

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>197,469</b>	<b>91,371</b>	<b>104,778</b>	<b>1,289</b>	<b>30</b>	<b>1</b>	<b>2,048,559</b>	<b>925,534</b>	<b>1,115,730</b>	<b>7,093</b>	<b>198</b>	<b>4</b>
<b>Age</b>												
5 and younger	6	0	5	0	1	0	51	0	50	0	1	0
6-14	25	0	20	0	5	0	277	0	221	0	56	0
15-20	322	0	301	5	16	0	2,514	0	2,379	28	107	0
21-44	38,826	0	37,915	903	7	1	406,027	0	400,949	5,041	33	4
45-64	43,493	3	43,180	309	1	0	458,576	16	457,019	1,540	1	0
65-74	44,842	26,770	18,005	67	0	0	474,824	278,771	195,606	447	0	0
75-84	39,707	35,387	4,315	5	0	0	412,532	364,134	48,361	37	0	0
85 and older	30,248	29,211	1,037	0	0	0	293,758	282,613	11,145	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	125,997	68,424	56,863	695	14	1	1,318,184	702,029	612,005	4,052	94	4
Male	71,472	22,947	47,915	594	16	0	730,375	223,505	503,725	3,041	104	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	132,748	63,682	68,225	825	16	0	1,375,310	637,593	733,054	4,556	107	0
African American	45,601	16,779	28,415	395	12	0	473,425	174,743	296,463	2,137	82	0
Other/unknown	19,120	10,910	8,138	69	2	1	199,824	113,198	86,213	400	9	4
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	24,689	22,359	2,330	0	0	0	255,566	229,583	25,983	0	0	0
Part year	15,903	13,948	1,955	0	0	0	142,511	122,839	19,672	0	0	0
None	156,877	55,064	100,493	1,289	30	1	1,650,482	573,112	1,070,075	7,093	198	4
<b>Maintenance Assistance Status</b>												
Cash	76,554	20,669	55,611	272	2	0	855,023	233,559	619,895	1,550	19	0
Medically needy	11,847	6,585	4,578	668	16	0	95,939	54,696	37,660	3,511	72	0
Poverty-related	6,924	2,924	3,889	105	6	0	72,060	30,547	40,846	609	58	0
Other/unknown	102,144	61,193	40,700	244	6	1	1,025,537	606,732	417,329	1,423	49	4
<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
<b>Managed Care Status</b>												
FFS all year	187,375	90,870	95,668	816	20	1	1,989,115	922,148	1,061,686	5,122	155	4
FFS part year, with Rx claims	8,406	382	7,628	390	6	0	51,749	2,849	47,142	1,728	30	0
FFS part year, no Rx claims	1,688	119	1,482	83	4	0	7,695	537	6,902	243	13	0

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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	88.3 %	43.6	\$2,121	\$49	\$8,620	24.6 %	197,469
<b>Age</b>							
5 and younger	83.3	45.3	2,846	63	23,994	11.9	6
6-14	92.0	69.4	9,241	133	12,531	73.7	25
15-20	74.8	17.1	1,671	98	5,344	31.3	322
21-44	84.1	30.4	2,271	75	3,797	59.8	38,826
45-64	89.7	47.7	2,752	58	5,611	49.1	43,493
65-74	88.0	45.9	1,981	43	6,187	32.0	44,842
75-84	89.2	47.9	1,867	39	11,730	15.9	39,707
85 and older	91.2	45.8	1,557	34	18,688	8.3	30,248
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	88.6	45.5	1,746	38	12,923	13.5	91,371
Disabled	88.3	42.2	2,460	58	4,943	49.8	104,778
Adults	72.1	15.8	1,008	64	2,514	40.1	1,289
Children	73.3	23.7	2,948	124	6,065	48.6	30
Unknown	0.0	0.0	0	0	422	0.0	1
<b>Gender</b>							
Female	91.0	48.4	2,184	45	9,636	22.7	125,997
Male	83.6	35.2	2,009	57	6,827	29.4	71,472
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	89.2	46.8	2,315	50	9,645	24.0	132,748
African American	86.8	36.6	1,676	46	6,011	27.9	45,601
Other/unknown	86.4	38.4	1,832	48	7,720	23.7	19,120
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	94.3	60.5	2,203	36	33,813	6.5	24,689
Part year	93.8	49.5	1,807	37	17,648	10.2	15,903
None	86.8	40.3	2,139	53	3,740	57.2	156,877
<b>Maintenance Assistance Status</b>							
Cash	89.2	42.1	2,193	52	3,998	54.9	76,554
Medically needy	80.5	37.4	1,754	47	7,775	22.6	11,847
Poverty related	73.7	24.8	1,604	65	2,389	67.2	6,924
Other/unknown	89.6	46.7	2,144	46	12,603	17.0	102,144

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 D.3 includes beneficiaries represented by Cell G 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	4.2	\$204	24.6 %	11.7 %	17.1 %	11.3 %	29.8 %	23.9 %	6.3 %	\$831	197,469	2,048,559
<b>Age</b>												
5 and younger	5.3	335	11.9	16.7	0.0	0.0	50.0	33.3	0.0	2,823	6	51
6-14	6.3	834	73.7	8.0	0.0	0.0	24.0	68.0	0.0	1,131	25	277
15-20	2.2	214	31.3	25.2	31.1	12.1	19.9	8.1	3.7	685	322	2,514
21-44	2.9	217	59.8	15.9	28.5	12.9	25.6	13.7	3.4	363	38,826	406,027
45-64	4.5	261	49.1	10.3	16.0	11.3	29.9	24.7	7.8	532	43,493	458,576
65-74	4.3	187	32.0	12.0	15.9	11.0	29.7	24.8	6.6	584	44,842	474,824
75-84	4.6	180	15.9	10.8	12.8	10.4	31.3	27.8	6.9	1,129	39,707	412,532
85 and older	4.7	160	8.3	8.8	11.5	10.7	33.3	29.4	6.3	1,924	30,248	293,758
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.5	172	13.5	11.4	13.6	10.7	30.8	26.8	6.6	1,276	91,371	925,534
Disabled	4.0	231	49.8	11.7	20.1	11.8	28.9	21.5	6.0	464	104,778	1,115,730
Adults	2.9	183	40.1	27.9	22.6	11.0	22.8	11.5	4.3	457	1,289	7,093
Children	3.6	447	48.6	26.7	30.0	6.7	13.3	23.3	0.0	919	30	198
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	106	1	4
<b>Gender</b>												
Female	4.6	209	22.7	9.0	14.6	11.0	31.2	26.9	7.4	921	125,997	1,318,184
Male	3.4	197	29.4	16.4	21.7	11.9	27.2	18.6	4.2	668	71,472	730,375
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	4.5	223	24.0	10.8	15.2	10.7	29.7	26.1	7.5	931	132,748	1,375,310
African American	3.5	161	27.9	13.2	21.2	12.7	30.3	19.0	3.5	579	45,601	473,425
Other/unknown	3.7	175	23.7	13.6	20.6	12.1	28.8	20.5	4.4	739	19,120	199,824
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	5.8	213	6.5	5.7	6.8	7.9	30.8	36.7	12.1	3,267	24,689	255,566
Part year	5.5	202	10.2	6.2	8.7	9.4	32.8	33.1	9.7	1,969	15,903	142,511
None	3.8	203	57.2	13.2	19.6	12.0	29.3	20.9	5.0	355	156,877	1,650,482
<b>Maintenance Assistance Status</b>												
Cash	3.8	196	54.9	10.8	20.5	12.3	30.4	21.1	4.8	358	76,554	855,023
Medically needy	4.6	217	22.6	19.5	11.8	9.6	27.7	24.7	6.8	960	11,847	95,939
Poverty related	2.4	154	67.2	26.3	30.3	11.1	19.1	10.7	2.4	230	6,924	72,060
Other/unknown	4.7	214	17.0	10.4	14.3	10.8	30.2	26.7	7.5	1,255	102,144	1,025,537

