

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 MICHIGAN

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MICHIGAN, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	1,448,463 (A)	215,888 (E)	1,232,575 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1,412,282 (B)	201,215 (F)	1,211,067 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	820,467 (C)	197,469 (G)	622,998 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	26,108 (D)	24,689 (H)	1,419 (L)

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Michigan in 2001 was \$603,305,056, of which \$68,503,564 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- 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 2001. 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 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 were excluded from the analysis.
- 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 3.0 percent were restricted benefit months without a pharmacy benefit in Michigan, were used in the dual tables. 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 K 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 = 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<sup>a, b</sup>  
 MICHIGAN, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
<b>All</b>	<b>820,467</b>	<b>94,577</b>	<b>167,099</b>	<b>166,031</b>	<b>392,482</b>	<b>278</b>	<b>5,034,061</b>	<b>946,840</b>	<b>1,520,524</b>	<b>669,722</b>	<b>1,895,468</b>	<b>1,507</b>					
<b>Age</b>																	
5 and younger	173,473	0	4,885	472	168,060	56	815,272	0	37,793	2,019	775,187	273					
6-14	170,291	0	10,479	336	159,436	40	871,975	0	79,163	1,563	791,008	241					
15-20	90,901	0	7,097	21,111	62,542	151	479,916	0	54,697	103,129	321,192	898					
21-44	192,185	0	56,567	133,332	2,257	29	1,047,474	0	513,967	526,361	7,057	89					
45-64	74,744	10	64,025	10,682	25	2	610,523	62	574,333	36,044	78	6					
65-74	46,415	27,759	18,569	86	1	0	487,464	286,735	200,190	538	1	0					
75-84	40,931	36,509	4,415	7	0	0	420,970	371,787	49,134	49	0	0					
85 and older	31,364	30,299	1,062	3	0	0	299,516	288,256	11,247	13	0	0					
Unknown	163	0	0	2	161	0	951	0	0	6	945	0					
<b>Gender</b>																	
Female	485,382	70,583	86,644	135,294	192,754	107	3,018,021	716,226	804,541	570,272	926,397	585					
Male	335,085	23,994	80,455	30,737	199,728	171	2,016,040	230,614	715,983	99,450	969,071	922					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
<b>Race</b>																	
White	513,994	65,655	103,077	107,600	237,505	157	3,267,116	649,873	968,287	443,967	1,204,132	857					
African American	227,624	17,332	48,919	45,778	115,520	75	1,275,472	178,459	417,991	174,252	504,335	435					
Other/unknown	78,849	11,590	15,103	12,653	39,457	46	491,473	118,508	134,246	51,503	187,001	215					
<b>Use of Nursing Facilities<sup>c</sup></b>																	
Entire year	26,108	22,745	3,363	0	0	0	270,743	233,430	37,313	0	0	0					
Part year	17,206	14,171	3,019	12	4	0	152,420	124,735	27,563	95	27	0					
None	777,153	57,661	160,717	166,019	392,478	278	4,610,898	588,675	1,455,648	669,627	1,895,441	1,507					
<b>Maintenance Assistance Status</b>																	
Cash	221,055	21,369	99,532	38,106	62,048	0	1,568,927	239,981	930,868	153,661	244,417	0					
Medically needy	83,875	6,830	7,124	45,133	24,788	0	363,918	55,988	48,639	159,328	99,963	0					
Poverty-related	271,666	2,952	3,973	36,867	227,874	0	1,358,879	30,846	41,428	177,228	1,109,377	0					
Other/unknown	243,871	63,426	56,470	45,925	77,772	278	1,742,337	620,025	499,589	179,505	441,711	1,507					
<b>Dual Medicare Status<sup>d</sup></b>																	
Full dual, all year	187,064	86,664	99,100	1,269	30	1	1,939,391	876,709	1,055,576	6,904	198	4					
Full dual, part year	10,405	4,707	5,678	20	0	0	109,168	48,825	60,154	189	0	0					
Non-dual, all year	622,998	3,206	62,321	164,742	392,452	277	2,985,502	21,306	404,794	662,629	1,895,270	1,503					
<b>Managed Care Status</b>																	
FFS all year	446,557	93,942	125,971	80,814	145,558	272	3,601,193	942,644	1,329,755	373,219	954,083	1,492					
FFS part year, with Rx claims	158,447	480	29,523	48,833	79,609	2	697,855	3,488	146,168	191,873	356,320	6					
FFS part year, no Rx claims	215,463	155	11,605	36,384	167,315	4	735,013	708	44,601	104,630	585,065	9					

