

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 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, 2002

Beneficiary Characteristics	No. of Beneficiaries							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
<b>All</b>	<b>202,743</b>	<b>90,909</b>	<b>110,249</b>	<b>1,544</b>	<b>41</b>	<b>0</b>	<b>2,090,105</b>	<b>918,188</b>	<b>1,163,101</b>	<b>8,573</b>	<b>243</b>	<b>0</b>					
<b>Age</b>																	
5 and younger	3	0	2	0	1	0	26	0	23	0	3	0					
6-14	26	0	19	1	6	0	285	0	204	12	69	0					
15-20	358	0	326	7	25	0	2,662	0	2,472	56	134	0					
21-44	40,170	0	39,149	1,013	8	0	415,544	0	409,859	5,655	30	0					
45-64	47,231	5	46,809	417	0	0	492,694	36	490,499	2,159	0	0					
65-74	45,312	26,652	18,564	96	0	0	476,867	276,196	200,050	621	0	0					
75-84	39,886	35,470	4,405	10	1	0	413,499	363,949	49,473	70	7	0					
85 and older	29,757	28,782	975	0	0	0	288,528	278,007	10,521	0	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
<b>Gender</b>																	
Female	128,459	67,709	59,842	892	16	0	1,336,826	692,265	639,348	5,116	97	0					
Male	74,284	23,200	50,407	652	25	0	753,279	225,923	523,753	3,457	146	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
<b>Race</b>																	
White	139,084	64,560	73,478	1,023	23	0	1,431,163	645,019	780,552	5,463	129	0					
African American	48,674	17,368	30,859	431	16	0	504,371	181,062	320,549	2,661	99	0					
Other/unknown	14,985	8,981	5,912	90	2	0	154,571	92,107	62,000	449	15	0					
<b>Use of Nursing Facilities<sup>c</sup></b>																	
Entire year	23,612	21,402	2,210	0	0	0	243,215	218,646	24,569	0	0	0					
Part year	16,987	14,870	2,116	1	0	0	153,344	132,053	21,288	3	0	0					
None	162,144	54,637	105,923	1,543	41	0	1,693,546	567,489	1,117,244	8,570	243	0					
<b>Maintenance Assistance Status</b>																	
Cash	77,673	20,120	57,266	286	1	0	864,327	226,750	635,975	1,595	7	0					
Medically needy	13,485	7,397	5,219	849	20	0	106,891	61,030	41,262	4,513	86	0					
Poverty-related	7,150	3,032	3,980	131	7	0	70,892	30,643	39,272	913	64	0					
Other/unknown	104,435	60,360	43,784	278	13	0	1,047,995	599,765	446,592	1,552	86	0					
<b>Dual Medicare Status<sup>d</sup></b>																	
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					
<b>Managed Care Status</b>																	
FFS all year	191,766	90,509	100,273	960	24	0	2,026,949	915,403	1,104,990	6,372	184	0					
FFS part year, with Rx claims	9,210	324	8,401	472	13	0	54,920	2,396	50,626	1,847	51	0					
FFS part year, no Rx claims	1,767	76	1,575	112	4	0	8,236	389	7,485	354	8	0					

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 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 2002. 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, 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	88.1 %	43.9	\$2,281	\$52	\$9,473	24.1 %	202,743
<b>Age</b>							
5 and younger	66.7	35.3	1,975	56	17,895	11.0	3
6-14	96.2	63.8	7,062	111	10,729	65.8	26
15-20	70.7	17.0	1,587	94	5,446	29.1	358
21-44	84.2	30.4	2,399	79	5,445	44.1	40,170
45-64	89.5	47.4	2,905	61	6,737	43.1	47,231
65-74	87.3	46.1	2,128	46	6,653	32.0	45,312
75-84	89.0	48.8	2,019	41	12,246	16.5	39,886
85 and older	91.5	47.2	1,721	37	19,875	8.7	29,757
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	88.2	46.3	1,886	41	13,524	13.9	90,909
Disabled	88.2	42.4	2,625	62	6,227	42.1	110,249
Adults	75.5	16.8	1,044	62	2,815	37.1	1,544
Children	73.2	21.0	1,521	72	2,962	51.3	41
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	90.8	48.8	2,345	48	10,434	22.5	128,459
Male	83.4	35.5	2,171	61	7,810	27.8	74,284
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	88.9	47.1	2,497	53	10,567	23.6	139,084
African American	86.7	37.1	1,803	49	6,703	26.9	48,674
Other/unknown	85.5	37.0	1,837	50	8,310	22.1	14,985
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	95.1	63.4	2,446	39	35,811	6.8	23,612
Part year	93.9	51.3	1,982	39	19,832	10.0	16,987
None	86.5	40.3	2,289	57	4,552	50.3	162,144
<b>Maintenance Assistance Status</b>							
Cash	89.1	42.9	2,394	56	5,064	47.3	77,673
Medically needy	78.8	36.6	1,793	49	8,216	21.8	13,485
Poverty related	70.7	20.6	1,376	67	2,417	56.9	7,150
Other/unknown	89.7	47.3	2,323	49	13,397	17.3	104,435

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 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, 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	4.3	\$221	24.1 %	11.9 %	17.0 %	11.1 %	29.3 %	24.2 %	6.6 %	\$919	202,743	2,090,105
<b>Age</b>												
5 and younger	4.1	228	11.0	33.3	0.0	0.0	66.7	0.0	0.0	2,065	3	26
6-14	5.8	644	65.8	3.8	7.7	3.8	34.6	46.2	3.8	979	26	285
15-20	2.3	214	29.1	29.3	30.4	9.8	16.5	9.5	4.5	732	358	2,662
21-44	2.9	232	44.1	15.8	28.2	13.2	25.0	14.0	3.8	526	40,170	415,544
45-64	4.5	279	43.1	10.5	16.2	11.0	29.4	25.0	7.8	646	47,231	492,694
65-74	4.4	202	32.0	12.7	15.7	10.8	29.2	24.7	6.8	632	45,312	476,867
75-84	4.7	195	16.5	11.0	12.6	10.0	30.6	28.4	7.4	1,181	39,886	413,499
85 and older	4.9	177	8.7	8.5	10.9	10.3	33.2	30.2	6.9	2,050	29,757	288,528
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	4.6	187	13.9	11.8	13.4	10.3	30.3	27.2	7.0	1,339	90,909	918,188
Disabled	4.0	249	42.1	11.8	19.9	11.7	28.5	21.8	6.2	590	110,249	1,163,101
Adults	3.0	188	37.1	24.5	23.4	11.2	20.8	13.7	6.4	507	1,544	8,573
Children	3.6	257	51.3	26.8	19.5	12.2	17.1	19.5	4.9	500	41	243
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.7	225	22.5	9.2	14.5	10.7	30.7	27.2	7.7	1,003	128,459	1,336,826
Male	3.5	214	27.8	16.6	21.3	11.7	26.8	18.9	4.5	770	74,284	753,279
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	4.6	243	23.6	11.1	15.2	10.4	29.2	26.3	7.8	1,027	139,084	1,431,163
African American	3.6	174	26.9	13.3	21.1	12.8	29.8	19.4	3.7	647	48,674	504,371
Other/unknown	3.6	178	22.1	14.5	20.7	12.2	28.5	19.7	4.4	806	14,985	154,571
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	6.2	238	6.8	4.9	6.4	7.0	30.0	37.9	13.8	3,477	23,612	243,215
Part year	5.7	220	10.0	6.1	7.9	9.2	32.6	34.0	10.3	2,197	16,987	153,344
None	3.9	219	50.3	13.5	19.5	11.9	28.8	21.1	5.1	436	162,144	1,693,546
<b>Maintenance Assistance Status</b>												
Cash	3.9	215	47.3	10.9	19.8	12.2	30.3	21.8	5.1	455	77,673	864,327
Medically needy	4.6	226	21.8	21.2	12.1	9.0	26.5	24.1	7.2	1,037	13,485	106,891
Poverty related	2.1	139	56.9	29.3	30.9	11.4	16.4	9.6	2.4	244	7,150	70,892
Other/unknown	4.7	232	17.3	10.3	14.6	10.5	29.8	26.9	7.9	1,335	104,435	1,047,995

