	12
75-84	3,054	12.4	32,010	0.8	28	8,907	36.2	95,443	0.5	29	11,085	45.1	117,949	0.5	13
85 and older	2,110	8.5	21,956	0.8	22	8,002	32.3	83,336	0.6	30	9,993	40.3	101,131	0.5	15
Male	20,757	7.1	196,102	0.9	53	20,924	7.2	195,653	0.5	29	34,826	12.0	299,895	0.5	15
Disabled	16,134	22.3	155,886	0.9	59	12,148	16.8	117,045	0.5	30	20,811	28.8	191,752	0.5	18
5 and younger	284	9.0	2,718	0.6	33	263	8.3	2,609	0.4	17	164	5.2	1,682	0.1	1
6-14	1,088	14.4	10,044	0.8	46	278	3.7	2,894	0.4	26	442	5.9	4,733	0.2	2
15-20	737	15.3	6,859	0.8	56	250	5.2	2,545	0.3	21	417	8.7	3,895	0.3	6
21-44	7,735	27.6	73,627	0.9	65	4,175	14.9	40,401	0.4	30	8,934	31.9	82,781	0.5	21
45-64	5,482	22.9	53,976	0.9	57	5,722	23.9	53,374	0.5	31	9,181	38.3	81,203	0.6	19
65-74	691	18.5	7,439	0.9	42	1,139	30.6	11,804	0.5	30	1,378	37.0	14,276	0.4	10
75-84	100	11.1	1,059	1.0	34	277	30.6	2,963	0.5	30	262	29.0	2,849	0.4	10
85 and older	17	10.5	164	0.9	27	44	27.2	455	0.6	43	33	20.4	333	0.4	6
Other Eligibles	4,623	2.1	40,216	0.8	32	8,776	4.0	78,608	0.5	27	14,015	6.4	108,143	0.4	9
5 and younger	216	0.3	1,596	0.6	21	684	0.9	4,590	0.3	10	802	1.1	5,751	0.2	1
6-14	797	1.1	6,161	0.7	35	371	0.5	2,857	0.3	17	1,135	1.5	7,895	0.2	2
15-20	575	2.0	4,555	0.7	47	389	1.3	2,886	0.3	14	1,444	4.9	9,535	0.2	3
21-44	399	2.2	1,711	0.5	35	777	4.3	3,438	0.3	22	3,237	17.8	13,997	0.6	15
45-64	68	2.3	295	0.5	22	250	8.5	1,227	0.4	29	612	20.8	2,915	0.6	17
65-74	982	12.6	10,166	0.9	34	2,137	27.5	21,887	0.5	28	2,534	32.6	26,469	0.4	10
75-84	1,070	12.9	10,766	0.9	28	2,541	30.8	25,851	0.5	30	2,589	31.3	25,895	0.4	10
85 and older	516	9.8	4,966	0.8	26	1,627	31.0	15,872	0.6	30	1,662	31.7	15,686	0.4	12
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 7B 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 MICHIGAN, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC				CALCIUM BLOCKERS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	67,178	9.5 %	642,279	0.6	\$20	93,459	13.2 %	801,563	0.4	\$14	37,953	5.4 %	368,526	0.7	\$30
Female	45,360	10.9	443,855	0.6	20	57,902	13.9	506,526	0.4	14	27,881	6.7	275,196	0.7	30
Disabled	16,845	22.4	155,835	0.6	20	22,720	30.3	209,053	0.4	16	10,271	13.7	95,435	0.7	32
5 and younger	45	2.0	440	0.5	10	684	30.1	6,797	0.3	9	7	0.3	76	0.3	6
6-14	157	3.6	1,306	0.5	10	841	19.5	8,339	0.4	15	24	0.6	263	0.7	21
15-20	80	2.6	785	0.5	12	453	14.7	4,409	0.4	14	49	1.6	487	0.5	26
21-44	2,052	8.8	17,607	0.5	18	5,012	21.6	42,722	0.4	14	1,193	5.1	10,205	0.6	29
45-64	8,847	29.1	74,701	0.6	20	10,997	36.2	95,438	0.5	18	5,304	17.5	44,462	0.7	31
65-74	3,915	48.6	41,637	0.6	21	3,611	44.9	38,848	0.5	18	2,485	30.9	26,443	0.7	33
75-84	1,396	47.5	15,517	0.6	19	894	30.4	10,094	0.4	15	951	32.3	10,623	0.7	33
85 and older	353	41.6	3,842	0.6	19	228	26.9	2,406	0.4	11	258	30.4	2,876	0.7	28
Other Eligibles	28,515	8.4	288,020	0.7	20	35,182	10.3	297,473	0.4	13	17,610	5.2	179,761	0.7	29
5 and younger	68	0.1	491	0.5	4	4,932	7.0	32,778	0.2	5	5	0.0	31	0.7	18