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G 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 D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>4.2</b>	<b>\$204</b>	<b>1.9</b>	<b>\$154</b>	<b>0.2</b>	<b>\$13</b>	<b>2.1</b>	<b>\$37</b>
<b>Age</b>								
5 and younger	5.3	335	2.3	286	0.1	10	2.9	39
6-14	6.3	834	2.7	650	0.5	112	3.0	71
15-20	2.2	214	1.1	160	0.2	21	0.9	33
21-44	2.9	217	1.3	165	0.2	19	1.4	33
45-64	4.5	261	2.1	199	0.2	18	2.2	44
65-74	4.3	187	2.0	143	0.2	9	2.1	36
75-84	4.6	180	2.1	135	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	172	2.0	129	0.2	9	2.2	34
Disabled	4.0	231	1.8	176	0.2	17	1.9	39
Adults	2.9	183	1.4	146	0.1	10	1.4	27
Children	3.6	447	1.7	373	0.3	46	1.6	28
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	4.6	209	2.1	158	0.2	12	2.3	38
Male	3.4	197	1.5	148	0.2	14	1.7	34
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	4.5	223	2.1	169	0.3	15	2.2	40
African American	3.5	161	1.5	122	0.1	9	1.9	31
Other/unknown	3.7	175	1.7	134	0.2	11	1.8	30
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	5.8	213	2.6	156	0.4	13	2.9	45
Part year	5.5	202	2.4	148	0.3	13	2.8	41
None	3.8	203	1.8	155	0.2	13	1.9	35
<b>Maintenance Assistance Status</b>								
Cash	3.8	196	1.7	149	0.2	13	1.9	35
Medically needy	4.6	217	2.1	162	0.3	15	2.2	40
Poverty related	2.4	154	1.1	119	0.2	13	1.1	23
Other/unknown	4.7	214	2.1	161	0.3	13	2.3	39

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 D.5 includes the beneficiaries represented by Cell G 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\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Bene Mos		
														Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$17	\$0	\$2	\$60	\$102	\$66	\$12	103,483	52.4 %	1,139,203
Biologics	1.0	0.0	0.2	0.8	####	19	357	####	3037	811	2,300	3,237	26	0.0	296
Antineoplastic Agents	0.5	0.2	0.1	0.1	88	62	19	7	166	255	142	46	7,401	3.7	76,379
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	32	27	1	4	33	53	17	10	81,216	41.1	880,623
Cardiovascular Agents	1.8	0.7	0.1	1.0	53	35	2	16	30	51	27	16	119,079	60.3	1,278,740
Respiratory Agents	0.7	0.5	0.0	0.3	34	28	0	5	46	58	35	22	2,254,269	35.5	771,905
Gastrointestinal Agents	0.7	0.3	0.0	0.3	42	35	1	5	63	103	72	18	70,048	38.1	814,969
Genitourinary Agents	0.5	0.3	0.0	0.1	23	21	0	2	48	61	43	14	26,630	13.5	293,606
CNS Drugs	1.3	0.6	0.1	0.6	97	72	11	15	77	116	113	27	100,531	50.9	1,074,760
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	48	33	3	12	82	127	85	42	1,014	0.5	11,157
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	64	62	0	2	111	117	39	42	9,203	4.7	97,490
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	39	30	3	6	47	100	90	13	103,932	52.6	1,125,694
Neuromuscular Agents	1.0	0.4	0.1	0.5	57	41	3	12	58	99	38	26	54,773	27.7	596,278
Nutritional Products	0.6	0.0	0.0	0.5	7	1	1	6	12	10	21	11	37,784	19.1	404,950
Hematological Agents	0.7	0.2	0.1	0.4	41	33	2	6	60	150	23	17	35,149	17.8	375,770
Topical Products	0.4	0.2	0.0	0.2	15	11	1	4	35	52	36	17	79,956	40.5	889,060
Miscellaneous Products	0.5	0.2	0.1	0.2	83	54	19	9	182	322	250	45	6,505	3.3	68,709
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	20	0	0	0	4,890	2.5	54,774
<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.	8,609,373	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 D.6 includes the beneficiaries represented by Cell G 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 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. 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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$59,602,384	50,737	25.7 %	558,019	0.8	\$137	\$107
ANTIDEPRESSANTS	34,141,347	78,963	40.0	856,592	0.6	63	40
ULCER DRUGS	28,554,679	78,396	39.7	858,306	0.5	70	33
ANTICONVULSANT	28,065,252	45,157	22.9	500,159	0.8	70	56
ANALGESICS - Narcotic	21,533,628	108,432	54.9	1,181,423	0.5	40	18
ANTIDIABETIC	20,221,301	59,514	30.1	647,312	0.7	47	31
ANTIHYPERTENSIVE	19,617,957	39,186	19.8	437,401	0.6	70	45
ANALGESICS - ANTI-INFLAMMATORY	19,403,687	74,106	37.5	827,857	0.4	60	23
ANTIHYPERTENSIVE	18,467,972	81,407	41.2	885,888	0.6	33	21
ANTIASTHMATIC	15,694,178	73,133	37.0	799,701	0.4	45	20
Total	265,302,385	689,031		7,552,658	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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>4,256,498</b>	<b>\$265,302,385</b>	<b>50,737</b>	<b>25.7 %</b>	<b>558,019</b>	<b>0.8</b>	<b>\$107</b>	<b>78,963</b>	<b>40.0 %</b>	<b>856,592</b>	<b>0.6</b>	<b>\$40</b>
<b>Female</b>	2,906,965	170,247,788	29,365	23.3	322,154	0.7	89	55,632	44.2	604,891	0.6	39
<b>Disabled</b>	1,438,170	97,475,239	16,415	28.9	186,694	0.8	113	28,790	50.6	323,792	0.6	43
5 and younger	32	1,825	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	158	15,643	3	33.3	36	0.2	11	4	44.4	48	0.4	27
15-20	869	81,738	22	15.3	201	0.6	106	30	20.8	281	0.4	30
21-44	319,690	26,126,117	5,976	36.6	67,610	0.8	120	9,430	57.8	105,606	0.6	44
45-64	683,790	47,552,110	7,377	30.9	84,128	0.8	117	14,203	59.4	159,454	0.6	44
65-74	338,317	18,715,265	2,233	18.1	25,543	0.8	94	4,088	33.1	46,554	0.6	35
75-84	80,000	4,205,446	648	19.8	7,452	0.8	86	831	25.3	9,570	0.6	33
85 and older	15,314	777,095	156	18.3	1,724	0.7	56	204	23.9	2,279	0.6	31
<b>Other Eligibles</b>	1,468,795	72,772,549	12,950	18.7	135,460	0.6	57	26,842	38.8	281,099	0.7	36
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	16	165	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	63	3,569	3	23.1	26	0.3	29	2	15.4	20	0.4	23
21-44	4,283	325,944	79	14.3	678	0.6	73	226	40.8	1,813	0.5	41
45-64	1,216	99,030	11	9.4	96	0.4	73	62	53.0	522	0.5	39
65-74	408,022	22,262,953	2,717	15.2	29,789	0.7	73	6,098	34.1	66,869	0.6	35
75-84	599,276	29,572,041	5,026	19.1	53,192	0.6	55	10,328	39.3	109,608	0.7	35
85 and older	455,919	20,508,847	5,114	21.1	51,679	0.6	48	10,126	41.7	102,267	0.7	37
<b>Male</b>	1,349,533	95,054,597	21,372	29.9	235,865	0.9	131	23,331	32.6	251,701	0.6	41
<b>Disabled</b>	939,871	75,170,215	17,155	35.8	194,114	0.9	146	16,252	33.9	181,039	0.6	44
5 and younger	12	670	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	68	2,115	0	0.0	0	0.0	0	1	9.1	12	0.4	27
15-20	1,073	75,807	32	20.4	266	0.7	97	34	21.7	305	0.7	39
21-44	351,540	32,972,451	8,914	41.3	100,820	0.9	147	7,753	35.9	86,614	0.6	44
45-64	442,958	34,208,566	6,981	36.2	79,313	0.9	152	7,089	36.8	78,885	0.6	44
65-74	122,154	6,756,075	945	16.7	10,577	0.9	108	1,179	20.8	13,063	0.6	36
75-84	19,442	1,029,045	238	23.0	2,657	0.9	84	164	15.8	1,821	0.7	40
85 and older	2,624	125,486	45	24.5	481	0.7	56	32	17.4	339	0.6	33
<b>Other Eligibles</b>	409,662	19,884,382	4,217	17.9	41,751	0.7	61	7,079	30.1	70,662	0.7	35
5 and younger	1	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	42	3,250	0	0.0	0	0.0	0	1	25.0	12	0.3	17
15-20	16	1,613	2	25.0	14	0.5	92	0	0.0	0	0.0	0
21-44	2,392	199,669	23	6.4	143	0.6	135	88	24.6	657	0.5	35
45-64	1,890	123,974	11	5.6	65	0.6	62	44	22.4	349	0.7	55
65-74	157,319	8,212,492	1,230	13.7	12,825	0.7	78	2,118	23.7	22,393	0.6	34
75-84	166,797	7,803,570	1,763	19.4	17,550	0.7	56	2,921	32.1	29,463	0.7	34
85 and older	81,205	3,539,781	1,188	24.0	11,154	0.6	49	1,907	38.5	17,788	0.7	37
<b>Unknown</b>	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 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.7A includes the beneficiaries represented by Cell G 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 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 2001. For information about these drug groups, 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).