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 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, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.3</b>	<b>\$221</b>	<b>\$52</b>	<b>1.7</b>	<b>\$163</b>	<b>\$95</b>	<b>0.2</b>	<b>\$12</b>	<b>\$49</b>	<b>2.3</b>	<b>\$46</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	4.1	228	56	1.3	139	110	0.1	2	30	2.7	86	32
6-14	5.8	644	111	2.4	495	209	0.5	72	148	3.0	77	26
15-20	2.3	214	94	1.1	172	157	0.2	17	90	1.0	25	25
21-44	2.9	232	79	1.2	176	142	0.2	13	78	1.5	43	28
45-64	4.5	279	61	1.8	208	113	0.3	15	61	2.4	55	23
65-74	4.4	202	46	1.8	149	84	0.2	10	44	2.4	43	18
75-84	4.7	195	41	1.9	141	75	0.3	11	38	2.5	43	17
85 and older	4.9	177	37	1.8	125	69	0.3	10	32	2.7	42	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.6	187	41	1.8	135	74	0.3	10	37	2.5	41	17
Disabled	4.0	249	62	1.6	186	114	0.2	14	61	2.2	49	23
Adults	3.0	188	62	1.2	144	116	0.1	9	66	1.6	35	21
Children	3.6	257	72	1.3	162	123	0.5	64	130	1.7	30	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.7	225	48	1.9	165	88	0.3	12	46	2.5	48	19
Male	3.5	214	61	1.4	160	114	0.2	12	58	1.9	42	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.6	243	53	1.9	180	96	0.3	13	50	2.4	50	20
African American	3.6	174	49	1.3	127	96	0.2	9	48	2.1	38	18
Other/unknown	3.6	178	50	1.5	132	89	0.2	10	48	1.9	36	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.2	238	39	2.4	168	71	0.4	13	33	3.4	56	17
Part year	5.7	220	39	2.2	156	72	0.4	13	36	3.1	50	16
None	3.9	219	57	1.6	163	104	0.2	12	56	2.1	44	21
<b>Maintenance Assistance Status</b>												
Cash	3.9	215	56	1.6	160	103	0.2	12	56	2.1	43	21
Medically needy	4.6	226	49	1.9	167	90	0.3	12	43	2.5	47	19
Poverty related	2.1	139	67	0.9	106	119	0.1	8	64	1.1	25	24
Other/unknown	4.7	232	49	1.9	170	90	0.3	13	45	2.5	49	19

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 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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos		
																Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$16	\$1	\$2	\$63	\$116	\$90	\$14	358,283	\$22,715,781	103,384	51.0 %	1,137,994
Biologics	1.2	0.0	0.1	1.1	####	14	207	####	3484	1,011	1,993	3,661	353	1,229,887	28	0.0	299
Antineoplastic Agents	0.5	0.2	0.1	0.2	97	74	10	12	187	314	110	65	41,687	7,802,218	7,812	3.9	80,561
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	35	26	3	7	37	64	26	15	887,763	32,526,079	85,250	42.0	924,439
Cardiovascular Agents	1.8	0.5	0.1	1.1	55	32	5	18	31	61	36	17	2,327,045	72,602,492	122,898	60.6	1,319,229
Respiratory Agents	0.7	0.4	0.1	0.3	39	28	5	6	52	69	73	22	580,864	30,488,556	70,785	34.9	778,913
Gastrointestinal Agents	0.7	0.4	0.0	0.3	45	39	1	5	67	110	92	18	576,888	38,722,561	79,453	39.2	859,829
Genitourinary Agents	0.5	0.4	0.0	0.1	27	25	0	2	55	67	33	15	154,404	8,442,040	28,143	13.9	309,616
CNS Drugs	1.3	0.6	0.0	0.6	105	82	3	20	83	129	121	33	1,389,948	115,250,910	103,104	50.9	1,098,035
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	46	29	5	12	82	127	93	43	7,368	603,350	1,217	0.6	13,176
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	70	68	0	2	116	121	29	46	70,836	8,244,353	11,179	5.5	117,306
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	38	27	2	9	47	118	84	16	932,870	43,540,544	106,905	52.7	1,156,233
Neuromuscular Agents	1.0	0.4	0.1	0.5	63	46	4	13	64	109	51	27	620,494	39,911,580	58,729	29.0	635,443
Nutritional Products	0.6	0.0	0.1	0.5	8	0	1	7	13	15	12	13	243,355	3,171,169	38,989	19.2	417,905
Hematological Agents	0.7	0.3	0.1	0.4	48	40	2	6	67	152	23	15	290,799	19,474,984	38,331	18.9	409,078
Topical Products	0.4	0.2	0.0	0.2	15	10	1	5	36	58	38	19	381,557	13,642,217	79,943	39.4	889,048
Miscellaneous Products	0.4	0.1	0.1	0.2	56	38	11	7	144	270	195	39	26,132	3,774,071	6,315	3.1	67,585
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	19	0	0	0	18,801	362,398	6,946	3.4	77,984
<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.	8,909,447	462,505,190	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 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 2002. 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, 2002

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	\$69,351,742	53,931	26.6 %	591,003	0.8	\$153	\$117
ANTIDEPRESSANTS	34,929,526	82,238	40.6	894,540	0.6	63	39
ANTICONVULSANT	33,368,420	48,526	23.9	535,077	0.8	78	62
ULCER DRUGS	31,768,011	82,064	40.5	898,331	0.5	74	35
ANTHYPERLIPIDEMIC	23,700,140	45,397	22.4	506,390	0.6	73	47
ANTIDIABETIC	22,251,613	62,309	30.7	680,283	0.6	50	33
ANALGESICS - Narcotic	22,249,242	112,830	55.7	1,227,070	0.5	40	18
ANALGESICS - ANTI-INFLAMMATORY	18,425,696	71,739	35.4	802,548	0.4	59	23
ANTIASTHMATIC	17,993,375	75,449	37.2	826,789	0.4	51	22
ANTIHYPERTENSIVE	17,688,605	86,077	42.5	940,739	0.6	31	19
Total	291,726,370	720,560		7,902,770	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 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 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](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, 2002

