

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 MICHIGAN

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MICHIGAN, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,548,615 (A)	224,684 (E)	1,323,931 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,505,053 (B)	207,106 (F)	1,297,947 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	912,367 (C)	202,743 (G)	709,624 (K)
4. Benes who were all-year nursing facility residents ^f	24,944 (D)	23,612 (H)	1,332 (L)

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (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 2002, 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 19 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 19 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 2002 was \$678,411,787, of which \$88,219,824 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 3.1 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 dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MICHIGAN, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	912,367	94,165	176,965	192,120	449,117	0		5,252,425	939,421	1,542,067	773,684	1,997,253	0	
Age														
5 and younger	197,701	0	4,719	2,574	190,408	0		866,058	0	35,956	12,381	817,721	0	
6-14	199,040	0	10,397	2,548	186,095	0		924,313	0	72,197	11,307	840,809	0	
15-20	103,387	0	7,438	26,206	69,743	0		513,526	0	52,688	130,703	330,135	0	
21-44	210,082	0	59,302	148,117	2,663	0		1,098,014	0	510,571	579,333	8,110	0	
45-64	83,079	24	70,491	12,538	26	0		644,436	132	605,107	39,130	67	0	
65-74	46,923	27,678	19,126	118	1	0		489,674	284,283	204,653	735	3	0	
75-84	41,087	36,571	4,503	12	1	0		421,790	371,396	50,307	80	7	0	
85 and older	30,884	29,892	989	3	0	0		294,201	283,610	10,588	3	0	0	
Unknown	184	0	0	4	180	0		413	0	0	12	401	0	
Gender														
Female	535,692	69,887	91,905	153,935	219,965	0		3,150,782	706,168	821,617	652,273	970,724	0	
Male	376,675	24,278	85,060	38,185	229,152	0		2,101,643	233,253	720,450	121,411	1,026,529	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Race														
White	574,831	66,557	113,492	122,999	271,793	0		3,503,497	657,671	1,021,707	516,183	1,307,936	0	
African American	260,239	18,008	53,156	55,252	133,823	0		1,315,139	185,134	431,465	201,306	497,234	0	
Other/unknown	77,297	9,600	10,317	13,869	43,511	0		433,789	96,616	88,895	56,195	192,083	0	
Use of Nursing Facilities^c														
Entire year	24,944	21,718	3,222	4	0	0		257,404	221,814	35,555	35	0	0	
Part year	18,322	15,123	3,181	16	2	0		163,431	134,237	29,086	87	21	0	
None	869,101	57,324	170,562	192,100	449,115	0		4,831,590	583,370	1,477,426	773,562	1,997,232	0	
Maintenance Assistance Status														
Cash	222,810	20,780	101,381	38,567	62,082	0		1,500,775	233,008	912,241	148,104	207,422	0	
Medically needy	90,277	7,659	8,119	49,233	25,266	0		373,249	62,291	52,743	165,078	93,137	0	
Poverty-related	320,611	3,050	4,054	45,517	267,990	0		1,537,861	30,817	39,834	244,508	1,222,702	0	
Other/unknown	278,669	62,676	63,411	58,803	93,779	0		1,840,540	613,305	537,249	215,994	473,992	0	
Dual Medicare Status^d														
Full dual, all year	191,596	85,814	104,216	1,525	41	0		1,977,742	866,684	1,102,427	8,388	243	0	
Full dual, part year	11,147	5,095	6,033	19	0	0		112,363	51,504	60,674	185	0	0	
Non-dual, all year	709,624	3,256	66,716	190,576	449,076	0		3,162,320	21,233	378,966	765,111	1,997,010	0	
Managed Care Status														
FFS all year	473,446	93,682	132,343	90,546	156,875	0		3,769,621	936,201	1,363,168	457,143	1,013,109	0	
FFS part year, with Rx claims	169,158	391	31,896	54,870	82,001	0		674,461	2,767	136,740	197,830	337,124	0	
FFS part year, no Rx claims	269,763	92	12,726	46,704	210,241	0		808,343	453	42,159	118,711	647,020	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 MICHIGAN, 2002