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 D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>78,396</b>	<b>39.7 %</b>	<b>858,306</b>	<b>0.5</b>	<b>\$33</b>	<b>45,157</b>	<b>22.9 %</b>	<b>500,159</b>	<b>0.8</b>	<b>\$56</b>	<b>108,432</b>	<b>54.9 %</b>	<b>1,181,423</b>	<b>0.5</b>	<b>\$18</b>
<b>Female</b>	55,452	44.0	609,740	0.5	33	26,830	21.3	297,127	0.8	52	76,150	60.4	833,731	0.5	17
<b>Disabled</b>	25,899	45.5	291,730	0.4	33	17,119	30.1	193,858	0.8	61	39,442	69.4	442,900	0.4	19
5 and younger	2	200.0	24	0.3	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	66.7	72	0.5	53	3	33.3	36	0.7	101	3	33.3	36	0.1	1
15-20	26	18.1	242	0.3	34	23	16.0	219	0.8	46	43	29.9	429	0.2	51
21-44	5,404	33.1	60,971	0.4	30	6,364	39.0	71,746	0.8	69	10,709	65.6	119,527	0.4	21
45-64	11,813	49.4	131,977	0.5	35	8,146	34.1	92,511	0.8	62	17,959	75.1	200,609	0.5	23
65-74	6,651	53.9	75,658	0.4	31	2,052	16.6	23,370	0.7	43	8,316	67.4	94,580	0.4	11
75-84	1,624	49.5	18,669	0.5	32	447	13.6	5,062	0.7	33	1,972	60.1	22,792	0.4	11
85 and older	373	43.7	4,117	0.5	36	84	9.8	914	0.7	32	440	51.6	4,927	0.4	9
<b>Other Eligibles</b>	29,553	42.7	318,010	0.5	33	9,711	14.0	103,269	0.8	33	36,708	53.1	390,831	0.5	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.9	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	23.1	30	0.4	31	2	15.4	16	0.4	19	5	38.5	52	0.1	1
21-44	108	19.5	918	0.3	28	93	16.8	799	0.6	61	305	55.1	2,352	0.5	31
45-64	43	36.8	307	0.4	37	12	10.3	90	0.5	27	81	69.2	660	0.5	20
65-74	7,850	43.9	87,684	0.4	33	2,795	15.6	30,683	0.7	39	9,900	55.4	110,295	0.4	13
75-84	11,687	44.4	127,618	0.5	33	4,038	15.4	43,332	0.8	33	14,416	54.8	156,897	0.5	15
85 and older	9,861	40.6	101,441	0.6	35	2,771	11.4	28,349	0.8	28	12,001	49.5	120,575	0.6	18
<b>Male</b>	22,944	32.1	248,566	0.5	33	18,327	25.6	203,032	0.8	63	32,282	45.2	347,692	0.4	20
<b>Disabled</b>	14,261	29.8	158,498	0.5	34	14,813	30.9	166,797	0.8	69	22,584	47.1	248,594	0.4	24
5 and younger	3	75.0	30	0.3	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	36.4	48	0.5	14	0	0.0	0	0.0	0	3	27.3	36	0.1	1
15-20	28	17.8	276	0.4	39	32	20.4	327	0.8	48	42	26.8	412	0.2	3
21-44	4,881	22.6	54,849	0.4	33	7,225	33.5	81,589	0.8	73	9,307	43.1	103,178	0.4	26
45-64	6,587	34.2	72,813	0.5	36	6,431	33.4	72,412	0.9	68	9,971	51.7	108,875	0.5	26
65-74	2,277	40.2	25,112	0.5	34	962	16.8	10,537	0.9	48	2,818	49.8	31,176	0.4	12
75-84	411	39.7	4,653	0.5	32	157	15.2	1,755	0.9	38	391	37.7	4,375	0.4	13
85 and older	70	38.0	717	0.5	35	16	8.7	177	1.0	37	52	28.3	542	0.3	5
<b>Other Eligibles</b>	8,683	36.9	90,068	0.5	32	3,514	14.9	36,235	0.8	36	9,698	41.2	99,098	0.4	12
5 and younger	1	100.0	1	1.0	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	75.0	36	0.3	9	1	25.0	12	1.3	215	3	75.0	36	0.1	1
15-20	2	25.0	10	0.6	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	64	17.9	473	0.4	36	35	9.8	238	0.9	131	209	58.5	1,536	0.5	42
45-64	47	24.0	378	0.5	46	27	13.8	222	0.6	64	103	52.6	757	0.6	32
65-74	3,137	35.0	33,975	0.4	31	1,385	15.5	14,814	0.8	40	3,748	41.9	40,386	0.4	11
75-84	3,544	39.0	36,711	0.5	32	1,473	16.2	15,125	0.8	34	3,668	40.4	37,720	0.4	11
85 and older	1,885	38.1	18,484	0.6	33	593	12.0	5,824	0.7	28	1,967	39.7	18,663	0.5	11
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 D.7B includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>59,514</b>	<b>30.1 %</b>	<b>647,312</b>	<b>0.7</b>	<b>\$31</b>	<b>39,186</b>	<b>19.8 %</b>	<b>437,401</b>	<b>0.6</b>	<b>\$45</b>	<b>74,106</b>	<b>37.5 %</b>	<b>827,857</b>	<b>0.4</b>	<b>\$23</b>
<b>Female</b>	42,638	33.8	466,395	0.7	31	27,330	21.7	306,482	0.6	45	53,479	42.4	599,629	0.4	26
<b>Disabled</b>	19,195	33.8	213,844	0.6	35	13,606	23.9	153,020	0.6	46	28,130	49.5	319,196	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11.1	12	0.1	1
15-20	10	6.9	105	0.5	37	3	2.1	28	0.6	27	35	24.3	323	0.2	2
21-44	2,337	14.3	26,109	0.6	35	1,476	9.0	16,657	0.5	37	6,998	42.9	78,846	0.3	15
45-64	8,972	37.5	98,898	0.6	37	6,447	27.0	71,740	0.6	45	12,238	51.2	138,171	0.4	27
65-74	6,379	51.7	71,725	0.7	33	4,621	37.4	52,345	0.7	48	6,816	55.2	78,190	0.4	25
75-84	1,285	39.2	14,650	0.7	28	924	28.2	10,699	0.7	51	1,669	50.9	19,446	0.4	26
85 and older	212	24.9	2,357	0.6	21	135	15.8	1,551	0.7	51	373	43.7	4,208	0.4	28
<b>Other Eligibles</b>	23,443	33.9	252,551	0.7	28	13,724	19.9	153,462	0.7	45	25,349	36.7	280,433	0.5	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	23.1	32	0.1	4
21-44	45	8.1	303	0.5	30	14	2.5	111	0.5	43	171	30.9	1,330	0.3	14
45-64	25	21.4	125	0.6	36	22	18.8	141	0.4	37	42	35.9	332	0.4	88
65-74	7,939	44.4	87,720	0.7	32	5,765	32.2	64,716	0.7	46	7,766	43.4	88,138	0.4	26
75-84	10,072	38.3	109,268	0.7	27	6,099	23.2	68,785	0.7	46	10,220	38.9	114,857	0.5	29
85 and older	5,362	22.1	55,135	0.7	23	1,824	7.5	19,709	0.6	40	7,147	29.5	75,744	0.5	31
<b>Male</b>	16,876	23.6	180,917	0.7	32	11,856	16.6	130,919	0.6	44	20,627	28.9	228,228	0.3	18
<b>Disabled</b>	9,754	20.4	106,982	0.7	36	7,945	16.6	88,518	0.6	43	14,168	29.6	158,700	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	1.3	21	1.4	80	2	1.3	24	0.5	33	18	11.5	141	0.3	13
21-44	2,368	11.0	26,278	0.6	37	2,082	9.6	23,393	0.6	38	5,618	26.0	63,055	0.2	10
45-64	5,115	26.5	55,603	0.7	37	4,159	21.6	46,218	0.7	45	6,074	31.5	67,729	0.4	19
65-74	1,994	35.2	21,998	0.7	34	1,531	27.1	17,005	0.7	47	2,086	36.9	23,470	0.4	18
75-84	242	23.4	2,719	0.7	28	160	15.4	1,751	0.7	47	334	32.2	3,879	0.4	23
85 and older	33	17.9	363	0.6	17	11	6.0	127	0.7	44	38	20.7	426	0.4	21
<b>Other Eligibles</b>	7,122	30.2	73,935	0.7	27	3,911	16.6	42,401	0.6	44	6,459	27.4	69,528	0.4	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12.5	5	0.2	2
21-44	42	11.8	243	0.6	38	37	10.4	277	0.6	43	94	26.3	713	0.3	14
45-64	33	16.8	202	0.7	43	40	20.4	311	0.6	45	44	22.4	348	0.4	24
65-74	2,908	32.5	31,328	0.7	31	2,045	22.8	22,610	0.6	45	2,711	30.3	30,074	0.4	20
75-84	2,948	32.4	30,645	0.7	26	1,510	16.6	16,326	0.6	44	2,483	27.3	26,888	0.4	24
85 and older	1,191	24.1	11,517	0.7	22	279	5.6	2,877	0.6	37	1,126	22.7	11,500	0.5	27
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC				No. of Bene Mos			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	No. of Bene Mos
<b>All</b>	<b>81,407</b>	<b>41.2 %</b>	<b>885,888</b>	<b>0.6</b>	<b>\$21</b>	<b>73,133</b>	<b>37.0 %</b>	<b>799,701</b>	<b>0.4</b>	<b>\$20</b>	<b>197,469</b>	<b>2,048,559</b>
<b>Female</b>	57,013	45.2	623,726	0.6	21	50,266	39.9	553,394	0.4	19	125,997	1,318,184
<b>Disabled</b>	22,297	39.2	249,214	0.6	21	26,043	45.8	291,803	0.4	20	56,863	612,005
5 and younger	4	400.0	48	0.4	21	3	300.0	36	0.2	12	1	12
6-14	10	111.1	120	0.5	54	0	0.0	0	0.0	0	9	108
15-20	27	18.8	289	0.3	12	29	20.1	261	0.2	12	144	1,110
21-44	2,329	14.3	25,750	0.5	17	5,528	33.9	61,807	0.3	16	16,322	173,544
45-64	9,844	41.2	108,475	0.6	21	12,410	51.9	138,771	0.4	21	23,908	255,526
65-74	7,596	61.5	85,990	0.6	22	6,483	52.5	72,958	0.5	22	12,347	135,302
75-84	2,057	62.7	23,727	0.6	21	1,353	41.3	15,433	0.4	18	3,279	37,110
85 and older	430	50.4	4,815	0.6	21	237	27.8	2,537	0.4	16	853	9,293
<b>Other Eligibles</b>	34,716	50.2	374,512	0.7	21	24,223	35.0	261,591	0.4	19	69,134	706,179
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	12	0.4	3	0	0.0	0	0.0	0	1	12
15-20	6	46.2	54	0.4	17	0	0.0	0	0.0	0	13	93
21-44	61	11.0	490	0.5	23	105	19.0	774	0.3	18	554	3,217
45-64	31	26.5	204	0.5	17	15	12.8	104	0.4	24	117	633
65-74	9,498	53.1	105,231	0.6	22	7,860	43.9	87,700	0.5	22	17,884	189,119
75-84	14,439	54.9	158,444	0.6	21	9,593	36.5	104,256	0.4	19	26,304	275,506
85 and older	10,680	44.0	110,077	0.7	21	6,650	27.4	68,757	0.4	15	24,261	237,599
<b>Male</b>	24,394	34.1	262,162	0.6	20	22,867	32.0	246,307	0.4	20	71,472	730,375
<b>Disabled</b>	13,845	28.9	151,916	0.6	20	13,361	27.9	147,186	0.4	21	47,915	503,725
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.2	2	4	38
6-14	6	54.5	72	0.3	4	3	27.3	36	0.3	22	11	113
15-20	18	11.5	208	0.3	14	23	14.6	210	0.3	15	157	1,269
21-44	3,553	16.5	39,269	0.6	18	3,724	17.2	41,446	0.3	16	21,593	227,405
45-64	6,860	35.6	74,687	0.6	20	6,182	32.1	67,793	0.5	22	19,272	201,493
65-74	2,849	50.4	31,351	0.6	22	2,917	51.6	32,020	0.5	24	5,658	60,304
75-84	478	46.1	5,434	0.6	22	440	42.5	4,914	0.5	20	1,036	11,251
85 and older	81	44.0	895	0.6	21	71	38.6	755	0.4	18	184	1,852
<b>Other Eligibles</b>	10,549	44.8	110,246	0.6	20	9,506	40.4	99,121	0.5	19	23,557	226,650
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	2	50.0	24	0.3	2	1	25.0	12	0.3	6	4	44
15-20	2	25.0	17	0.1	4	0	0.0	0	0.0	0	8	42
21-44	48	13.4	358	0.5	19	45	12.6	341	0.4	19	357	1,861
45-64	54	27.6	376	0.6	22	43	21.9	357	0.3	16	196	924
65-74	4,114	46.0	44,696	0.6	21	3,697	41.3	40,086	0.5	22	8,953	90,099
75-84	4,349	47.9	45,586	0.6	20	3,829	42.1	39,798	0.4	18	9,088	88,665
85 and older	1,980	40.0	19,189	0.7	19	1,891	38.2	18,527	0.5	17	4,950	45,014
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	Bene Mos among All-Year NF Residents	All-Year NF Residents
<b>All</b>	<b>\$213</b>	<b>5.8</b>	<b>24,689</b>	<b>255,566</b>
<b>Age</b>				
0-64	291	6.3	1,366	15,320
65-74	277	6.6	2,867	30,613
75-84	222	6.1	8,160	84,172
85 and older	182	5.4	12,296	125,461
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	210	5.9	18,798	195,834
Male	221	5.8	5,891	59,732
Unknown	0	0.0	0	0
<b>Race</b>				
White	216	6	19,594	200,671
African American	195	4.9	2,789	30,476
Other/unknown	206	5.6	2,306	24,419
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	206	5.8	22,359	229,583
Disabled	276	6.1	2,330	25,983
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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.