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>4,420,316</b>	<b>\$291,726,370</b>	<b>53,931</b>	<b>26.6 %</b>	<b>591,003</b>	<b>0.8</b>	<b>\$117</b>	<b>82,238</b>	<b>40.6 %</b>	<b>894,540</b>	<b>0.6</b>	<b>\$39</b>
<b>Female</b>	2,999,660	185,603,550	31,132	24.2	340,550	0.7	99	57,766	45.0	630,361	0.6	39
<b>Disabled</b>	1,521,367	108,838,556	17,856	29.8	202,147	0.8	123	30,932	51.7	347,110	0.6	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	196	18,516	1	12.5	12	0.8	148	4	50.0	48	0.7	47
15-20	1,179	78,054	17	11.8	159	0.7	112	33	22.9	307	0.6	38
21-44	338,717	29,075,822	6,431	37.4	72,488	0.7	127	9,984	58.0	111,359	0.6	43
45-64	733,728	53,576,035	8,179	31.8	92,806	0.8	128	15,690	60.9	176,097	0.6	43
65-74	349,956	20,646,781	2,371	18.8	26,996	0.8	106	4,181	33.2	47,562	0.6	35
75-84	83,073	4,695,120	707	21.2	8,052	0.7	97	860	25.8	9,851	0.6	34
85 and older	14,518	748,228	150	18.5	1,634	0.7	58	180	22.2	1,886	0.6	33
<b>Other Eligibles</b>	1,478,293	76,764,994	13,276	19.3	138,403	0.6	64	26,834	39.1	283,251	0.6	35
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	22	168	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	125	6,104	1	6.3	1	2.0	580	6	37.5	63	0.4	12
21-44	5,221	379,445	103	15.6	854	0.5	75	271	41.1	2,076	0.6	42
45-64	2,008	157,788	25	13.3	221	0.4	76	85	45.2	651	0.6	45
65-74	398,982	22,834,112	2,655	15.1	28,824	0.7	82	5,825	33.2	64,458	0.6	35
75-84	605,539	31,257,796	5,158	19.7	54,240	0.7	64	10,207	38.9	109,384	0.6	35
85 and older	466,396	22,129,581	5,334	22.2	54,263	0.6	54	10,440	43.5	106,619	0.7	36
<b>Male</b>	1,420,656	106,122,820	22,799	30.7	250,453	0.8	142	24,472	32.9	264,179	0.6	40
<b>Disabled</b>	995,813	84,137,722	18,307	36.3	205,882	0.9	158	17,421	34.6	193,489	0.6	42
5 and younger	15	300	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	72	2,511	1	9.1	12	0.2	9	2	18.2	22	0.7	36
15-20	1,185	116,143	38	20.9	347	0.9	147	39	21.4	356	0.6	39
21-44	358,072	35,508,804	9,354	42.6	105,166	0.8	156	7,950	36.2	88,778	0.6	42
45-64	481,109	39,387,932	7,586	36.0	85,480	0.9	167	7,892	37.5	87,159	0.6	43
65-74	131,181	7,767,951	1,044	17.5	11,633	0.8	120	1,336	22.4	14,934	0.6	36
75-84	21,770	1,238,868	247	23.0	2,836	0.8	98	175	16.3	1,975	0.7	39
85 and older	2,409	115,213	37	22.4	408	0.7	76	27	16.4	265	0.5	25
<b>Other Eligibles</b>	424,843	21,985,098	4,492	18.8	44,571	0.7	71	7,051	29.5	70,690	0.6	34
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	50	663	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	64	3,204	1	6.3	7	0.4	266	1	6.3	1	1.0	37
21-44	2,594	215,864	32	8.8	220	0.6	101	112	30.9	787	0.5	35
45-64	2,318	165,570	16	6.8	144	0.5	117	75	32.1	596	0.5	34
65-74	163,909	9,165,672	1,293	14.0	13,364	0.7	91	2,048	22.2	21,876	0.6	34
75-84	174,891	8,675,639	1,938	21.0	19,283	0.7	65	2,950	31.9	29,922	0.6	33
85 and older	81,017	3,758,486	1,212	25.3	11,553	0.6	55	1,865	38.9	17,508	0.7	36
<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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTHYPERLIPIDEMIC				
	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>48,526</b>	<b>23.9 %</b>	<b>535,077</b>	<b>0.8</b>	<b>\$62</b>	<b>82,064</b>	<b>40.5 %</b>	<b>898,331</b>	<b>0.5</b>	<b>\$35</b>	<b>45,397</b>	<b>22.4 %</b>	<b>506,390</b>	<b>0.6</b>	<b>\$47</b>
<b>Female</b>	29,172	22.7	321,690	0.8	58	57,761	45.0	634,834	0.5	35	31,121	24.2	349,367	0.6	47
<b>Disabled</b>	18,716	31.3	211,064	0.8	69	27,653	46.5	312,754	0.4	35	15,724	26.3	176,745	0.6	47
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	2	25.0	23	0.7	120	5	62.5	59	0.8	95	0	0.0	0	0.0	0
15-20	33	22.9	304	1.1	79	34	23.6	351	0.4	26	8	5.6	78	0.7	31
21-44	6,732	39.1	75,599	0.8	78	5,854	34.0	65,591	0.4	31	1,733	10.1	19,522	0.6	39
45-64	9,094	35.3	102,670	0.8	71	12,870	50.0	143,982	0.5	37	7,561	29.4	84,326	0.6	47
65-74	2,298	18.2	26,125	0.7	48	6,988	55.5	78,798	0.4	34	5,239	41.6	59,027	0.7	50
75-84	471	14.1	5,423	0.7	35	1,746	52.4	19,994	0.5	34	1,055	31.7	12,310	0.7	50
85 and older	86	10.6	920	0.7	30	356	44.0	3,979	0.5	37	128	15.8	1,482	0.7	53
<b>Other Eligibles</b>	10,456	15.2	110,626	0.8	36	29,908	43.6	322,080	0.5	36	15,397	22.4	172,622	0.7	47
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	1	50.0	12	0.7	8	0	0.0	0	0.0	0
15-20	2	12.5	12	0.7	23	5	31.3	53	0.3	21	0	0.0	0	0.0	0
21-44	122	18.5	974	0.6	69	126	19.1	975	0.3	28	34	5.2	246	0.5	34
45-64	38	20.2	293	0.5	46	59	31.4	431	0.4	27	32	17.0	230	0.6	49
65-74	2,945	16.8	32,474	0.7	41	7,741	44.2	86,395	0.4	34	6,182	35.3	70,032	0.6	48
75-84	4,323	16.5	46,077	0.8	36	11,772	44.9	129,160	0.5	36	6,936	26.4	78,201	0.7	47
85 and older	3,026	12.6	30,796	0.8	30	10,204	42.5	105,054	0.6	38	2,213	9.2	23,913	0.7	43
<b>Male</b>	19,354	26.1	213,387	0.8	69	24,303	32.7	263,497	0.5	35	14,276	19.2	157,023	0.6	46
<b>Disabled</b>	15,588	30.9	174,783	0.9	76	15,418	30.6	170,944	0.5	36	9,564	19.0	105,991	0.6	46
5 and younger	0	0.0	0	0.0	0	1	50.0	11	0.6	13	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	18.2	22	0.2	4	0	0.0	0	0.0	0
15-20	31	17.0	314	0.9	112	24	13.2	256	0.3	17	3	1.6	31	0.4	9
21-44	7,287	33.2	81,904	0.8	81	5,181	23.6	58,084	0.4	34	2,456	11.2	27,598	0.6	39
45-64	7,037	33.4	78,842	0.9	76	7,237	34.4	79,566	0.5	38	5,106	24.3	56,208	0.7	47
65-74	1,052	17.6	11,711	0.8	49	2,441	40.9	27,058	0.5	36	1,771	29.7	19,554	0.7	51
75-84	160	14.9	1,785	0.8	46	470	43.7	5,309	0.5	35	214	19.9	2,451	0.7	50
85 and older	21	12.7	227	1.2	52	62	37.6	638	0.4	27	14	8.5	149	0.5	42
<b>Other Eligibles</b>	3,766	15.8	38,604	0.8	38	8,885	37.2	92,553	0.5	34	4,712	19.7	51,032	0.6	47
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	4	80.0	48	0.7	12	0	0.0	0	0.0	0
15-20	2	12.5	15	0.7	29	3	18.8	24	0.6	9	1	6.3	1	1.0	75
21-44	59	16.3	403	0.6	71	76	21.0	567	0.4	30	41	11.3	288	0.5	39
45-64	33	14.1	290	0.6	75	74	31.6	559	0.4	40	42	17.9	289	0.5	41
65-74	1,443	15.7	15,412	0.8	44	3,251	35.3	35,432	0.4	32	2,433	26.4	26,789	0.6	48
75-84	1,572	17.0	16,136	0.8	36	3,615	39.1	37,861	0.5	34	1,839	19.9	20,038	0.7	47
85 and older	657	13.7	6,348	0.8	28	1,862	38.9	18,062	0.6	38	356	7.4	3,627	0.6	40
<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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					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>62,309</b>	<b>30.7 %</b>	<b>680,283</b>	<b>0.6</b>	<b>\$33</b>	<b>112,830</b>	<b>55.7 %</b>	<b>1,227,070</b>	<b>0.5</b>	<b>\$18</b>	<b>71,739</b>	<b>35.4 %</b>	<b>802,548</b>	<b>0.4</b>	<b>\$23</b>
<b>Female</b>	44,084	34.3	484,722	0.6	32	78,649	61.2	859,542	0.5	17	51,369	40.0	576,905	0.4	25
<b>Disabled</b>	20,608	34.4	230,200	0.6	36	41,752	69.8	466,345	0.4	19	27,386	45.8	310,924	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	8	5.6	84	0.7	40	48	33.3	476	0.1	1	28	19.4	265	0.2	3
21-44	2,565	14.9	28,710	0.6	37	11,338	65.9	125,448	0.4	22	6,688	38.9	75,345	0.3	12
45-64	9,796	38.0	108,330	0.6	39	19,208	74.6	213,749	0.5	22	12,220	47.4	138,400	0.4	23
65-74	6,667	52.9	74,963	0.7	35	8,675	68.9	98,297	0.4	11	6,557	52.1	74,948	0.4	26
75-84	1,377	41.4	15,925	0.6	30	2,062	61.9	23,624	0.4	9	1,585	47.6	18,492	0.4	28
85 and older	195	24.1	2,188	0.6	24	421	52.0	4,751	0.4	11	308	38.0	3,474	0.5	31
<b>Other Eligibles</b>	23,476	34.2	254,522	0.7	29	36,897	53.8	393,197	0.5	15	23,983	35.0	265,981	0.5	30
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	50.0	12	0.2	1
15-20	1	6.3	12	0.8	73	5	31.3	54	0.1	1	2	12.5	24	0.1	1
21-44	61	9.3	398	0.5	32	378	57.4	2,821	0.5	25	190	28.8	1,467	0.3	12
45-64	30	16.0	167	0.7	41	124	66.0	892	0.5	18	66	35.1	496	0.4	69
65-74	7,747	44.2	86,126	0.6	33	9,752	55.6	108,303	0.4	13	7,197	41.1	81,913	0.4	26
75-84	10,205	38.9	111,777	0.7	28	14,418	55.0	157,504	0.5	15	9,610	36.6	108,198	0.5	30
85 and older	5,432	22.6	56,042	0.7	24	12,220	50.9	123,623	0.6	18	6,917	28.8	73,871	0.5	33
<b>Male</b>	18,225	24.5	195,561	0.6	34	34,181	46.0	367,528	0.4	20	20,370	27.4	225,643	0.3	17
<b>Disabled</b>	10,780	21.4	118,089	0.6	37	24,274	48.2	266,376	0.4	24	13,971	27.7	156,400	0.3	13
5 and younger	0	0.0	0	0.0	0	1	50.0	11	0.2	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	36.4	46	0.1	1	0	0.0	0	0.0	0
15-20	4	2.2	45	1.1	67	45	24.7	441	0.2	3	16	8.8	132	0.2	3
21-44	2,583	11.8	28,470	0.6	38	9,775	44.5	107,966	0.4	25	5,290	24.1	59,434	0.2	8
45-64	5,623	26.7	61,171	0.6	38	10,982	52.2	119,845	0.5	26	6,152	29.2	68,547	0.3	14
65-74	2,244	37.6	24,719	0.6	35	2,982	49.9	32,665	0.4	12	2,144	35.9	23,990	0.4	21
75-84	297	27.6	3,357	0.7	28	422	39.2	4,703	0.4	10	329	30.6	3,837	0.4	27
85 and older	29	17.6	327	0.6	23	63	38.2	699	0.3	5	40	24.2	460	0.4	19
<b>Other Eligibles</b>	7,445	31.2	77,472	0.7	29	9,907	41.5	101,152	0.4	11	6,399	26.8	69,243	0.4	25
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	1	20.0	12	0.2	1	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	25.0	28	0.2	3	2	12.5	16	0.1	1
21-44	55	15.2	332	0.7	39	190	52.5	1,352	0.6	60	78	21.5	544	0.3	9
45-64	50	21.4	327	0.6	33	131	56.0	1,011	0.6	35	66	28.2	554	0.3	15
65-74	3,100	33.6	33,404	0.6	32	3,817	41.4	41,265	0.4	12	2,664	28.9	29,764	0.4	22
75-84	3,072	33.2	32,078	0.7	27	3,771	40.8	38,971	0.4	9	2,460	26.6	26,975	0.4	27
85 and older	1,168	24.4	11,331	0.7	23	1,993	41.6	18,513	0.5	12	1,129	23.6	11,390	0.5	29
<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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE				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 \$	
<b>All</b>	<b>75,449</b>	<b>37.2 %</b>	<b>826,789</b>	<b>0.4</b>	<b>\$22</b>	<b>86,077</b>	<b>42.5 %</b>	<b>940,739</b>	<b>0.6</b>	<b>\$19</b>	<b>202,743</b>	<b>2,090,105</b>
<b>Female</b>	51,709	40.3	569,896	0.4	22	60,230	46.9	662,051	0.6	19	128,459	1,336,826
<b>Disabled</b>	27,100	45.3	303,955	0.4	22	24,492	40.9	274,025	0.6	19	59,842	639,348
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	2	25.0	23	0.1	5	14	175.0	168	0.5	36	8	95
15-20	23	16.0	202	0.5	31	26	18.1	272	0.3	8	144	1,180
21-44	5,699	33.1	63,840	0.3	19	2,736	15.9	30,241	0.5	15	17,201	180,941
45-64	13,026	50.6	145,239	0.4	23	10,936	42.5	121,034	0.6	18	25,758	273,351
65-74	6,734	53.5	76,173	0.5	24	8,133	64.6	91,813	0.6	20	12,592	137,338
75-84	1,424	42.8	16,317	0.4	21	2,233	67.1	25,847	0.6	20	3,329	37,638
85 and older	192	23.7	2,161	0.4	18	414	51.1	4,650	0.6	18	810	8,805
<b>Other Eligibles</b>	24,609	35.9	265,941	0.4	21	35,738	52.1	388,026	0.6	19	68,617	697,478
5 and younger	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	1	50.0	12	1.0	5	2	24
15-20	2	12.5	23	0.3	5	11	68.8	105	0.5	22	16	103
21-44	140	21.2	1,088	0.4	19	59	9.0	437	0.6	14	659	3,815
45-64	44	23.4	366	0.4	29	50	26.6	393	0.4	18	188	1,009
65-74	7,595	43.3	85,032	0.4	24	9,802	55.9	109,604	0.6	19	17,531	184,182
75-84	9,743	37.1	106,335	0.4	21	14,832	56.5	163,282	0.6	20	26,231	273,326
85 and older	7,085	29.5	73,097	0.4	17	10,983	45.8	114,193	0.7	19	23,990	235,019
<b>Male</b>	23,740	32.0	256,893	0.4	22	25,847	34.8	278,688	0.6	18	74,284	753,279
<b>Disabled</b>	14,134	28.0	155,701	0.4	23	15,003	29.8	164,240	0.6	18	50,407	523,753
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.5	13	2	23
6-14	4	36.4	46	0.4	24	4	36.4	48	0.6	8	11	109
15-20	17	9.3	179	0.5	25	18	9.9	144	0.4	15	182	1,292
21-44	3,713	16.9	41,430	0.4	19	3,632	16.5	40,132	0.5	16	21,948	228,918
45-64	6,739	32.0	73,647	0.5	24	7,591	36.1	82,324	0.6	19	21,051	217,148
65-74	3,116	52.2	34,403	0.5	24	3,165	53.0	34,810	0.6	19	5,972	62,712
75-84	480	44.6	5,293	0.5	26	518	48.1	5,952	0.6	19	1,076	11,835
85 and older	65	39.4	703	0.4	14	74	44.8	818	0.6	17	165	1,716
<b>Other Eligibles</b>	9,606	40.2	101,192	0.5	22	10,844	45.4	114,448	0.6	18	23,877	229,526
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	2	40.0	24	0.1	2	1	20.0	12	1.0	5	5	57
15-20	3	18.8	24	0.3	5	2	12.5	18	1.1	22	16	87
21-44	43	11.9	306	0.3	12	61	16.9	364	0.5	20	362	1,870
45-64	50	21.4	363	0.4	24	82	35.0	546	0.5	18	234	1,186
65-74	3,792	41.1	41,337	0.5	24	4,404	47.8	48,124	0.6	19	9,217	92,635
75-84	3,831	41.4	40,632	0.4	20	4,416	47.7	46,933	0.6	18	9,250	90,700
85 and older	1,885	39.3	18,506	0.5	19	1,878	39.2	18,451	0.7	18	4,792	42,988
<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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$238</b>	<b>6.2</b>	<b>23,612</b>	<b>243,215</b>
<b>Age</b>				
0-64	331	6.7	1,330	14,784
65-74	310	7.1	2,708	28,730
75-84	246	6.4	7,881	80,415
85 and older	203	5.7	11,693	119,286
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	234	6.2	17,922	186,054
Male	248	6.1	5,690	57,161
Unknown	0	0.0	0	0
<b>Race</b>				
White	240	6.3	19,139	195,348
African American	229	5.4	2,766	30,017
Other/unknown	229	5.8	1,707	17,850
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	229	6.1	21,402	218,646
Disabled	312	6.5	2,210	24,569
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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users										\$ per Bene Mo among Users										Users			
	Patented					Off-Patent					Patented					Off-Patent					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	\$11	\$1	\$2	\$43	\$66	\$67	\$12	\$12	\$12	\$12	51,015	\$2,172,019	14,425	61.1 %	156,018				
Biologics	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				
Antineoplastic Agents	0.5	0.2	0.2	0.2	73	37	23	14	136	242	113	72	72	72	9,444	1,279,744	1,692	7.2	17,432					
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.6	32	23	2	7	27	54	16	12	12	12	144,758	3,939,545	11,632	49.3	122,588					
Cardiovascular Agents	2.1	0.4	0.2	1.5	45	18	6	22	21	45	27	14	14	14	375,160	7,983,523	17,055	72.2	177,771					
Respiratory Agents	0.7	0.3	0.1	0.4	28	17	5	7	38	56	59	19	19	64,678	2,489,425	8,092	34.3	87,616						
Gastrointestinal Agents	0.9	0.4	0.0	0.5	46	38	0	8	51	86	42	17	17	103,477	5,254,940	10,801	45.7	114,000						
Genitourinary Agents	0.6	0.5	0.0	0.1	29	27	0	2	48	58	28	15	15	32,149	1,552,506	4,935	20.9	52,830						
CNS Drugs	1.5	0.9	0.0	0.5	87	72	1	15	60	80	50	27	27	237,239	14,214,786	15,444	65.4	162,669						
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	25	18	0	7	45	100	18	18	18	254	11,370	43	0.2	456						
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	77	77	0	0	98	98	0	31	31	29,069	2,838,156	3,558	15.1	36,688						
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	45	36	1	7	39	73	41	11	11	139,330	5,447,843	11,661	49.4	122,228						
Neuromuscular Agents	1.3	0.5	0.1	0.7	57	32	3	22	44	66	58	29	29	99,704	4,408,368	7,174	30.4	76,951						
Nutritional Products	0.8	0.0	0.1	0.7	9	0	1	9	13	11	12	13	13	51,314	644,674	6,528	27.6	67,958						
Hematological Agents	1.1	0.3	0.1	0.6	45	37	2	6	43	107	16	11	11	74,028	3,191,543	6,742	28.6	70,419						
Topical Products	0.5	0.2	0.0	0.3	15	9	1	5	28	46	31	17	17	79,605	2,210,132	13,672	57.9	149,667						
Miscellaneous Products	0.2	0.0	0.0	0.2	6	1	0	4	24	83	166	19	19	3,531	85,696	1,395	5.9	14,915						
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	24	0	0	0	0	1,733	40,798	669	2.8	7,423						
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.	n.a.	n.a.	1,496,488	57,765,068	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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 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.
- 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, 2002