6-14	276	0.4	1,994	0.5	7	3,198	4.5	20,219	0.3	10	19	0.0	155	0.5	21
15-20	117	0.3	927	0.4	9	2,479	5.5	16,519	0.3	8	114	0.3	813	0.2	9
21-44	1,120	1.3	5,221	0.5	14	5,416	6.5	28,049	0.4	10	806	1.0	4,235	0.4	16
45-64	565	11.7	2,466	0.5	17	626	12.9	3,206	0.5	15	302	6.2	1,360	0.6	28
65-74	7,030	42.9	74,628	0.6	21	5,997	36.6	64,728	0.5	17	4,384	26.7	46,755	0.7	30
75-84	10,564	43.0	112,463	0.7	21	7,439	30.3	79,101	0.5	15	6,622	26.9	70,988	0.7	30
85 and older	8,775	35.4	89,830	0.7	20	5,095	20.5	52,873	0.4	12	5,358	21.6	55,424	0.8	28
Male	21,818	7.5	198,424	0.6	20	35,557	12.2	295,037	0.4	14	10,072	3.5	93,330	0.7	30
Disabled	12,147	16.8	108,959	0.6	20	13,961	19.3	128,240	0.4	16	5,919	8.2	53,564	0.7	32
5 and younger	92	2.9	772	0.6	6	1,156	36.5	11,067	0.3	10	11	0.3	88	0.3	9
6-14	558	7.4	4,311	0.6	9	1,445	19.2	13,473	0.4	14	37	0.5	370	0.5	26
15-20	209	4.3	1,903	0.6	14	494	10.3	4,744	0.4	16	46	1.0	509	0.6	38
21-44	2,997	10.7	27,696	0.6	19	3,102	11.1	29,263	0.4	14	1,473	5.3	13,848	0.6	33
45-64	6,498	27.1	55,875	0.6	21	5,906	24.7	50,734	0.5	19	3,339	13.9	28,324	0.7	33
65-74	1,434	38.5	14,668	0.6	22	1,515	40.6	15,411	0.5	19	830	22.3	8,506	0.7	31
75-84	304	33.6	3,156	0.7	21	308	34.1	3,200	0.5	17	164	18.1	1,743	0.7	28
85 and older	55	34.0	578	0.7	22	35	21.6	348	0.5	20	19	11.7	176	0.7	24
Other Eligibles	9,671	4.4	89,465	0.6	19	21,596	9.9	166,797	0.4	12	4,153	1.9	39,766	0.7	27
5 and younger	154	0.2	1,222	0.6	8	7,238	9.8	48,411	0.2	6	9	0.0	82	0.2	11
6-14	879	1.2	6,193	0.6	8	4,678	6.3	30,286	0.3	11	22	0.0	217	0.6	39
15-20	230	0.8	1,971	0.6	11	1,560	5.3	11,314	0.3	10	26	0.1	196	0.4	27
21-44	409	2.3	1,717	0.5	16	652	3.6	2,770	0.4	11	198	1.1	791	0.6	27
45-64	341	11.6	1,513	0.6	18	238	8.1	1,000	0.4	16	166	5.6	713	0.6	29
65-74	2,797	36.0	28,459	0.6	21	2,627	33.8	26,928	0.5	19	1,432	18.4	14,687	0.7	28
75-84	3,133	37.9	31,669	0.7	21	2,924	35.4	29,659	0.5	15	1,491	18.0	15,191	0.7	27
85 and older	1,728	33.0	16,721	0.7	20	1,679	32.0	16,429	0.5	14	809	15.4	7,889	0.7	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 7C 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 MICHIGAN, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Mos
	No. of Users	Users as % of All Benes	No. of Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Mos among Users														
All	46,970	6.6 %	439,213	0.7	\$24	25,091	3.5 %	241,164	0.6	\$41	707,415	3,966,056										
Female																						
Disabled	33,834	8.1	321,512	0.7	24	17,522	4.2	172,223	0.6	42	416,007	2,368,313										
5 and younger	14,570	19.4	129,773	0.7	28	8,904	11.9	82,461	0.6	42	75,046	586,375										
6-14	3	0.1	24	2.4	68	5	0.2	53	0.1	3	2,275	16,492										
15-20	32	0.7	329	1.1	52	2	0.0	24	0.5	26	4,310	32,202										
21-44	78	2.5	734	0.7	24	8	0.3	84	0.4	11	3,078	21,432										
45-64	2,006	8.7	16,339	0.7	29	1,000	4.3	8,896	0.6	36	23,187	167,705										
65-74	8,136	26.8	66,686	0.7	29	5,142	16.9	43,755	0.6	42	30,359	227,507										
75-84	3,256	40.5	34,163	0.7	27	2,110	26.2	22,405	0.7	44	8,048	80,921										