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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<sup>a, b</sup>  
 MICHIGAN, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	53.7 %	13.3	\$652	\$49	\$3,545	18.4 %	820,467
<b>Age</b>							
5 and younger	37.9	1.5	44	30	1,547	2.8	173,473
6-14	32.6	2.3	145	63	1,047	13.8	170,291
15-20	43.7	3.3	175	54	1,576	11.1	90,901
21-44	60.2	10.0	653	66	2,607	25.1	192,185
45-64	79.9	35.0	1,982	57	6,503	30.5	74,744
65-74	87.0	44.9	1,939	43	6,107	31.8	46,415
75-84	88.1	47.2	1,838	39	11,570	15.9	40,931
85 and older	89.4	44.8	1,524	34	18,316	8.3	31,364
Unknown	0.0	0.0	0	0	0	0.0	163
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	87.2	44.7	1,712	38	12,697	13.5	94,577
Disabled	80.7	32.7	1,943	59	6,191	31.4	167,099
Adults	52.9	3.4	124	37	1,718	7.2	166,031
Children	34.6	1.6	70	43	988	7.1	392,482
Unknown	37.4	1.2	37	30	822	4.5	278
<b>Gender</b>							
Female	57.5	15.4	696	45	3,886	17.9	485,382
Male	48.3	10.2	588	58	3,052	19.3	335,085
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	57.6	15.2	758	50	3,894	19.5	513,994
African American	46.1	9.4	444	47	2,867	15.5	227,624
Other/unknown	50.5	11.6	559	48	3,228	17.3	78,849
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	94.1	60.9	2,243	37	34,488	6.5	26,108
Part year	93.6	49.7	1,858	37	19,031	9.8	17,206
None	51.5	10.9	572	53	2,163	26.4	777,153

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	63.4	19.2	1,026	54	3,608	28.4	221,055
Medically needy	50.2	8.2	388	47	2,555	15.2	83,875
Poverty related	36.9	2.1	92	44	1,057	8.7	271,666
Other/unknown	65.0	22.1	1,028	46	6,601	15.6	243,871

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

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. 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.

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

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 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MICHIGAN, 2001

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	2.2	\$106	18.4 %	46.3 %	27.5 %	6.4 %	10.6 %	7.2 %	2.2 %	\$578	820,467	5,034,061
<b>Age</b>												
5 and younger	0.3	9	2.8	62.1	34.2	2.5	1.1	0.1	0.0	329	173,473	815,272
6-14	0.4	28	13.8	67.4	25.1	3.3	2.9	0.9	0.4	204	170,291	871,975
15-20	0.6	33	11.1	56.3	34.0	4.9	3.5	1.0	0.4	299	90,901	479,916
21-44	1.8	120	25.1	39.8	33.0	9.0	11.3	5.2	1.8	478	192,185	1,047,474
45-64	4.3	243	30.5	20.1	17.2	10.7	25.1	19.7	7.3	796	74,744	610,523
65-74	4.3	185	31.8	13.0	16.1	11.0	29.2	24.3	6.4	582	46,415	487,464
75-84	4.6	179	15.9	11.9	12.7	10.3	30.8	27.4	6.8	1,125	40,931	420,970
85 and older	4.7	160	8.3	10.6	11.3	10.6	32.5	28.8	6.2	1,918	31,364	299,516
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	163	951
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.5	171	13.5	12.8	13.6	10.6	30.3	26.3	6.5	1,268	94,577	946,840
Disabled	3.6	214	31.4	19.3	21.8	11.1	24.4	17.4	5.9	680	167,099	1,520,524
Adults	0.8	31	7.2	47.1	36.3	7.6	6.3	2.0	0.7	426	166,031	669,722
Children	0.3	15	7.1	65.4	29.5	2.9	1.7	0.4	0.1	205	392,482	1,895,468
Unknown	0.2	7	4.5	62.6	36.3	0.0	1.1	0.0	0.0	152	278	1,507
<b>Gender</b>												
Female	2.5	112	17.9	42.5	28.2	6.7	11.5	8.4	2.6	625	485,382	3,018,021
Male	1.7	98	19.3	51.7	26.5	5.9	9.2	5.3	1.5	507	335,085	2,016,040
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.4	119	19.5	42.4	28.3	6.7	11.5	8.4	2.7	613	513,994	3,267,116
African American	1.7	79	15.5	53.9	25.7	5.8	8.7	4.8	1.1	512	227,624	1,275,472
Other/unknown	1.9	90	17.3	49.5	27.5	5.8	9.6	6.0	1.6	518	78,849	491,473
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	5.9	216	6.5	5.9	6.7	7.8	30.6	36.7	12.3	3,326	26,108	270,743
Part year	5.6	210	9.8	6.4	8.7	9.2	32.1	33.0	10.6	2,148	17,206	152,420
None	1.8	96	26.4	48.5	28.6	6.3	9.4	5.6	1.6	365	777,153	4,610,898