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.

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 D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users										\$ per Bene Mo among Users										Users				
	Patented					Off-Patent					Patented					Off-Patent					Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic										
Anti-infective Agents	0.3	0.2	0.0	0.1	\$14	\$13	\$0	\$1	\$44	\$67	\$69	\$11	52,586	\$2,333,461	15,052	61.0 %	162,574								
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0								
Antineoplastic Agents	0.6	0.2	0.3	0.1	74	33	34	7	133	201	131	53	9,307	1,237,954	1,621	6.6	16,729								
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	30	23	2	5	25	46	13	9	142,071	3,553,681	11,394	46.2	120,190								
Cardiovascular Agents	2.1	0.6	0.1	1.3	44	23	2	18	21	36	20	14	377,748	7,924,036	17,442	70.6	181,979								
Respiratory Agents	0.7	0.4	0.0	0.3	23	17	0	6	33	46	28	18	64,164	2,123,554	8,406	34.0	90,994								
Gastrointestinal Agents	0.9	0.4	0.0	0.5	42	33	1	8	47	82	49	18	96,696	4,555,319	10,299	41.7	108,743								
Genitourinary Agents	0.6	0.4	0.0	0.2	25	22	0	2	41	53	37	14	31,221	1,293,239	4,858	19.7	52,273								
CNS Drugs	1.5	0.9	0.1	0.5	84	69	6	9	57	74	68	20	242,362	13,801,936	15,720	63.7	165,286								
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	31	18	1	13	46	81	49	28	261	11,905	34	0.1	378								
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	72	72	0	0	95	95	0	29	22,081	2,097,876	2,803	11.4	29,178								
Analgesics and Anesthetics	1.1	0.6	0.0	0.5	45	39	2	4	40	64	40	9	139,777	5,585,196	11,823	47.9	123,642								
Neuromuscular Agents	1.3	0.5	0.1	0.8	57	31	2	24	43	63	35	31	101,323	4,332,360	7,089	28.7	76,226								
Nutritional Products	0.7	0.0	0.1	0.6	9	0	1	8	12	10	14	12	53,060	631,268	6,826	27.6	71,103								
Hematological Agents	1.1	0.3	0.2	0.6	36	26	3	7	34	95	16	12	70,438	2,402,581	6,359	25.8	66,471								
Topical Products	0.5	0.2	0.0	0.3	14	9	1	4	27	43	33	14	86,073	2,322,408	14,659	59.4	160,846								
Miscellaneous Products	0.2	0.0	0.0	0.2	8	3	1	4	32	141	193	19	3,632	115,064	1,412	5.7	14,800								
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	27	0	0	0	2,036	55,605	625	2.5	6,851								
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.	1,494,836	54,377,443	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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 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.