85 and older	874	29.7	9,449	0.7	23	567	19.3	6,460	0.6	44	2,940	31,233										
Other Eligibles	185	21.8	2,049	0.7	17	70	8.2	784	0.7	41	849	8,883										
5 and younger	19,264	5.6	191,739	0.7	21	8,618	2.5	89,762	0.6	41	340,961	1,781,938										
6-14	19	0.0	148	1.1	36	7	0.0	51	0.3	16	70,675	305,278										
15-20	175	0.2	1,561	1.0	36	3	0.0	19	0.4	36	71,753	308,377										
21-44	198	0.4	1,496	0.9	37	16	0.0	112	0.3	15	44,723	199,282										
45-64	1,119	1.3	5,215	0.7	24	338	0.4	1,592	0.4	27	83,173	310,706										
65-74	460	9.5	1,943	0.7	26	239	4.9	1,066	0.5	33	4,848	17,133										
75-84	5,574	34.0	58,638	0.7	25	3,588	21.9	38,542	0.6	41	16,390	161,051										
85 and older	7,409	30.1	78,275	0.7	21	3,530	14.4	38,662	0.7	43	24,588	244,212										
Male	4,310	17.4	44,463	0.7	17	897	3.6	9,718	0.6	38	24,811	235,899										
Disabled	13,136	4.5	117,701	0.7	25	7,569	2.6	68,941	0.6	39	291,291	1,597,273										
5 and younger	7,413	10.3	65,167	0.7	28	5,277	7.3	47,939	0.6	39	72,252	557,465										
6-14	8	0.3	73	0.4	13	3	0.1	31	0.3	5	3,164	22,188										
15-20	40	0.5	396	0.8	38	6	0.1	66	0.5	20	7,545	51,575										
21-44	51	1.1	421	1.0	43	12	0.2	109	0.6	40	4,817	32,497										
45-64	1,816	6.5	16,300	0.7	28	1,368	4.9	13,110	0.6	35	27,982	220,895										
65-74	4,428	18.5	37,074	0.7	28	3,206	13.4	27,636	0.6	41	23,951	183,914										
75-84	926	24.8	9,398	0.7	26	587	15.7	5,976	0.7	45	3,727	35,783										
85 and older	130	14.4	1,355	0.7	22	87	9.6	935	0.7	38	904	9,161										
Other Eligibles	14	8.6	150	0.8	23	8	4.9	76	0.4	26	162	1,452										
5 and younger	5,723	2.6	52,534	0.7	21	2,292	1.0	21,002	0.6	39	219,039	1,039,808										
6-14	38	0.1	326	0.9	37	6	0.0	50	0.4	12	73,645	320,147										
15-20	142	0.2	1,233	1.1	38	6	0.0	29	0.3	21	73,790	321,306										
21-44	162	0.6	1,202	1.0	40	11	0.0	83	0.4	19	29,213	140,776										
45-64	372	2.0	1,485	0.6	26	218	1.2	917	0.5	33	18,174	55,946										
65-74	293	9.9	1,292	0.6	25	196	6.6	910	0.6	36	2,948	9,878										
75-84	1,799	23.2	18,068	0.7	22	1,016	13.1	10,281	0.6	40	7,766	70,969										
85 and older	2,058	24.9	20,560	0.7	20	707	8.6	7,368	0.6	40	8,263	75,309										
Unknown	859	16.4	8,368	0.7	16	132	2.5	1,364	0.6	32	5,240	45,477										
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	117	470										

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 7D 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 MICHIGAN, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$153	5.0	26,272	275,210
Age				
0-64	223	5.8	2,272	25,439
65-74	197	5.7	2,955	31,760
75-84	159	5.1	8,297	86,543
85 and older	126	4.5	12,747	131,462
Unknown	0	0.0	1	6
Gender				
Female	150	5.0	19,825	209,085
Male	165	5.0	6,447	66,125
Unknown	0	0.0	0	0
Race				
White	156	5.1	20,199	210,475
African American	144	4.4	3,088	34,319
Other/unknown	146	4.7	2,985	30,416
Basis of Eligibility				
Aged	145	4.9	22,920	237,456