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
ANTIPSYCHOTICS	\$6,876,095	8,428	35.7 %	90,177	0.8	\$98	\$76
ANTIDEPRESSANTS	6,343,277	14,035	59.4	150,500	0.8	53	42
ULCER DRUGS	4,667,155	9,922	42.0	105,455	0.7	62	44
ANTICONVULSANT	3,031,897	6,239	26.4	67,816	1.0	44	45
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,838,228	3,554	15.1	36,681	0.8	98	77
ANALGESICS - Narcotic	2,786,109	10,830	45.9	113,177	0.8	32	25
ANALGESICS - ANTI-INFLAMMATORY	2,579,248	6,455	27.3	70,193	0.6	58	37
ANTHYPERTENSIVE	2,372,387	10,123	42.9	106,770	0.8	27	22
ANTIDIABETIC	2,250,483	7,597	32.2	80,769	0.8	33	28
MISC. HEMATOLOGICAL	1,860,926	3,289	13.9	34,628	0.7	73	54
<b>Total</b>	<b>35,605,805</b>	<b>80,472</b>		<b>856,166</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>676,147</b>	<b>\$35,605,805</b>	<b>8,428</b>	<b>35.7 %</b>	<b>90,177</b>	<b>0.8</b>	<b>\$76</b>	<b>14,035</b>	<b>59.4 %</b>	<b>150,500</b>	<b>0.8</b>	<b>\$42</b>
<b>Female</b>	515,938	26,966,158	6,120	34.1	66,162	0.8	74	10,822	60.4	116,924	0.8	42
<b>Disabled</b>	44,600	2,698,588	524	42.9	6,045	0.9	108	779	63.8	8,885	0.9	50
64 or younger	24,188	1,477,653	234	35.8	2,731	0.9	105	465	71.2	5,351	0.9	53
65-74	12,370	749,703	160	55.9	1,834	1.0	121	192	67.1	2,204	0.8	47
75-84	5,038	310,350	90	53.9	1,041	0.9	103	74	44.3	817	0.8	44
85 and older	3,004	160,882	40	34.8	439	0.8	77	48	41.7	513	0.8	48
<b>Other Eligibles</b>	471,338	24,267,570	5,596	33.5	60,117	0.8	70	10,043	60.1	108,039	0.8	42
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	54,314	2,965,578	674	49.7	7,311	0.9	93	1,028	75.8	11,272	0.8	44
75-84	178,624	9,134,379	2,192	39.0	23,539	0.8	72	3,635	64.7	39,392	0.8	42
85 and older	238,400	12,167,613	2,730	28.1	29,267	0.7	63	5,380	55.3	57,375	0.8	41
<b>Male</b>	160,209	8,639,647	2,308	40.6	24,015	0.8	83	3,213	56.5	33,576	0.8	42
<b>Disabled</b>	33,788	2,040,570	435	44.0	4,838	0.9	113	591	59.8	6,572	0.8	47
64 or younger	23,682	1,442,391	273	40.3	2,975	0.9	119	432	63.8	4,734	0.8	47
65-74	7,494	439,614	109	50.9	1,249	0.9	105	121	56.5	1,402	0.8	49
75-84	1,949	122,344	41	58.6	478	0.9	108	28	40.0	331	0.9	52
85 and older	663	36,221	12	42.9	136	0.7	79	10	35.7	105	0.7	32
<b>Other Eligibles</b>	126,421	6,599,077	1,873	39.8	19,177	0.8	76	2,622	55.8	27,004	0.8	40
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	29,117	1,663,262	411	48.3	4,347	0.9	101	518	60.9	5,536	0.8	42
75-84	56,687	2,904,233	886	43.8	8,986	0.8	72	1,195	59.1	12,258	0.8	39
85 and older	40,617	2,031,582	576	31.5	5,844	0.7	61	909	49.7	9,210	0.8	40
<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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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 2002. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	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>9,922</b>	<b>42.0 %</b>	<b>\$44</b>	<b>6,239</b>	<b>26.4 %</b>	<b>\$45</b>	<b>67,816</b>	<b>1.0</b>	<b>\$45</b>	<b>3,554</b>	<b>15.1 %</b>	<b>\$77</b>	<b>36,681</b>	<b>0.8</b>	<b>\$77</b>			
<b>Female</b>	7,495	41.8	45	4,321	24.1	43	47,056	1.0	43	2,650	14.8	77	27,651	0.8	77			
<b>Disabled</b>	564	46.2	46	675	55.3	61	7,690	1.1	61	76	6.2	140	858	0.7	140			
64 or younger	290	44.4	46	410	62.8	68	4,695	1.1	68	37	5.7	210	414	0.7	210			
65-74	149	52.1	44	169	59.1	44	1,899	1.2	60	18	6.3	81	216	0.8	81			
75-84	82	49.1	51	65	38.9	39	746	1.0	39	14	8.4	83	153	0.7	83			
85 and older	43	37.4	49	31	27.0	36	350	0.9	36	7	6.1	41	75	0.4	41			
<b>Other Eligibles</b>	6,931	41.5	45	3,646	21.8	39	39,366	1.0	39	2,574	15.4	75	26,793	0.8	75			
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0			
65-74	636	46.9	45	665	49.0	49	7,388	1.1	49	170	12.5	81	1,742	0.8	81			
75-84	2,335	41.5	45	1,565	27.8	41	16,889	1.0	41	1,040	18.5	74	10,782	0.8	74			
85 and older	3,960	40.7	45	1,416	14.6	33	15,089	0.9	33	1,364	14.0	74	14,269	0.8	74			
<b>Male</b>	2,427	42.7	42	1,918	33.7	49	20,760	1.1	49	904	15.9	79	9,030	0.8	79			
<b>Disabled</b>	441	44.6	46	623	63.0	62	7,063	1.2	62	62	6.3	147	660	0.7	147			
64 or younger	302	44.6	45	468	69.1	65	5,283	1.2	65	36	5.3	219	370	0.9	219			
65-74	104	48.6	46	122	57.0	57	1,415	1.1	57	16	7.5	49	183	0.4	49			
75-84	24	34.3	58	28	40.0	40	309	0.9	40	7	10.0	48	75	0.7	48			
85 and older	11	39.3	36	5	17.9	36	56	1.3	36	3	10.7	95	32	0.9	95			
<b>Other Eligibles</b>	1,986	42.2	41	1,295	27.5	42	13,697	1.0	42	842	17.9	74	8,370	0.8	74			
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0			
65-74	371	43.6	46	382	44.9	53	4,157	1.1	53	133	15.6	80	1,372	0.8	80			
75-84	884	43.7	39	615	30.4	39	6,471	1.0	39	400	19.8	75	3,960	0.8	75			
85 and older	731	40.0	41	298	16.3	33	3,069	0.9	33	309	16.9	70	3,038	0.8	70			
<b>Unknown</b>	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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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 2002. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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 2002. 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 2002 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, 2002**