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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). 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.

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 D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

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	\$6,564,759	13,953	56.5 %	147,581	0.8	\$53	\$44
ANTIPSYCHOTICS	6,090,631	8,297	33.6	89,146	0.8	88	68
ULCER DRUGS	4,100,303	9,876	40.0	104,937	0.7	56	39
ANALGESICS - Narcotic	2,950,281	10,699	43.3	111,498	0.8	34	26
ANTICONVULSANT	2,897,081	6,125	24.8	66,686	1.0	42	43
ANALGESICS - ANTI-INFLAMMATORY	2,552,223	6,665	27.0	71,974	0.6	55	35
ANTIHYPERTENSIVE	2,541,666	10,102	40.9	106,437	0.8	28	24
ANTIDIABETIC	2,104,714	7,438	30.1	79,362	0.9	31	27
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,098,211	2,802	11.3	29,187	0.8	95	72
CALCIUM BLOCKERS	1,687,628	4,980	20.2	52,544	0.9	36	32
<b>Total</b>	<b>33,587,497</b>	<b>80,937</b>		<b>859,352</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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 2001. 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 2001 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](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 D.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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users as %		Mean Rx \$	No. of Users	No. of Bene Mos among	Users as %		Mean Rx \$
			NF Residents	NF Mos among	Residents			NF Residents	Residents				No. of Bene Mos among	Residents	
<b>All</b>	<b>693,350</b>	<b>\$33,587,497</b>	<b>13,953</b>	<b>56.5 %</b>	<b>147,581</b>	<b>0.8</b>	<b>8,297</b>	<b>33.6 %</b>	<b>\$45</b>	<b>8,297</b>	<b>89,146</b>	<b>0.8</b>	<b>\$68</b>		
<b>Female</b>	532,486	25,701,490	10,787	57.4	114,718	0.8	6,141	32.7	45	6,141	66,584	0.8	67		
<b>Disabled</b>	43,990	2,534,256	711	55.5	7,976	0.9	508	39.6	56	508	5,768	0.9	98		
64 or younger	23,099	1,344,835	411	61.7	4,611	0.9	215	32.3	59	215	2,421	0.9	97		
65-74	11,162	623,652	169	58.9	1,887	0.9	144	50.2	53	144	1,648	1.0	100		
75-84	6,314	371,469	76	37.4	848	0.9	109	53.7	53	109	1,247	0.9	98		
85 and older	3,415	194,300	55	43.7	630	0.8	40	31.7	51	40	452	0.8	95		
<b>Other Eligibles</b>	488,496	23,167,234	10,076	57.5	106,742	0.8	5,633	32.2	44	5,633	60,816	0.7	64		
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0	0	0.0	0		
65-74	56,979	3,006,410	1,073	72.2	11,640	0.9	687	46.2	49	687	7,646	0.9	87		
75-84	181,285	8,606,115	3,645	63.0	38,583	0.8	2,187	37.8	44	2,187	23,605	0.8	65		
85 and older	250,232	11,554,709	5,358	52.3	56,519	0.8	2,759	26.9	43	2,759	29,565	0.7	56		
<b>Male</b>	160,864	7,886,007	3,166	53.7	32,863	0.8	2,156	36.6	43	2,156	22,562	0.8	74		
<b>Disabled</b>	35,280	1,997,371	528	50.4	5,972	0.9	396	37.8	51	396	4,496	0.9	105		
64 or younger	24,787	1,406,803	377	53.9	4,274	0.9	241	34.5	52	241	2,769	0.9	109		
65-74	7,939	447,380	116	48.1	1,286	0.8	104	43.2	49	104	1,155	0.9	103		
75-84	1,821	100,919	24	32.9	280	0.7	34	46.6	47	34	384	0.9	94		
85 and older	733	42,269	11	31.4	132	0.8	17	48.6	35	17	188	0.9	82		
<b>Other Eligibles</b>	125,584	5,888,636	2,638	54.5	26,891	0.8	1,760	36.3	42	1,760	18,066	0.8	66		
64 or younger	32	225	0	0.0	0	0.0	1	100.0	0	1	12	0.9	4		
65-74	28,178	1,429,067	492	57.7	5,269	0.8	379	44.4	44	379	4,111	0.9	81		
75-84	57,267	2,651,690	1,203	57.3	12,466	0.8	782	37.3	41	782	8,088	0.8	65		
85 and older	40,107	1,807,654	943	49.9	9,156	0.8	598	31.6	42	598	5,855	0.7	56		
<b>Unknown</b>	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 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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 2001. 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 2001 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](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 D.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<sup>a,b,c,d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANTICONVULSANT					
	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
<b>All</b>	<b>9,876</b>	<b>40.0 %</b>	<b>0.7</b>	<b>104,937</b>	<b>0.7</b>	<b>\$39</b>	<b>10,699</b>	<b>43.3 %</b>	<b>0.8</b>	<b>111,498</b>	<b>0.8</b>	<b>\$27</b>	<b>6,125</b>	<b>24.8 %</b>	<b>1.0</b>	<b>66,686</b>	<b>1.0</b>	<b>\$43</b>
<b>Female</b>	7,490	39.8	0.7	79,943	0.7	39	8,511	45.3	0.8	89,097	0.8	28	4,253	22.6	1.0	46,256	1.0	41
<b>Disabled</b>	517	40.3	0.7	5,855	0.7	45	544	42.4	0.9	6,216	0.9	34	636	49.6	1.2	7,239	1.2	62
64 or younger	262	39.3	0.7	2,996	0.7	45	300	45.0	1.0	3,474	1.0	36	378	56.8	1.2	4,309	1.2	72
65-74	127	44.3	0.6	1,431	0.6	41	115	40.1	0.9	1,290	0.9	33	143	49.8	1.1	1,629	1.1	53
75-84	83	40.9	0.6	936	0.6	43	77	37.9	0.7	849	0.7	31	82	40.4	1.0	918	1.0	45
85 and older	45	35.7	0.7	492	0.7	57	52	41.3	0.8	603	0.8	27	33	26.2	0.9	383	0.9	37
<b>Other Eligibles</b>	6,973	39.8	0.7	74,088	0.7	39	7,967	45.5	0.8	82,881	0.8	28	3,617	20.6	1.0	39,017	1.0	38
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
65-74	627	42.2	0.7	6,863	0.7	42	716	48.2	1.0	7,784	1.0	38	709	47.7	1.1	7,854	1.1	47
75-84	2,377	41.1	0.7	25,238	0.7	38	2,658	45.9	0.8	28,006	0.8	28	1,506	26.0	1.0	16,205	1.0	39
85 and older	3,969	38.7	0.7	41,987	0.7	39	4,593	44.8	0.8	47,091	0.8	26	1,402	13.7	0.9	14,958	0.9	31
<b>Male</b>	2,386	40.5	0.7	24,994	0.7	39	2,188	37.1	0.7	22,401	0.7	19	1,872	31.8	1.1	20,430	1.1	48
<b>Disabled</b>	445	42.5	0.7	4,951	0.7	43	408	38.9	0.9	4,526	0.9	26	624	59.5	1.2	7,115	1.2	63