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	50.9 %	12.4	\$647	\$52	\$3,666	17.6 %	912,367
Age							
5 and younger	34.6	1.3	45	35	1,645	2.7	197,701
6-14	30.0	2.2	141	65	1,020	13.8	199,040
15-20	41.3	3.1	186	59	1,610	11.6	103,387
21-44	59.2	9.5	646	68	3,074	21.0	210,082
45-64	78.0	33.5	2,012	60	7,232	27.8	83,079
65-74	86.2	45.1	2,082	46	6,557	31.7	46,923
75-84	87.9	48.1	1,985	41	12,059	16.5	41,087
85 and older	89.5	46.1	1,680	37	19,441	8.6	30,884
Unknown	0.0	0.0	0	0	0	0.0	184
Basis of Eligibility^c							
Aged	86.8	45.3	1,846	41	13,261	13.9	94,165
Disabled	79.3	32.2	2,030	63	7,245	28.0	176,965
Adults	52.3	3.5	134	39	1,921	7.0	192,120
Children	31.5	1.5	70	46	991	7.0	449,117
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	54.8	14.4	690	48	3,977	17.3	535,692
Male	45.3	9.5	586	62	3,224	18.2	376,675
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	55.6	14.5	768	53	4,076	18.8	574,831
African American	42.1	8.8	440	50	2,984	14.7	260,239
Other/unknown	45.3	9.0	447	50	2,917	15.3	77,297
Use of Nursing Facilities^d							
Entire year	95.0	64.0	2,501	39	36,603	6.8	24,944
Part year	94.0	51.6	2,019	39	21,161	9.5	18,322
None	48.7	10.1	565	56	2,352	24.0	869,101

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
Maintenance Assistance Status							
Cash	61.2	19.3	1,106	57	4,185	26.4	222,810
Medically needy	49.2	8.4	412	49	2,791	14.8	90,277
Poverty related	34.8	1.9	85	45	1,092	7.7	320,611
Other/unknown	61.6	20.3	1,003	50	6,496	15.4	278,669

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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

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

c. 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^{a,b}
 MICHIGAN, 2002

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	\$112	17.6 %	49.1 %	25.7 %	6.1 %	9.9 %	6.8 %	2.4 %	\$637	912,367	5,252,425
Age												
5 and younger	0.3	10	2.7	65.4	31.0	2.4	1.1	0.1	0.0	376	197,701	866,058
6-14	0.5	30	13.8	70.0	22.2	3.1	2.9	1.0	0.7	220	199,040	924,313
15-20	0.6	38	11.6	58.7	31.2	4.7	3.6	1.1	0.6	324	103,387	513,526
21-44	1.8	124	21.0	40.8	31.8	8.9	10.9	5.2	2.4	588	210,082	1,098,014
45-64	4.3	259	27.8	22.0	16.6	10.4	23.9	19.2	7.9	932	83,079	644,436
65-74	4.3	200	31.7	13.8	15.9	10.7	28.8	24.1	6.7	628	46,923	489,674
75-84	4.7	193	16.5	12.1	12.6	9.9	30.2	27.9	7.3	1,175	41,087	421,790
85 and older	4.8	176	8.6	10.5	10.7	10.1	32.4	29.5	6.7	2,041	30,884	294,201
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	184	413
Basis of Eligibility^c												
Aged	4.5	185	13.9	13.2	13.4	10.2	29.8	26.6	6.9	1,329	94,165	939,421
Disabled	3.7	233	28.0	20.7	20.6	10.8	23.6	17.4	6.9	831	176,965	1,542,067
Adults	0.9	33	7.0	47.7	34.9	7.5	6.5	2.3	1.1	477	192,120	773,684
Children	0.3	16	7.0	68.5	26.3	2.7	1.8	0.5	0.2	223	449,117	1,997,253
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.5	117	17.3	45.2	26.7	6.4	10.8	8.0	2.8	676	535,692	3,150,782
Male	1.7	105	18.2	54.7	24.2	5.6	8.6	5.1	1.7	578	376,675	2,101,643
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	126	18.8	44.4	27.1	6.4	11.0	8.1	3.0	669	574,831	3,503,497
African American	1.7	87	14.7	57.9	22.4	5.6	8.2	4.6	1.3	591	260,239	1,315,139
Other/unknown	1.6	80	15.3	54.7	26.4	5.2	7.9	4.7	1.2	520	77,297	433,789
Use of Nursing Facilities^d												
Entire year	6.2	242	6.8	5.0	6.4	6.9	29.8	37.8	14.1	3,547	24,944	257,404
Part year	5.8	226	9.5	6.0	7.9	9.0	32.0	33.9	11.3	2,372	18,322	163,431
None	1.8	102	24.0	51.3	26.6	6.0	8.9	5.4	1.9	423	869,101	4,831,590