Disabled	208	5.5	3,349	37,748
Adults	332	6.3	3	6
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis. 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 MICHIGAN, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos			
Anti-infective Agents	0.3	0.2	0.0	0.1	\$13	\$11	\$0	\$2	\$42	\$63	\$41	\$14	52,885	\$2,243,683	15,267	58.1 %	166,771
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.1	0.3	0.1	56	22	30	4	116	189	116	38	7,908	915,455	1,532	5.8	16,215
Endocrine/Metabolic Drugs	1.1	0.3	0.2	0.5	20	13	3	4	18	39	11	8	114,511	2,110,645	10,045	38.2	107,594
Cardiovascular Agents	1.9	0.5	0.4	1.0	38	15	11	12	20	33	25	12	343,585	6,990,021	17,256	65.7	182,574
Respiratory Agents	0.6	0.3	0.0	0.3	18	12	0	6	28	40	24	17	55,235	1,550,452	7,977	30.4	87,204
Gastrointestinal Agents	0.9	0.4	0.1	0.4	41	26	4	11	47	75	51	25	88,698	4,193,248	9,519	36.2	102,439
Genitourinary Agents	0.5	0.2	0.0	0.3	14	10	0	4	28	47	31	14	25,578	712,460	4,789	18.2	52,545
CNS Drugs	1.3	0.7	0.2	0.4	62	47	10	5	48	68	65	11	207,386	9,967,302	15,022	57.2	161,191
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.6	0.1	35	6	27	2	48	146	48	15	536	25,522	62	0.2	724
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	66	65	0	0	92	93	124	27	9,667	888,627	1,319	5.0	13,545
Analgesics and Anesthetics	0.9	0.3	0.1	0.5	30	20	4	5	32	62	44	10	106,028	3,363,175	10,573	40.2	112,587
Neuromuscular Agents	1.3	0.3	0.2	0.7	45	19	9	16	36	58	41	23	100,020	3,552,072	7,268	27.7	79,585
Nutritional Products	0.8	0.0	0.1	0.7	8	0	1	7	10	10	12	10	55,629	577,423	6,947	26.4	74,023
Hematological Agents	1.0	0.1	0.2	0.7	26	11	5	10	25	121	20	14	60,841	1,516,017	5,492	20.9	58,488
Topical Products	0.5	0.2	0.1	0.2	14	8	4	3	26	40	34	12	87,508	2,288,020	14,817	56.4	163,999
Miscellaneous Products	0.3	0.0	0.0	0.2	5	1	0	4	20	70	30	18	3,476	69,762	1,243	4.7	13,355
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	24	0	0	0	49,827	1,213,587	10,302	39.2	113,623
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.	1,369,318	42,177,471	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. 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. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In Michigan, 4.5 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 MICHIGAN, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$4,839,154	12,156	46.3 %	130,945	0.8	\$47	\$37
ANTIPSYCHOTICS	3,935,777	7,944	30.2	86,807	0.7	70	45
ULCER DRUGS	3,464,672	9,141	34.8	98,914	0.7	52	35
ANTICONVULSANT	2,413,698	5,703	21.7	63,051	1.1	36	38
ANTIHYPERTENSIVE	2,195,969	9,057	34.5	96,445	0.8	27	23
ANALGESICS - Narcotic	2,115,725	9,684	36.9	102,508	0.7	31	21
DERMATOLOGICAL	1,804,259	24,292	92.5	273,140	0.3	25	7
CALCIUM BLOCKERS	1,607,429	4,939	18.8	53,302	0.9	35	30
ANTIIDIABETIC	1,438,610	6,421	24.4	69,243	0.8	25	21
ANTIANGINAL AGENTS	1,292,677	5,125	19.5	55,007	0.8	29	24