64 or younger	286	40.9	0.7	3,199	0.7	44	294	42.1	0.9	3,293	0.9	29	460	65.8	1.2	5,261	1.2	65
65-74	111	46.1	0.7	1,224	0.7	44	84	34.9	0.7	928	0.7	23	132	54.8	1.2	1,470	1.2	60
75-84	30	41.1	0.6	339	0.6	36	24	32.9	0.8	244	0.8	9	24	32.9	1.0	288	1.0	38
85 and older	18	51.4	0.7	189	0.7	45	6	17.1	0.4	61	0.4	4	8	22.9	1.1	96	1.1	54
<b>Other Eligibles</b>	1,941	40.1	0.7	20,043	0.7	37	1,780	36.8	0.6	17,875	0.6	18	1,248	25.8	1.0	13,315	1.0	40
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	1	100.0	1.0	12	1.0	10
65-74	346	40.6	0.7	3,734	0.7	41	344	40.3	0.7	3,608	0.7	24	387	45.4	1.0	4,190	1.0	49
75-84	852	40.6	0.7	8,772	0.7	37	747	35.6	0.6	7,521	0.6	17	599	28.6	1.0	6,339	1.0	38
85 and older	743	39.3	0.7	7,537	0.7	36	689	36.4	0.6	6,746	0.6	15	261	13.8	0.9	2,774	0.9	31
<b>Unknown</b>	0	0.0	0.0	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 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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 2001. 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 2001 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](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 D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTIDIABETIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx
<b>All</b>	<b>6,665</b>	<b>27.0 %</b>	<b>0.6</b>	<b>\$36</b>	<b>0.6</b>	<b>10,102</b>	<b>40.9 %</b>	<b>106,437</b>	<b>0.8</b>	<b>0.8</b>	<b>7,438</b>	<b>30.1 %</b>	<b>79,362</b>	<b>0.9</b>	<b>\$27</b>
<b>Female</b>	5,312	28.3	0.7	36	0.7	7,633	40.6	80,750	0.8	0.8	5,567	29.6	59,674	0.9	27
<b>Disabled</b>	348	27.1	0.6	32	0.6	441	34.4	5,022	0.8	0.8	430	33.5	4,894	0.9	32
64 or younger	171	25.7	0.6	29	0.6	171	25.7	1,941	0.8	0.8	175	26.3	1,969	0.9	35
65-74	82	28.6	0.6	33	0.6	128	44.6	1,448	0.8	0.8	151	52.6	1,741	0.8	33
75-84	49	24.1	0.5	32	0.5	94	46.3	1,066	0.9	0.9	82	40.4	922	0.8	29
85 and older	46	36.5	0.7	44	0.7	48	38.1	567	0.8	0.8	22	17.5	262	0.7	17
<b>Other Eligibles</b>	4,964	28.3	0.7	37	0.7	7,192	41.1	75,728	0.8	0.8	5,137	29.3	54,780	0.9	26
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	0
65-74	442	29.7	0.6	37	0.6	613	41.3	6,567	0.8	0.8	685	46.1	7,307	0.9	31
75-84	1,675	28.9	0.7	36	0.7	2,572	44.5	27,105	0.8	0.8	2,271	39.2	24,312	0.9	27
85 and older	2,847	27.8	0.7	37	0.7	4,007	39.1	42,056	0.8	0.8	2,181	21.3	23,161	0.8	24
<b>Male</b>	1,353	23.0	0.6	32	0.6	2,469	41.9	25,687	0.8	0.8	1,871	31.8	19,688	0.8	26
<b>Disabled</b>	224	21.4	0.6	29	0.6	385	36.7	4,378	0.9	0.9	296	28.2	3,358	0.9	32
64 or younger	160	22.9	0.6	28	0.6	250	35.8	2,858	0.9	0.9	204	29.2	2,317	0.9	33
65-74	45	18.7	0.5	28	0.5	106	44.0	1,182	0.8	0.8	71	29.5	798	1.0	33
75-84	15	20.5	0.4	31	0.4	21	28.8	252	1.0	1.0	14	19.2	160	0.9	28
85 and older	4	11.4	0.9	75	0.9	8	22.9	86	1.0	1.0	7	20.0	83	0.6	17
<b>Other Eligibles</b>	1,129	23.3	0.6	32	0.6	2,084	43.0	21,309	0.8	0.8	1,575	32.5	16,330	0.8	25
64 or younger	0	0.0	0.0	0	0.0	1	100.0	12	0.8	0.8	0	0.0	0	0.0	0
65-74	185	21.7	0.6	34	0.6	427	50.1	4,621	0.8	0.8	351	41.1	3,743	0.9	30
75-84	507	24.2	0.6	32	0.6	922	43.9	9,430	0.8	0.8	752	35.8	7,852	0.8	24
85 and older	437	23.1	0.6	32	0.6	734	38.8	7,246	0.8	0.8	472	25.0	4,735	0.8	21
<b>Unknown</b>	0	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 2001 file for Michigan, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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 2001. 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 2001 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](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 D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						CALCIUM BLOCKERS					
	Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of All-Year Residents	Mean Rx	No. of Bene Mos among Users	No. of All-Year Residents	Mean Rx	No. of Bene Mos among Users	No. of All-Year Residents	Mean Rx	No. of Bene Mos among Users	No. of All-Year Residents	Mean Rx
<b>All</b>	<b>2,802</b>	<b>11.3 %</b>	<b>0.8</b>	<b>29,187</b>	<b>4,980</b>	<b>20.2 %</b>	<b>52,544</b>	<b>0.9</b>	<b>\$32</b>	<b>24,689</b>	<b>255,566</b>	
<b>Female</b>	2,075	11.0	0.8	21,912	3,965	21.1	42,066	0.9	32	18,798	195,834	
<b>Disabled</b>	64	5.0	0.7	744	215	16.8	2,433	0.9	36	1,282	14,333	
64 or younger	26	3.9	0.7	306	87	13.1	975	0.9	39	666	7,482	
65-74	15	5.2	0.6	180	67	23.3	757	0.9	38	287	3,199	
75-84	15	7.4	0.7	168	34	16.7	385	0.7	29	203	2,236	
85 and older	8	6.3	0.9	90	27	21.4	316	0.8	34	126	1,416	
<b>Other Eligibles</b>	2,011	11.5	0.8	21,168	3,750	21.4	39,633	0.9	32	17,516	181,501	
64 or younger	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	154	10.4	0.7	1,622	331	22.3	3,602	0.9	36	1,486	15,847	
75-84	794	13.7	0.8	8,356	1,243	21.5	13,207	0.9	32	5,786	60,267	
85 and older	1,063	10.4	0.8	11,190	2,176	21.2	22,824	0.9	31	10,244	105,387	
<b>Male</b>	727	12.3	0.7	7,275	1,015	17.2	10,478	0.9	31	5,891	59,732	
<b>Disabled</b>	48	4.6	0.6	550	161	15.4	1,827	0.9	38	1,048	11,650	
64 or younger	29	4.1	0.6	335	98	14.0	1,118	0.9	38	699	7,826	
65-74	11	4.6	0.8	127	50	20.7	560	0.9	37	241	2,640	
75-84	7	9.6	0.6	76	10	13.7	116	0.8	34	73	813	
85 and older	1	2.9	0.5	12	3	8.6	33	0.9	42	35	371	
<b>Other Eligibles</b>	679	14.0	0.7	6,725	854	17.6	8,651	0.9	30	4,843	48,082	
64 or younger	0	0.0	0.0	0	0	0.0	0	0.0	0	1	12	
65-74	95	11.1	0.8	999	160	18.8	1,711	0.9	33	853	8,927	
75-84	343	16.3	0.8	3,334	384	18.3	3,902	0.8	30	2,098	20,856	
85 and older	241	12.7	0.7	2,392	310	16.4	3,038	0.9	28	1,891	18,287	
<b>Unknown</b>	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0	