Beneficiary Characteristics	ANALGESICS - Narcotic						ANALGESICS - ANTI-INFLAMMATORY						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>10,830</b>	<b>45.9 %</b>	<b>0.8</b>	<b>113,177</b>	<b>0.8</b>	<b>\$25</b>	<b>6,455</b>	<b>27.3 %</b>	<b>0.6</b>	<b>\$37</b>	<b>10,123</b>	<b>42.9 %</b>	<b>0.8</b>	<b>\$22</b>	<b>106,770</b>	<b>0.8</b>	<b>\$22</b>	
<b>Female</b>	8,608	48.0	0.8	90,683	0.8	26	5,116	28.5	0.6	38	7,708	43.0	0.8	22	81,745	0.8	22	
<b>Disabled</b>	616	50.5	0.9	6,869	0.9	31	369	30.2	0.5	27	438	35.9	0.8	25	4,902	0.8	25	
64 or younger	343	52.5	0.9	3,864	0.9	34	207	31.7	0.4	15	182	27.9	0.8	24	2,087	0.8	24	
65-74	144	50.3	0.8	1,613	0.8	31	88	30.8	0.6	36	135	47.2	0.8	25	1,539	0.8	25	
75-84	67	40.1	0.7	726	0.7	16	39	23.4	0.6	45	79	47.3	0.8	27	848	0.8	27	
85 and older	62	53.9	0.9	666	0.9	34	35	30.4	0.7	53	42	36.5	0.9	26	428	0.9	26	
<b>Other Eligibles</b>	7,992	47.9	0.8	83,814	0.8	26	4,747	28.4	0.7	39	7,270	43.5	0.8	22	76,843	0.8	22	
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	
65-74	751	55.3	0.9	7,951	0.9	34	396	29.2	0.6	36	648	47.8	0.8	23	7,015	0.8	23	
75-84	2,731	48.6	0.8	28,909	0.8	26	1,659	29.5	0.7	39	2,578	45.9	0.8	22	27,365	0.8	22	
85 and older	4,510	46.4	0.8	46,954	0.8	25	2,692	27.7	0.7	39	4,044	41.6	0.8	22	42,463	0.8	22	
<b>Male</b>	2,222	39.1	0.7	22,494	0.7	18	1,339	23.5	0.6	33	2,415	42.4	0.8	22	25,025	0.8	22	
<b>Disabled</b>	398	40.2	0.8	4,508	0.8	24	224	22.6	0.5	23	374	37.8	0.8	23	4,200	0.8	23	
64 or younger	293	43.3	0.8	3,335	0.8	27	158	23.3	0.5	19	259	38.3	0.8	22	2,877	0.8	22	
65-74	83	38.8	0.7	927	0.7	20	47	22.0	0.5	34	81	37.9	0.9	24	939	0.9	24	
75-84	18	25.7	1.0	206	1.0	13	10	14.3	0.6	36	23	32.9	0.8	28	258	0.8	28	
85 and older	4	14.3	0.7	40	0.7	7	9	32.1	0.5	32	11	39.3	0.8	18	126	0.8	18	
<b>Other Eligibles</b>	1,824	38.8	0.6	17,986	0.6	16	1,115	23.7	0.6	35	2,041	43.4	0.8	21	20,825	0.8	21	
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	
65-74	343	40.3	0.7	3,578	0.7	22	185	21.7	0.6	37	432	50.8	0.8	22	4,564	0.8	22	
75-84	757	37.4	0.6	7,425	0.6	12	469	23.2	0.6	35	902	44.6	0.8	22	9,070	0.8	22	
85 and older	724	39.6	0.6	6,983	0.6	16	461	25.2	0.6	34	707	38.7	0.8	20	7,191	0.8	20	
<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	