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} MICHIGAN, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTI-PSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	Mean No. of Users	Residents	Mean No. of Rx	Mean No. of Users	Residents	No. of Bene Mos among Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Users	Residents
All	662,989	\$25,107,970	12,156	46.3 %	0.8	130,945	7,944	30.2 %	0.7	\$37	\$45				
Female	495,993	18,640,123	9,266	46.7	0.8	100,396	5,847	29.5	0.6	37	44				
Disabled	63,931	2,820,275	940	49.9	0.8	10,748	769	40.8	0.8	45	62				
64 or younger	40,980	1,853,495	652	55.4	0.8	7,414	448	38.1	0.7	48	63				
65-74	14,339	607,147	176	46.4	0.9	2,045	173	45.6	0.9	40	60				
75-84	5,582	241,087	69	33.0	0.7	809	103	49.3	0.7	34	61				
85 and older	3,030	118,546	43	35.8	0.9	480	45	37.5	0.8	43	55				
Other Eligibles	432,062	15,819,848	8,326	46.4	0.8	89,648	5,078	28.3	0.6	36	41				
64 or younger	8	252	0	0.0	0.0	0	0	0.0	0.0	0	0				
65-74	49,575	2,045,350	881	59.9	0.8	9,433	620	42.1	0.7	41	61				
75-84	159,611	5,941,492	3,042	51.7	0.8	32,789	1,957	33.3	0.7	37	43				
85 and older	222,868	7,832,754	4,403	41.6	0.8	47,426	2,501	23.6	0.6	35	34				
Male	166,996	6,467,847	2,890	44.8	0.8	30,549	2,097	32.5	0.7	37	50				
Disabled	47,265	2,105,455	609	41.6	0.8	6,737	547	37.3	0.8	46	65				
64 or younger	36,216	1,624,628	470	43.0	0.9	5,208	390	35.6	0.7	46	64				
65-74	8,139	354,652	101	39.0	0.8	1,117	104	40.2	0.9	43	66				
75-84	1,974	83,803	19	25.0	1.0	209	38	50.0	0.8	45	68				
85 and older	936	42,372	19	52.8	1.0	203	15	41.7	0.9	46	59				
Other Eligibles	119,731	4,362,392	2,281	45.8	0.8	23,812	1,550	31.1	0.7	35	44				
64 or younger	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0				
65-74	25,678	997,903	435	51.4	0.8	4,662	336	39.7	0.8	37	52				
75-84	53,439	1,944,396	994	46.7	0.8	10,472	707	33.2	0.7	35	46				
85 and older	40,614	1,420,093	852	42.5	0.7	8,678	507	25.3	0.6	33	36				
Unknown	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0				

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 MICHIGAN, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	9,141	98,914	0.7	5,703	63,051	1.1	9,057	96,445	34.8	21.7	34.5	338	34.5	0.8	923			
Female	6,835	74,355	0.7	3,861	42,941	1.0	6,720	71,966	34.5	19.5	1.0	37	33.9	0.8	22			
Disabled	736	8,365	0.7	908	10,443	1.2	566	6,439	39.1	48.2	1.2	53	30.0	0.8	25			
64 or younger	476	5,411	0.7	627	7,185	1.2	327	3,684	40.5	53.3	1.2	56	27.8	0.9	26			
65-74	140	1,553	0.6	184	2,152	1.2	125	1,433	36.9	48.5	1.2	48	33.0	0.8	24			
75-84	82	960	0.6	69	810	1.1	70	819	39.2	33.0	1.1	43	33.5	0.8	21			
85 and older	38	441	0.7	28	296	1.1	44	503	31.7	23.3	1.1	36	36.7	0.8	22			
Other Eligibles	6,099	65,990	0.7	2,953	32,498	1.0	6,154	65,527	34.0	16.5	1.0	32	34.3	0.8	22			
64 or younger	2	3	1.0	1	2	1.0	1	1	100.0	50.0	1.0	27	50.0	1.0	61			
65-74	537	5,763	0.6	582	6,386	1.1	570	6,144	36.5	39.6	1.1	43	38.7	0.9	25			
75-84	2,126	23,192	0.7	1,230	13,606	1.0	2,155	23,078	36.1	20.9	1.0	33	36.6	0.8	23			
85 and older	3,434	37,032	0.7	1,140	12,504	0.9	3,428	36,304	32.4	10.8	0.9	25	32.4	0.8	21			