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 15,903 beneficiaries who were in nursing facilities for part of their enrollment and their 142,511 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 2001. 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 2001 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](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 D.11  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MICHIGAN, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
		53.8 %	5.0	989,813	\$67					
<b>All</b>	<b>106,228</b>	<b>53.8 %</b>	<b>5.0</b>	<b>989,813</b>	<b>\$67</b>	<b>\$13,241,662</b>	<b>\$13</b>	<b>\$13</b>	<b>3.2 %</b>	<b>197,469</b>
<b>Age</b>										
5 and younger	3	50.0	13.3	80	261	1,564	20	20	9.2	6
6-14	21	84.0	17.0	426	278	6,942	16	16	3.0	25
15-20	97	30.1	2.0	657	130	41,909	64	64	7.8	322
21-44	15,868	40.9	3.1	120,153	77	2,972,225	25	25	3.4	38,826
45-64	23,525	54.1	5.2	226,900	85	3,710,575	16	16	3.1	43,493
65-74	23,575	52.6	4.9	220,191	56	2,491,649	11	11	2.8	44,842
75-84	23,108	58.2	5.6	222,513	55	2,187,639	10	10	3.0	39,707
85 and older	20,031	66.2	6.6	198,893	60	1,829,159	9	9	3.9	30,248
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	53,026	58.0	5.5	505,730	55	5,024,946	10	10	3.1	91,371
Disabled	52,773	50.4	4.6	481,929	78	8,179,870	17	17	3.2	104,778
Adults	416	32.3	1.6	2,022	27	35,273	17	17	2.7	1,289
Children	13	43.3	4.4	132	52	1,573	12	12	1.8	30
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	1
<b>Gender</b>										
Female	73,674	58.5	5.6	700,407	73	9,173,638	13	13	3.3	125,997
Male	32,554	45.5	4.0	289,406	57	4,068,024	14	14	2.8	71,472
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
<b>Race</b>										
White	72,609	54.7	5.4	711,667	73	9,756,360	14	14	3.2	132,748
African American	24,433	53.6	4.3	197,243	55	2,487,729	13	13	3.3	45,601
Other/unknown	9,186	48.0	4.2	80,903	52	997,573	12	12	2.8	19,120
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	18,520	75.0	9.1	224,912	91	2,237,544	10	10	4.1	24,689
Part year	12,096	76.1	6.8	108,100	68	1,082,073	10	10	3.8	15,903
None	75,612	48.2	4.2	656,801	63	9,922,045	15	15	3.0	156,877
<b>Maintenance Assistance Status</b>										
Cash	39,251	51.3	4.7	360,490	66	5,084,763	14	14	3.0	76,554
Medically needy	6,167	52.1	4.7	55,320	69	814,117	15	15	3.9	11,847
Poverty related	2,578	37.2	2.5	17,033	39	267,553	16	16	2.4	6,924
Other/unknown	58,232	57.0	5.5	556,970	69	7,075,229	13	13	3.2	102,144

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
  - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
  - 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 on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MICHIGAN, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.5	\$6	\$13	\$0	\$2	2,048,559
<b>Age</b>						
5 and younger	1.6	31	20	0	0	51
6-14	1.5	25	16	0	0	277
15-20	0.3	17	64	0	1	2,514
21-44	0.3	7	25	0	3	406,027
45-64	0.5	8	16	0	4	458,576
65-74	0.5	5	11	0	2	474,824
75-84	0.5	5	10	0	1	412,532
85 and older	0.7	6	9	0	1	293,758
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	5	10	0	1	925,534
Disabled	0.4	7	17	0	3	1,115,730
Adults	0.3	5	17	0	3	7,093
Children	0.7	8	12	0	0	198
Unknown	0.0	0	0	0	0	4
<b>Gender</b>						
Female	0.5	7	13	0	2	1,318,184
Male	0.4	6	14	0	2	730,375
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	7	14	0	3	1,375,310
African American	0.4	5	13	0	1	473,425
Other/unknown	0.4	5	12	0	2	199,824
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.9	9	10	0	2	255,566
Part year	0.8	8	10	0	2	142,511
None	0.4	6	15	0	2	1,650,482
<b>Maintenance Assistance Status</b>						
Cash	0.4	6	14	0	2	855,023
Medically needy	0.6	8	15	0	3	95,939
Poverty related	0.2	4	16	0	2	72,060
Other/unknown	0.5	7	13	0	2	1,025,537

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 MICHIGAN, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>158,466</b>	<b>\$84</b>	<b>\$13,241,662</b>	<b>100.0 %</b>	<b>989,813</b>	<b>\$13</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	75	16	1,193	0.0	122	10	0.0
Cough and cold medications	9,932	162	1,609,319	12.2	28,443	57	2.9
Vitamins and minerals	36,550	73	2,655,894	20.1	226,951	12	22.9
Non-prescription drugs	64,037	45	2,886,265	21.8	438,736	7	44.3
Barbiturates	2,432	50	122,576	0.9	25,038	5	2.5
Benzodiazepines	40,866	117	4,766,846	36.0	255,540	19	25.8
Other Part D Excl Rx Drugs	4,574	262	1,199,569	9.1	14,983	80	1.5

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 MICHIGAN, 2001

Total Number of Dual Eligible Beneficiaries 197,469  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$418,741,913  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,121

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	23,041	11.7 %	\$0	0.0 %
1-500	42,220	21.4	8,932,104	2.1
501-1,000	24,967	12.6	18,423,049	4.4
1,001-1,500	19,548	9.9	24,252,283	5.8
1,501-2,000	15,840	8.0	27,572,790	6.6
2,001-2,500	12,878	6.5	28,868,296	6.9
2,501-3,000	10,787	5.5	29,583,938	7.1
3,001-3,500	8,712	4.4	28,230,566	6.7
3,501-4,000	7,076	3.6	26,465,675	6.3
4,001-4,500	5,742	2.9	24,345,249	5.8
4,501-5,000	4,733	2.4	22,428,017	5.4
5,001-5,500	3,690	1.9	19,354,487	4.6
5,501-6,000	3,136	1.6	18,019,143	4.3
6,001-6,500	2,404	1.2	15,010,068	3.6
6,501-7,000	1,972	1.0	13,300,185	3.2
7,001-7,500	1,697	0.9	12,290,328	2.9
7,501-8,000	1,358	0.7	10,513,626	2.5
8,001-8,500	1,107	0.6	9,123,740	2.2
8,501-9,000	958	0.5	8,380,378	2.0
9,001-9,500	814	0.4	7,519,629	1.8
9,501-10,000	674	0.3	6,564,169	1.6
10,001+	4,115	2.1	59,564,193	14.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 MICHIGAN, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 81,421  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$207,301,725  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,546

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,375	12.7 %	0	0.0 %
1-500	18,446	22.7	3,558,962	1.7
501-1,000	8,824	10.8	6,486,079	3.1
1,001-1,500	6,678	8.2	8,276,072	4.0
1,501-2,000	5,175	6.4	9,014,410	4.3
2,001-2,500	4,379	5.4	9,824,928	4.7
2,501-3,000	3,764	4.6	10,344,647	5.0
3,001-3,500	3,163	3.9	10,247,791	4.9
3,501-4,000	2,706	3.3	10,115,435	4.9
4,001-4,500	2,336	2.9	9,922,843	4.8
4,501-5,000	2,055	2.5	9,745,635	4.7
5,001-5,500	1,729	2.1	9,073,063	4.4
5,501-6,000	1,626	2.0	9,340,248	4.5
6,001-6,500	1,286	1.6	8,035,609	3.9
6,501-7,000	1,109	1.4	7,479,951	3.6
7,001-7,500	1,052	1.3	7,618,035	3.7
7,501-8,000	845	1.0	6,544,150	3.2
8,001-8,500	762	0.9	6,282,394	3.0
8,501-9,000	638	0.8	5,579,242	2.7
9,001-9,500	587	0.7	5,420,255	2.6
9,501-10,000	510	0.6	4,966,579	2.4
10,001+	3,376	4.1	49,425,397	23.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 MICHIGAN, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+      114,797  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+      \$210,088,900  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+      \$1,830

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			10.7 %		0	0.0 %
\$0	12,318			0		
1-500	23,313		20.3	5,295,093		2.5
501-1,000	16,013		13.9	11,844,388		5.6
1,001-1,500	12,781		11.1	15,866,492		7.6
1,501-2,000	10,631		9.3	18,500,069		8.8
2,001-2,500	8,463		7.4	18,962,333		9.0
2,501-3,000	6,992		6.1	19,156,378		9.1
3,001-3,500	5,530		4.8	17,920,579		8.5
3,501-4,000	4,362		3.8	16,320,155		7.8
4,001-4,500	3,394		3.0	14,371,939		6.8
4,501-5,000	2,669		2.3	12,639,673		6.0
5,001-5,500	1,952		1.7	10,234,088		4.9
5,501-6,000	1,503		1.3	8,638,680		4.1
6,001-6,500	1,113		1.0	6,942,862		3.3
6,501-7,000	859		0.7	5,792,681		2.8
7,001-7,500	635		0.6	4,599,409		2.2
7,501-8,000	510		0.4	3,946,290		1.9
8,001-8,500	341		0.3	2,808,329		1.3
8,501-9,000	314		0.3	2,748,773		1.3
9,001-9,500	224		0.2	2,071,428		1.0
9,501-10,000	162		0.1	1,578,288		0.8
10,001+	718		0.6	9,850,973		4.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 MICHIGAN, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74                    44,842  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74    \$88,836,435  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74     \$1,981