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL								
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean				
	No. of Users	Residents	NF	Mos among Users		No. of Users	Residents	NF	Mos among Users					
	7,597	32.2 %	80,769	0.8	Rx \$	Rx \$	3,289	13.9 %	34,628	0.7	Rx \$	Rx \$	23,612	243,215
<b>Female</b>	5,647	31.5	60,610	0.9	28	28	2,353	13.1	24,983	0.7	55	55	17,922	186,054
<b>Disabled</b>	466	38.2	5,338	0.9	33	33	138	11.3	1,576	0.7	57	57	1,221	13,703
64 or younger	212	32.5	2,454	0.9	38	38	64	9.8	721	0.7	60	60	653	7,394
65-74	175	61.2	2,028	0.8	32	32	50	17.5	583	0.7	55	55	286	3,248
75-84	50	29.9	534	0.8	28	28	17	10.2	197	0.7	56	56	167	1,833
85 and older	29	25.2	322	0.8	18	18	7	6.1	75	0.6	57	57	115	1,228
<b>Other Eligibles</b>	5,181	31.0	55,272	0.8	27	27	2,215	13.3	23,407	0.7	54	54	16,701	172,351
64 or younger	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0	0	0
65-74	746	55.0	8,050	0.9	34	34	204	15.0	2,226	0.7	55	55	1,357	14,270
75-84	2,300	40.9	24,577	0.9	27	27	825	14.7	8,664	0.7	53	53	5,622	57,918
85 and older	2,135	22.0	22,645	0.8	26	26	1,186	12.2	12,517	0.7	55	55	9,722	100,163
<b>Male</b>	1,950	34.3	20,159	0.8	28	28	936	16.4	9,645	0.7	52	52	5,690	57,161
<b>Disabled</b>	311	31.4	3,396	0.8	29	29	122	12.3	1,343	0.6	46	46	989	10,866
64 or younger	215	31.8	2,340	0.9	32	32	82	12.1	880	0.6	44	44	677	7,390
65-74	73	34.1	797	0.8	23	23	30	14.0	351	0.6	49	49	214	2,396
75-84	16	22.9	183	1.0	26	26	3	4.3	36	0.9	82	82	70	767
85 and older	7	25.0	76	0.8	30	30	7	25.0	76	0.9	44	44	28	313
<b>Other Eligibles</b>	1,639	34.9	16,763	0.8	27	27	814	17.3	8,302	0.7	52	52	4,701	46,295
64 or younger	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0	0	0
65-74	381	44.8	4,061	0.9	30	30	167	19.6	1,740	0.8	60	60	851	8,816
75-84	780	38.6	7,847	0.8	27	27	362	17.9	3,591	0.7	51	51	2,022	19,897
85 and older	478	26.1	4,855	0.8	25	25	285	15.6	2,971	0.7	50	50	1,828	17,582
<b>Unknown</b>	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 2002 file for Michigan, released by CMS in 06/2006. This table was produced on 04/19/2007.