Male	2,306	24,559	0.7	1,842	20,110	1.1	2,337	24,479	35.8	28.6	1.1	41	36.2	0.9	24			
Disabled	571	6,355	0.7	770	8,765	1.2	482	5,366	39.0	52.6	1.2	52	32.9	0.9	26			
64 or younger	458	5,097	0.7	604	6,873	1.2	363	4,041	41.9	55.2	1.2	54	33.2	0.9	26			
65-74	72	807	0.8	141	1,619	1.1	85	953	27.8	54.4	1.1	46	32.8	0.9	27			
75-84	26	281	0.7	19	211	1.2	22	244	34.2	25.0	1.2	30	28.9	0.8	24			
85 and older	15	170	0.8	6	62	1.4	12	128	41.7	16.7	1.4	45	33.3	0.9	24			
Other Eligibles	1,735	18,204	0.7	1,072	11,345	1.0	1,855	19,113	34.8	21.5	1.0	33	37.2	0.8	23			
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0.0	0.0	0			
65-74	315	3,428	0.7	349	3,790	1.1	310	3,374	37.2	41.3	1.1	40	36.6	0.9	24			
75-84	739	7,806	0.7	458	4,808	1.0	855	8,909	34.7	21.5	1.0	31	40.1	0.8	23			
85 and older	681	6,970	0.7	265	2,747	0.9	690	6,830	33.9	13.2	0.9	29	34.4	0.9	23			
Unknown	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0.0	0.0	0			

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 MICHIGAN, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					DERMATOLOGICAL					CALCIUM BLOCKERS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	9,684	36.9 %	102,508	0.7	\$21	24,292	92.5 %	273,140	0.3	\$7	4,939	18.8 %	53,302	0.9	\$30
Female	7,699	38.8	81,822	0.7	21	17,793	89.8	200,919	0.3	6	3,859	19.5	41,831	0.9	30
Disabled	784	41.6	8,824	0.8	26	2,049	108.8	23,924	0.3	8	320	17.0	3,644	0.9	39
64 or younger	527	44.8	5,926	0.8	24	1,399	118.1	16,126	0.3	8	174	14.8	1,939	1.0	39
65-74	167	44.1	1,882	1.0	37	385	101.6	4,551	0.3	9	80	21.1	933	1.0	42
75-84	62	29.7	727	0.6	15	168	80.4	2,000	0.2	5	37	17.7	436	0.8	34
85 and older	28	23.3	289	0.7	26	107	89.2	1,247	0.3	6	29	24.2	336	0.8	30
Other Eligibles	6,915	38.5	72,998	0.7	21	15,744	87.8	176,995	0.3	6	3,539	19.7	38,187	0.9	29
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	615	41.8	6,551	0.7	20	1,518	103.2	17,253	0.3	7	337	22.9	3,660	0.9	35
75-84	2,351	40.0	25,028	0.7	23	5,185	88.2	58,286	0.3	7	1,239	21.1	13,438	0.9	30
85 and older	3,949	37.3	41,419	0.6	20	9,041	85.4	101,456	0.2	6	1,963	18.5	21,089	0.9	28
Male	1,985	30.8	20,686	0.6	18	6,499	100.8	72,221	0.3	7	1,080	16.8	11,471	0.9	30
Disabled	457	31.2	5,111	0.8	26	1,675	114.3	19,425	0.3	9	236	16.1	2,662	0.9	37
64 or younger	356	32.5	3,985	0.8	28	1,290	117.9	14,934	0.3	9	172	15.7	1,934	0.9	39
65-74	79	30.5	899	0.5	15	271	104.6	3,177	0.3	10	50	19.3	582	0.9	34
75-84	15	19.7	171	0.8	37	78	102.6	915	0.3	7	11	14.5	121	0.7	18
85 and older	7	19.4	56	0.6	16	36	100.0	399	0.3	9	3	8.3	25	0.8	39
Other Eligibles	1,528	30.7	15,575	0.6	15	4,824	96.8	52,796	0.3	7	844	16.9	8,809	0.8	28
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	264	31.2	2,791	0.6	17	894	105.7	9,989	0.3	8	168	19.9	1,830	0.9	34
75-84	635	29.8	6,601	0.6	15	2,076	97.5	22,896	0.3	7	383	18.0	4,023	0.8	29
85 and older	629	31.4	6,183	0.6	15	1,854	92.4	19,911	0.3	6	293	14.6	2,956	0.8	25
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 MICHIGAN, 1999