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,392	12.0 %	0	0.0 %
1-500	8,532	19.0	1,863,846	2.1
501-1,000	5,624	12.5	4,171,108	4.7
1,001-1,500	4,740	10.6	5,888,481	6.6
1,501-2,000	4,051	9.0	7,061,495	7.9
2,001-2,500	3,235	7.2	7,250,450	8.2
2,501-3,000	2,672	6.0	7,331,271	8.3
3,001-3,500	2,174	4.8	7,045,238	7.9
3,501-4,000	1,768	3.9	6,610,990	7.4
4,001-4,500	1,416	3.2	5,995,182	6.7
4,501-5,000	1,151	2.6	5,447,928	6.1
5,001-5,500	849	1.9	4,452,762	5.0
5,501-6,000	687	1.5	3,951,301	4.4
6,001-6,500	496	1.1	3,093,067	3.5
6,501-7,000	411	0.9	2,776,128	3.1
7,001-7,500	334	0.7	2,421,396	2.7
7,501-8,000	264	0.6	2,038,949	2.3
8,001-8,500	193	0.4	1,589,104	1.8
8,501-9,000	172	0.4	1,504,903	1.7
9,001-9,500	144	0.3	1,331,502	1.5
9,501-10,000	90	0.2	876,504	1.0
10,001+	447	1.0	6,134,830	6.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 MICHIGAN, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84      39,707  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84      \$74,142,930  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84      \$ 1,867

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,279	10.8 %	0	0.0 %
1-500	7,466	18.8	1,734,581	2.3
501-1,000	5,480	13.8	4,067,361	5.5
1,001-1,500	4,438	11.2	5,514,837	7.4
1,501-2,000	3,763	9.5	6,547,462	8.8
2,001-2,500	2,968	7.5	6,643,842	9.0
2,501-3,000	2,578	6.5	7,054,566	9.5
3,001-3,500	1,988	5.0	6,454,911	8.7
3,501-4,000	1,602	4.0	5,998,122	8.1
4,001-4,500	1,278	3.2	5,415,391	7.3
4,501-5,000	963	2.4	4,560,067	6.2
5,001-5,500	723	1.8	3,788,081	5.1
5,501-6,000	546	1.4	3,136,492	4.2
6,001-6,500	426	1.1	2,657,140	3.6
6,501-7,000	315	0.8	2,121,096	2.9
7,001-7,500	203	0.5	1,469,386	2.0
7,501-8,000	161	0.4	1,246,912	1.7
8,001-8,500	109	0.3	899,270	1.2
8,501-9,000	104	0.3	910,709	1.2
9,001-9,500	62	0.2	573,424	0.8
9,501-10,000	47	0.1	458,797	0.6
10,001+	208	0.5	2,890,483	3.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 MICHIGAN, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 30,248  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$47,109,535  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,557

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,647	8.8 %	0	0.0 %
1-500	7,315	24.2	1,696,666	3.6
501-1,000	4,909	16.2	3,605,919	7.7
1,001-1,500	3,603	11.9	4,463,174	9.5
1,501-2,000	2,817	9.3	4,891,112	10.4
2,001-2,500	2,260	7.5	5,068,041	10.8
2,501-3,000	1,742	5.8	4,770,541	10.1
3,001-3,500	1,368	4.5	4,420,430	9.4
3,501-4,000	992	3.3	3,711,043	7.9
4,001-4,500	700	2.3	2,961,366	6.3
4,501-5,000	555	1.8	2,631,678	5.6
5,001-5,500	380	1.3	1,993,245	4.2
5,501-6,000	270	0.9	1,550,887	3.3
6,001-6,500	191	0.6	1,192,655	2.5
6,501-7,000	133	0.4	895,457	1.9
7,001-7,500	98	0.3	708,627	1.5
7,501-8,000	85	0.3	660,429	1.4
8,001-8,500	39	0.1	319,955	0.7
8,501-9,000	38	0.1	333,161	0.7
9,001-9,500	18	0.1	166,502	0.4
9,501-10,000	25	0.1	242,987	0.5
10,001+	63	0.2	825,660	1.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>201,215</b>	<b>91,529</b>	<b>107,984</b>	<b>1,663</b>	<b>38</b>	<b>1</b>	<b>2,139,536</b>	<b>929,100</b>	<b>1,197,158</b>	<b>12,970</b>	<b>304</b>	<b>4</b>
<b>Age</b>												
5 and younger	6	0	5	0	1	0	62	0	50	0	12	0
6-14	27	0	22	0	5	0	317	0	261	0	56	0
15-20	357	0	329	6	22	0	3,921	0	3,687	49	185	0
21-44	40,828	0	39,655	1,165	7	1	450,526	0	441,130	9,350	42	4
45-64	44,980	3	44,555	419	3	0	490,693	16	487,638	3,030	9	0
65-74	44,939	26,811	18,060	68	0	0	485,815	280,554	204,758	503	0	0
75-84	39,778	35,454	4,319	5	0	0	413,696	365,202	48,456	38	0	0
85 and older	30,300	29,261	1,039	0	0	0	294,506	283,328	11,178	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	127,964	68,541	58,488	918	16	1	1,368,352	704,526	656,153	7,536	133	4
Male	73,251	22,988	49,496	745	22	0	771,184	224,574	541,005	5,434	171	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	134,641	63,713	69,858	1,048	22	0	1,424,182	638,893	777,131	7,984	174	0
African American	47,193	16,893	29,759	527	14	0	508,429	176,495	327,521	4,292	121	0
Other/unknown	19,381	10,923	8,367	88	2	1	206,925	113,712	92,506	694	9	4
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	24,689	22,359	2,330	0	0	0	255,568	229,584	25,984	0	0	0
Part year	15,904	13,948	1,956	0	0	0	142,829	122,866	19,963	0	0	0
None	160,622	55,222	103,698	1,663	38	1	1,741,139	576,650	1,151,211	12,970	304	4
<b>Maintenance Assistance Status</b>												
Cash	78,115	20,710	56,971	432	2	0	899,672	234,795	661,029	3,827	21	0
Medically needy	12,165	6,585	4,773	789	18	0	101,559	54,744	40,983	5,705	127	0
Poverty related	6,929	2,924	3,890	109	6	0	73,317	30,609	41,988	662	58	0
Other/unknown	104,006	61,310	42,350	333	12	1	1,064,988	608,952	453,158	2,776	98	4
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	190,809	86,822	102,305	1,643	38	1	2,028,979	880,202	1,135,691	12,778	304	4
Full dual, part year	10,406	4,707	5,679	20	0	0	110,557	48,898	61,467	192	0	0
<b>Managed Care Status</b>												
FFS all year	187,375	90,870	95,668	816	20	1	1,989,115	922,148	1,061,686	5,122	155	4
FFS part year, with Rx claims	8,406	382	7,628	390	6	0	93,673	4,204	85,810	3,605	54	0
FFS part year, no Rx claims	1,688	119	1,482	83	4	0	17,403	1,040	15,681	646	36	0
MC all year, with Rx claims	1,780	9	1,559	209	3	0	19,489	108	17,190	2,161	30	0
MC all year, no Rx claims	1,966	149	1,647	165	5	0	19,856	1,600	16,791	1,436	29	0



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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>201,215</b>	<b>2,139,536</b>	<b>197,469</b>	<b>2,048,559</b>	<b>0</b>	<b>90,977</b>
FFS all year	187,375	1,989,115	187,375	1,989,115	0	0
FFS part year, with Rx claims	8,406	93,673	8,406	51,749	0	41,924
FFS part year, with no Rx claims	1,688	17,403	1,688	7,695	0	9,708
MC all year, with Rx claims	1,780	19,489	0	0	0	19,489
MC all year, with no Rx claims	1,966	19,856	0	0	0	19,856

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.