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 2002. A total of 16,987 beneficiaries who were in nursing facilities for part of their enrollment and their 153,344 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MICHIGAN, 2002

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	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
		52.9 %	4.8								
<b>All</b>	<b>107,151</b>	<b>52.9 %</b>	<b>4.8</b>	<b>967,441</b>	<b>\$72</b>	<b>\$14,665,183</b>	<b>\$15</b>	<b>3.2 %</b>	<b>202,743</b>		
<b>Age</b>											
5 and younger	2	66.7	18.0	54	873	2,620	49	44.2	3		
6-14	24	92.3	20.2	526	357	9,281	18	5.1	26		
15-20	99	27.7	2.1	747	48	17,071	23	3.0	358		
21-44	16,783	41.8	3.3	134,400	92	3,686,266	27	3.8	40,170		
45-64	26,119	55.3	5.5	262,010	97	4,577,275	17	3.3	47,231		
65-74	23,379	51.6	4.8	216,847	59	2,656,903	12	2.8	45,312		
75-84	22,332	56.0	5.0	199,025	54	2,141,792	11	2.7	39,886		
85 and older	18,413	61.9	5.2	153,832	53	1,573,975	10	3.1	29,757		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
<b>Basis of Eligibility<sup>c</sup></b>											
Aged	50,090	55.1	4.7	429,164	52	4,718,873	11	2.8	90,909		
Disabled	56,445	51.2	4.9	534,969	90	9,890,226	18	3.4	110,249		
Adults	600	38.9	2.0	3,084	34	52,328	17	3.2	1,544		
Children	16	39.0	5.5	224	92	3,756	17	6.0	41		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
<b>Gender</b>											
Female	73,596	57.3	5.2	671,790	77	9,947,332	15	3.3	128,459		
Male	33,555	45.2	4.0	295,651	64	4,717,851	16	2.9	74,284		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
<b>Race</b>											
White	74,539	53.6	5.0	701,742	80	11,136,967	16	3.2	139,084		
African American	25,771	52.9	4.3	209,679	57	2,780,676	13	3.2	48,674		
Other/unknown	6,841	45.7	3.7	56,020	50	747,540	13	2.7	14,985		
<b>Use of Nursing Facilities<sup>d</sup></b>											
Entire year	15,932	67.5	6.5	154,420	75	1,765,805	11	3.1	23,612		
Part year	12,030	70.8	5.5	92,778	63	1,062,249	11	3.2	16,987		
None	79,189	48.8	4.4	720,243	73	11,837,129	16	3.2	162,144		
<b>Maintenance Assistance Status</b>											
Cash	40,383	52.0	5.0	386,915	76	5,865,027	15	3.2	77,673		
Medically needy	6,777	50.3	4.2	56,820	68	913,918	16	3.8	13,485		
Poverty related	2,567	35.9	2.5	17,577	48	344,576	20	3.5	7,150		
Other/unknown	57,424	55.0	4.8	506,129	72	7,541,662	15	3.1	104,435		

Table D11

Dual Eligible 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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MICHIGAN, 2002