Beneficiary Characteristics	ANTIDIABETIC					ANTIANGINAL AGENTS					Mean Rx \$	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		No. of Bene Mos among Users		Mean Rx \$	Users as %		No. of Bene Mos among Users		Mean No. of Rx				
	No. of Users	Residents	No. of Users	Residents		No. of Users	Residents	No. of Users	Residents					
All	6,421	24.4 %	69,243	0.8	\$21	5,125	19.5 %	55,007	0.8	\$24	26,272	275,210		
Female	4,779	24.1	51,923	0.8	21	3,987	20.1	43,087	0.8	24	19,824	209,079		
Disabled	531	28.2	6,013	0.9	24	229	12.2	2,603	0.8	25	1,884	21,464		
64 or younger	310	26.4	3,480	0.9	26	118	10.0	1,331	0.8	22	1,176	13,311		
65-74	144	38.0	1,685	0.9	25	55	14.5	630	0.8	27	379	4,376		
75-84	54	25.8	578	0.8	17	34	16.3	394	0.8	25	209	2,411		
85 and older	23	19.2	270	0.7	15	22	18.3	248	0.8	30	120	1,366		
Other Eligibles	4,248	23.7	45,910	0.8	20	3,758	20.9	40,484	0.8	24	17,940	187,615		
64 or younger	1	50.0	1	1.0	5	1	50.0	1	1.0	7	2	3		
65-74	591	40.2	6,491	0.9	25	255	17.3	2,746	0.8	26	1,471	15,592		
75-84	1,791	30.4	19,498	0.8	21	1,170	19.9	12,669	0.8	23	5,882	61,899		
85 and older	1,865	17.6	19,920	0.8	18	2,332	22.0	25,068	0.8	24	10,585	110,121		
Male	1,642	25.5	17,320	0.8	21	1,138	17.7	11,920	0.8	23	6,447	66,125		
Disabled	339	23.1	3,707	0.9	26	151	10.3	1,631	0.8	22	1,465	16,284		
64 or younger	251	22.9	2,723	0.9	28	93	8.5	987	0.8	22	1,094	12,125		
65-74	73	28.2	822	0.8	23	38	14.7	426	0.8	23	259	2,921		
75-84	10	13.2	109	0.9	23	16	21.1	181	0.7	21	76	844		
85 and older	5	13.9	53	1.0	27	4	11.1	37	1.1	33	36	394		
Other Eligibles	1,303	26.2	13,613	0.8	20	987	19.8	10,289	0.8	23	4,982	49,841		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
65-74	253	29.9	2,710	0.8	21	144	17.0	1,569	0.8	22	846	8,871		
75-84	655	30.8	6,875	0.8	21	414	19.4	4,389	0.8	24	2,130	21,389		
85 and older	395	19.7	4,028	0.8	18	429	21.4	4,331	0.8	23	2,006	19,581		
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6		

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 16,880 beneficiaries who were in nursing facilities for part of their enrollment and their 148,297 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
MICHIGAN, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown	
All	1,317,390	94,486	274,069	231,056	717,407	372	12,620,566	940,320	2,999,986	1,846,483	6,831,890	1,887
Age												
5 and younger	295,354	0	7,070	1,107	287,076	101	2,692,593	0	73,307	9,733	2,609,044	509
6-14	351,465	0	24,865	927	325,577	96	3,561,435	0	282,970	9,249	3,268,710	506
15-20	143,076	0	16,756	24,747	101,444	129	1,313,641	0	183,939	191,463	937,533	706
21-44	293,268	1	101,596	188,465	3,168	38	2,644,097	3	1,121,300	1,506,647	16,004	143
45-64	115,029	18	99,249	15,729	26	7	1,193,694	118	1,064,627	128,801	127	21
65-74	46,860	28,093	18,702	65	0	0	500,148	289,568	210,039	541	0	0
75-84	40,136	35,459	4,665	11	1	0	408,342	356,769	51,524	39	10	0
85 and older	32,085	30,914	1,166	5	0	0	306,146	293,856	12,280	10	0	0
Unknown	117	1	0	0	115	1	470	6	0	0	462	2