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	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				
Maintenance Assistance Status												
Cash	2.9	164	26.4	38.8	23.5	8.2	15.4	10.2	3.9	621	222,810	1,500,775
Medically needy	2.0	100	14.8	50.8	23.5	7.4	10.2	5.9	2.2	675	90,277	373,249
Poverty related	0.4	18	7.7	65.2	29.4	2.8	1.8	0.6	0.2	228	320,611	1,537,861
Other/unknown	3.1	152	15.4	38.4	23.9	7.6	14.8	11.5	3.7	984	278,669	1,840,540

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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

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

c. 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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MICHIGAN, 2002

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 \$			
All	2.2	\$112	0.9	\$84	0.1	\$96	0.1	\$51	1.2	\$23	\$20
Age											
5 and younger	0.3	10	0.1	7	0.0	75	0.0	51	0.2	3	13
6-14	0.5	30	0.2	24	0.0	99	0.0	69	0.2	4	23
15-20	0.6	38	0.3	29	0.0	101	0.0	67	0.3	6	20
21-44	1.8	124	0.7	94	0.1	128	0.1	70	1.0	23	23
45-64	4.3	259	1.7	194	0.2	111	0.2	60	2.3	52	22
65-74	4.3	200	1.8	147	0.2	84	0.2	44	2.3	43	18
75-84	4.7	193	1.9	140	0.3	75	0.3	38	2.5	43	17
85 and older	4.8	176	1.8	124	0.3	68	0.3	32	2.7	42	16
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Basis of Eligibility^d											
Aged	4.5	185	1.8	134	0.3	74	0.3	37	2.5	41	17
Disabled	3.7	233	1.5	176	0.2	116	0.2	62	2.0	45	23
Adults	0.9	33	0.3	24	0.0	80	0.0	48	0.5	8	15
Children	0.3	16	0.1	12	0.0	79	0.0	62	0.2	3	16
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Gender											
Female	2.5	117	1.0	86	0.1	88	0.1	47	1.3	25	18
Male	1.7	105	0.7	79	0.1	114	0.1	60	0.9	20	22
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Race											
White	2.4	126	1.0	94	0.1	96	0.1	51	1.3	25	20
African American	1.7	87	0.6	64	0.1	99	0.1	50	1.0	19	19
Other/unknown	1.6	80	0.7	59	0.1	90	0.1	49	0.9	16	19
Use of Nursing Facilities^e											
Entire year	6.2	242	2.4	172	0.4	72	0.4	33	3.4	57	17
Part year	5.8	226	2.2	161	0.4	74	0.4	36	3.2	52	16
None	1.8	102	0.7	76	0.1	103	0.1	57	1.0	20	20

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 \$
Maintenance Assistance Status								
Cash	2.9	164	1.2	123	0.2	9	1.5	32
Medically needy	2.0	100	0.8	74	0.1	5	1.1	20
Poverty related	0.4	18	0.2	13	0.0	1	0.2	3
Other/unknown	3.1	152	1.2	112	0.2	8	1.7	31