Table 4

All Medicaid Beneficiaries



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos
				None	More than 0, but 1 or Less	More than 2, but 5 or Less		More than 5, but 10 or Less	Benes		
						Less	More than 10				
<b>Maintenance Assistance Status</b>											
Cash	2.7	145	28.4	36.6	26.4	8.4	15.5	10.0	508	221,055	1,568,927
Medically needy	1.9	89	15.2	49.8	25.5	7.4	10.0	5.6	589	83,875	363,918
Poverty related	0.4	18	8.7	63.1	31.4	3.0	1.8	0.6	211	271,666	1,358,879
Other/unknown	3.1	144	15.6	35.0	24.9	8.0	16.0	12.5	924	243,871	1,742,337

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

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. 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.

d. 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 = 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<sup>a, b, c</sup>  
 MICHIGAN, 2001

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	\$ per Rx	No. of Rx	\$ per Rx
All	2.2	\$106	1.0	\$81	0.1	\$7	1.1	\$18
<b>Age</b>								
5 and younger	0.3	9	0.1	7	0.0	0	0.2	2
6-14	0.4	28	0.2	23	0.0	1	0.2	4
15-20	0.6	33	0.3	26	0.0	2	0.3	5
21-44	1.8	120	0.8	91	0.1	10	0.9	19
45-64	4.3	243	2.0	186	0.2	16	2.1	41
65-74	4.3	185	2.0	141	0.2	9	2.1	35
75-84	4.6	179	2.1	134	0.2	9	2.3	36
85 and older	4.7	160	2.0	116	0.3	9	2.4	34
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.5	171	2.0	128	0.2	9	2.2	34
Disabled	3.6	214	1.6	163	0.2	15	1.7	35
Adults	0.8	31	0.3	23	0.0	2	0.5	6
Children	0.3	15	0.2	12	0.0	1	0.2	3
Unknown	0.2	7	0.1	5	0.0	0	0.1	2
<b>Gender</b>								
Female	2.5	112	1.1	85	0.1	7	1.2	20
Male	1.7	98	0.8	75	0.1	7	0.8	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	2.4	119	1.1	91	0.1	8	1.2	21
African American	1.7	79	0.7	60	0.1	4	0.9	15
Other/unknown	1.9	90	0.9	69	0.1	6	0.9	15
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	5.9	216	2.6	158	0.4	13	2.9	45
Part year	5.6	210	2.4	154	0.3	13	2.8	42
None	1.8	96	0.8	74	0.1	6	0.9	17

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	2.7	145	1.2	110	0.1	9	1.3	25
Medically needy	1.9	89	0.9	68	0.1	6	0.9	16
Poverty related	0.4	18	0.2	14	0.0	1	0.2	3
Other/unknown	3.1	144	1.4	109	0.2	9	1.5	26