Gender												
Female	765,637	71,163	142,032	197,238	355,016	188	7,291,009	718,628	1,573,428	1,612,589	3,385,361	1,003
Male	551,753	23,323	132,037	33,818	362,391	184	5,329,557	221,692	1,426,558	233,894	3,446,529	884
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	693,163	63,656	146,359	124,035	358,863	250	6,456,710	626,974	1,598,083	921,600	3,308,732	1,321
African American	484,655	16,309	91,205	88,692	288,425	24	4,895,952	167,937	1,008,093	793,446	2,926,365	111
Other/unknown	139,572	14,521	36,505	18,329	70,119	98	1,267,904	145,409	393,810	131,437	596,793	455
Use of Nursing Facilities												
All year	26,273	22,920	3,350	3	0	0	275,230	237,461	37,763	6	0	0
Part year	16,900	14,188	2,702	8	2	0	152,419	125,351	26,977	68	23	0
None	1,274,217	57,378	268,017	231,045	717,405	372	12,192,917	577,508	2,935,246	1,846,409	6,831,867	1,887
Maintenance Assistance Status												
Cash	481,435	22,957	199,746	74,091	184,641	0	5,069,654	257,663	2,295,260	666,950	1,849,781	0
Medically needy	106,865	6,695	9,379	47,718	43,073	0	830,959	56,830	74,536	333,084	366,509	0
Poverty related	375,548	1,598	4,374	33,562	336,014	0	3,326,112	16,775	43,720	192,954	3,072,663	0
Other/unknown	353,542	63,236	60,570	75,685	153,679	372	3,393,841	609,052	586,470	653,495	1,542,937	1,887
Dual Status^c												
Full dual, all year	183,205	86,048	95,996	1,128	33	0	1,941,161	867,306	1,064,518	9,055	282	0
Full dual, part year	9,990	3,826	6,159	5	0	0	102,877	39,771	63,064	42	0	0
Non-dual, all year	1,124,195	4,612	171,914	229,923	717,374	372	10,576,528	33,243	1,872,404	1,837,386	6,831,608	1,887
Managed Care Status												
FFS all year	338,536	83,378	90,803	54,002	110,085	268	2,628,617	816,135	912,757	230,490	667,924	1,311
FFS part year, with Rx claims	159,850	2,742	38,749	40,422	77,922	15	1,632,166	30,334	433,904	365,534	802,272	122
FFS part year, no Rx claims	209,029	900	17,746	32,647	157,689	47	1,999,163	8,879	190,615	272,924	1,526,449	296
MC all year, with Rx claims	3,302	4	50	982	2,266	0	21,117	29	361	3,228	17,499	0
MC all year, no Rx claims	606,673	7,462	126,721	103,003	369,445	42	6,339,503	84,943	1,462,349	974,307	3,817,746	158

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains 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 or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 MICHIGAN, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	1,317,390	12,620,566	707,415	3,966,056	609,975	8,654,510
FFS all year	338,536	2,628,617	338,536	2,628,617	0	0
FFS part year, with Rx claims	159,850	1,632,166	159,850	663,985	0	968,181
FFS part year, with no Rx claims	209,029	1,999,163	209,029	673,454	0	1,325,709
MC all year, with Rx claims	3,302	21,117	0	0	3,302	21,117
MC all year, with no Rx claims	606,673	6,339,503	0	0	606,673	6,339,503

Source: Data for this table are from the MAX 1999 file for Michigan, released by CMS in 10/2003. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.