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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 (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^{a, b, c, d}
 MICHIGAN, 2002

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 Mos	As % of All Benes				
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$12	\$1	\$2	\$52	\$102	\$84	\$13	653,561	\$34,226,827	252,983	27.7 %	2,168,176
Biologics	0.9	0.2	0.1	0.7	1,976	167	74	1,735	2165	1,079	1,291	2,476	827	1,790,564	96	0.0	906
Antineoplastic Agents	0.5	0.2	0.1	0.2	105	83	10	12	200	335	110	64	48,893	9,789,563	9,476	1.0	93,627
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.4	32	24	3	6	39	69	28	15	1,049,751	41,220,503	135,503	14.9	1,269,382
Cardiovascular Agents	1.7	0.5	0.1	1.1	52	31	4	17	31	61	36	16	2,517,833	78,438,525	151,827	16.6	1,504,706
Respiratory Agents	0.6	0.3	0.1	0.2	34	24	4	5	53	70	72	21	823,236	43,334,617	142,938	15.7	1,285,367
Gastrointestinal Agents	0.6	0.3	0.0	0.3	43	37	1	5	67	110	124	18	675,146	45,515,992	108,051	11.8	1,061,155
Genitourinary Agents	0.4	0.3	0.0	0.1	22	20	0	2	52	63	35	15	188,767	9,739,066	45,732	5.0	442,180
CNS Drugs	1.3	0.6	0.0	0.6	101	80	3	18	79	123	116	31	1,900,724	150,559,485	174,074	19.1	1,495,642
Stimulants/Anti-obesity/Anorexia	1.0	0.5	0.1	0.3	47	32	4	10	48	59	54	29	130,565	6,265,581	20,878	2.3	134,663
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	70	67	0	2	118	124	29	50	74,890	8,874,270	12,487	1.4	127,417
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	30	21	1	8	43	121	84	15	1,182,826	51,077,098	190,191	20.8	1,695,743
Neuromuscular Agents	1.0	0.5	0.1	0.5	64	48	4	12	64	104	51	26	834,922	53,317,250	90,939	10.0	836,740
Nutritional Products	0.5	0.0	0.0	0.4	6	0	1	5	13	15	12	13	319,764	4,094,439	73,792	8.1	672,207
Hematological Agents	0.7	0.3	0.1	0.4	62	53	2	7	90	208	26	20	322,657	29,057,443	46,181	5.1	466,548
Topical Products	0.4	0.1	0.0	0.2	12	7	1	4	33	57	44	18	523,713	17,265,579	156,861	17.2	1,440,773
Miscellaneous Products	0.4	0.2	0.0	0.2	54	38	10	7	141	244	213	37	36,733	5,173,301	9,604	1.1	95,053
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	20	0	0	0	22,809	451,860	9,297	1.0	96,261
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.	11,307,617	590,191,963	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Michigan, 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 (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MICHIGAN, 2002

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
ANTIPTSYCHOTICS	\$80,685,151	68,006	708,316	0.7	\$152	\$114
ANTIDEPRESSANTS	44,308,039	118,634	1,174,922	0.6	63	38
ANTICONVULSANT	42,691,998	65,654	681,673	0.8	78	63
ULCER DRUGS	36,369,231	108,460	1,087,020	0.5	73	33
ANALGESICS - Narcotic	26,953,499	181,877	1,696,762	0.4	38	16
ANTIHYPERLIPIDEMIC	25,384,921	52,063	549,238	0.6	72	46
ANTIDIABETIC	25,310,844	75,633	768,897	0.6	51	33
ANTIASTHMATIC	24,788,332	136,083	1,268,123	0.4	50	20
ANALGESICS - ANTI-INFLAMMATORY	20,247,352	119,552	1,128,092	0.3	52	18
ANTIHYPERTENSIVE	19,185,868	101,660	1,045,341	0.6	31	18
Total	345,925,235	1,027,622	10,108,394	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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