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 Michigan, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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 = 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<sup>a, b, c, d</sup>  
 MICHIGAN, 2001

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 No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$14	\$0	\$2	\$51	\$92	\$75	\$11	661,871	\$33,573,746	251,273	30.6%	2,150,972
Biologicals	0.7	0.1	0.1	0.5	1,629	144	148	1,337	2284	1,035	1,971	2,680	686	1,567,048	95	0.0	962
Antineoplastic Agents	0.5	0.2	0.1	0.2	95	69	19	7	180	280	144	47	46,426	8,337,185	8,860	1.1	87,800
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	30	25	1	3	36	58	20	10	1,000,079	36,026,675	126,741	15.4	1,199,033
Cardiovascular Agents	1.7	0.7	0.1	0.9	51	34	2	15	30	51	27	16	2,449,560	74,077,708	146,162	17.8	1,461,521
Respiratory Agents	0.6	0.4	0.0	0.2	29	24	0	5	46	59	34	21	805,986	37,031,867	140,160	17.1	1,268,672
Gastrointestinal Agents	0.6	0.3	0.0	0.3	41	34	2	5	64	104	86	18	631,510	40,532,888	100,775	12.3	998,016
Genitourinary Agents	0.4	0.3	0.0	0.1	19	17	0	2	45	58	41	14	172,454	7,760,094	43,100	5.3	414,485
CNS Drugs	1.2	0.6	0.1	0.5	92	69	10	13	74	112	109	25	1,811,073	134,864,598	163,403	19.9	1,458,929
Stimulants/Anti-obesity/Anorexia	0.9	0.5	0.0	0.4	38	27	1	10	43	56	44	25	107,087	4,576,993	17,169	2.1	120,006
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	63	60	0	3	112	120	42	45	60,104	6,729,795	10,432	1.3	106,930
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	32	24	2	6	44	103	90	12	1,170,167	51,974,122	182,750	22.3	1,640,973
Neuromuscular Agents	1.0	0.4	0.1	0.5	57	43	3	12	58	95	39	25	782,370	45,454,607	83,751	10.2	782,662
Nutritional Products	0.5	0.0	0.0	0.4	6	0	1	5	12	11	20	11	306,481	3,681,888	70,908	8.6	635,415
Hematological Agents	0.7	0.2	0.1	0.4	55	45	3	8	82	213	30	21	290,864	23,753,390	42,383	5.2	430,797
Topical Products	0.4	0.2	0.0	0.2	12	8	1	3	32	51	36	16	534,975	17,362,424	155,623	19.0	1,433,897
Miscellaneous Products	0.4	0.2	0.1	0.2	74	50	15	8	165	281	247	41	43,412	7,160,757	9,867	1.2	97,200
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	21	0	0	0	16,138	335,707	6,444	0.8	67,245
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10,891,243	534,801,492	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001. 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](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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c</sup>  
 MICHIGAN, 2001

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	\$70,256,707	64,334	7.8 %	674,567	0.8	\$137	\$104	
ANTIDEPRESSANTS	43,497,936	113,652	13.9	1,124,375	0.6	63	39	
ANTICONVULSANT	37,101,869	62,138	7.6	648,830	0.8	71	57	
ULCER DRUGS	33,026,770	102,705	12.5	1,035,946	0.5	70	32	
ANALGESICS - Narcotic	26,591,047	173,252	21.1	1,626,002	0.4	39	16	
ANTIDIABETIC	23,058,493	71,922	8.8	733,332	0.7	48	31	
ANALGESICS - ANTI-INFLAMMATORY	21,938,036	122,375	14.9	1,157,387	0.4	54	19	
ANTIASTHMATIC	21,619,692	131,055	16.0	1,228,790	0.4	45	18	
ANTIHYPERTENSIVE	21,157,337	45,039	5.5	477,637	0.6	69	44	
ANTIHYPERTENSIVE	20,190,716	96,623	11.8	992,306	0.6	33	20	
Total	318,438,603	983,095		9,699,172	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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.