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	\$7	\$15	\$0	\$3	2,090,105
<b>Age</b>						
5 and younger	2.1	101	49	0	0	26
6-14	1.8	33	18	0	0	285
15-20	0.3	6	23	0	2	2,662
21-44	0.3	9	27	0	4	415,544
45-64	0.5	9	17	0	4	492,694
65-74	0.5	6	12	0	2	476,867
75-84	0.5	5	11	0	1	413,499
85 and older	0.5	5	10	0	1	288,528
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	5	11	0	1	918,188
Disabled	0.5	9	18	0	4	1,163,101
Adults	0.4	6	17	0	4	8,573
Children	0.9	15	17	0	0	243
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.5	7	15	0	3	1,336,826
Male	0.4	6	16	0	3	753,279
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	8	16	0	3	1,431,163
African American	0.4	6	13	0	1	504,371
Other/unknown	0.4	5	13	0	2	154,571
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	7	11	0	2	243,215
Part year	0.6	7	11	0	2	153,344
None	0.4	7	16	0	3	1,693,546
<b>Maintenance Assistance Status</b>						
Cash	0.4	7	15	0	3	864,327
Medically needy	0.5	9	16	0	3	106,891
Poverty related	0.2	5	20	0	2	70,892
Other/unknown	0.5	7	15	0	2	1,047,995

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 MICHIGAN, 2002

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>159,262</b>	<b>\$92</b>	<b>\$14,665,183</b>	<b>100.0 %</b>	<b>967,441</b>	<b>\$15</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	17	1,302	0.0	141	9	0.0
Cough and cold medications	9,613	203	1,947,676	13.3	29,367	66	3.0
Vitamins and minerals	38,009	81	3,087,678	21.1	238,733	13	24.7
Non-prescription drugs	61,293	41	2,498,739	17.0	381,590	7	39.4
Barbiturates	2,380	51	121,737	0.8	25,031	5	2.6
Benzodiazepines	43,939	121	5,326,536	36.3	277,751	19	28.7
Other Part D Excl Rx Drugs	3,953	425	1,681,515	11.5	14,828	113	1.5

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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, 2002

Total Number of Dual Eligible Beneficiaries                      202,743  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries      \$462,505,190  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary      \$2,281

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24,125	11.9 %	\$0	0.0 %
1-500	42,018	20.7	8,714,875	1.9
501-1,000	24,412	12.0	18,031,647	3.9
1,001-1,500	18,880	9.3	23,433,634	5.1
1,501-2,000	15,671	7.7	27,290,855	5.9
2,001-2,500	12,702	6.3	28,499,769	6.2
2,501-3,000	10,863	5.4	29,793,831	6.4
3,001-3,500	8,988	4.4	29,155,683	6.3
3,501-4,000	7,536	3.7	28,222,459	6.1
4,001-4,500	6,230	3.1	26,433,691	5.7
4,501-5,000	5,184	2.6	24,569,661	5.3
5,001-5,500	4,278	2.1	22,439,799	4.9
5,501-6,000	3,511	1.7	20,162,743	4.4
6,001-6,500	2,931	1.4	18,277,902	4.0
6,501-7,000	2,336	1.2	15,747,521	3.4
7,001-7,500	2,019	1.0	14,625,385	3.2
7,501-8,000	1,717	0.8	13,298,050	2.9
8,001-8,500	1,268	0.6	10,454,035	2.3
8,501-9,000	1,105	0.5	9,667,513	2.1
9,001-9,500	926	0.5	8,562,995	1.9
9,501-10,000	828	0.4	8,071,120	1.7
10,001+	5,215	2.6	77,052,022	16.7

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. 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 2002.

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, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65                                      86,305  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65                      \$232,724,242  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65                      \$2,697

Annual Pharmacy Reimbursement per Beneficiary	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	Age < 65		
\$0	11,091	12.9%	0	0.0%
1-500	19,360	22.4	3,687,844	1.6
501-1,000	8,950	10.4	6,573,646	2.8
1,001-1,500	6,765	7.8	8,393,681	3.6
1,501-2,000	5,475	6.3	9,533,206	4.1
2,001-2,500	4,378	5.1	9,838,403	4.2
2,501-3,000	3,844	4.5	10,542,622	4.5
3,001-3,500	3,314	3.8	10,759,424	4.6
3,501-4,000	2,911	3.4	10,910,747	4.7
4,001-4,500	2,525	2.9	10,718,486	4.6
4,501-5,000	2,242	2.6	10,629,983	4.6
5,001-5,500	1,901	2.2	9,974,520	4.3
5,501-6,000	1,705	2.0	9,792,933	4.2
6,001-6,500	1,511	1.8	9,425,077	4.0
6,501-7,000	1,281	1.5	8,645,157	3.7
7,001-7,500	1,167	1.4	8,454,168	3.6
7,501-8,000	978	1.1	7,577,083	3.3
8,001-8,500	823	1.0	6,786,244	2.9
8,501-9,000	696	0.8	6,093,649	2.6
9,001-9,500	622	0.7	5,754,583	2.5
9,501-10,000	603	0.7	5,879,465	2.5
10,001+	4,163	4.8	62,753,321	27.0

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. 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 2002.
- 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, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+	114,955
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$228,159,553
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,985

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,684	11.0%	0	0.0%
1-500	22,098	19.2	4,932,959	2.2
501-1,000	15,278	13.3	11,326,271	5.0
1,001-1,500	12,014	10.5	14,919,497	6.5
1,501-2,000	10,134	8.8	17,649,009	7.7
2,001-2,500	8,278	7.2	18,556,836	8.1
2,501-3,000	6,994	6.1	19,183,845	8.4
3,001-3,500	5,645	4.9	18,302,884	8.0
3,501-4,000	4,611	4.0	17,258,570	7.6
4,001-4,500	3,692	3.2	15,660,462	6.9
4,501-5,000	2,934	2.6	13,902,757	6.1
5,001-5,500	2,365	2.1	12,402,435	5.4
5,501-6,000	1,793	1.6	10,294,614	4.5
6,001-6,500	1,409	1.2	8,783,554	3.8
6,501-7,000	1,047	0.9	7,048,659	3.1
7,001-7,500	849	0.7	6,149,651	2.7
7,501-8,000	732	0.6	5,666,819	2.5
8,001-8,500	440	0.4	3,627,055	1.6
8,501-9,000	401	0.3	3,503,958	1.5
9,001-9,500	300	0.3	2,771,453	1.2
9,501-10,000	224	0.2	2,182,064	1.0
10,001+	1,033	0.9	14,036,201	6.2

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. 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 2002.

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, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74                    45,312  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74      \$96,442,407  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74      \$2,128

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,774	12.7 %	0	0.0 %
1-500	8,146	18.0	1,749,801	1.8
501-1,000	5,426	12.0	4,029,622	4.2
1,001-1,500	4,503	9.9	5,584,514	5.8
1,501-2,000	3,918	8.6	6,825,980	7.1
2,001-2,500	3,147	6.9	7,061,163	7.3
2,501-3,000	2,708	6.0	7,435,337	7.7
3,001-3,500	2,162	4.8	7,012,895	7.3
3,501-4,000	1,758	3.9	6,586,654	6.8
4,001-4,500	1,523	3.4	6,448,193	6.7
4,501-5,000	1,222	2.7	5,791,400	6.0
5,001-5,500	964	2.1	5,055,567	5.2
5,501-6,000	747	1.6	4,295,443	4.5
6,001-6,500	639	1.4	3,981,817	4.1
6,501-7,000	516	1.1	3,474,123	3.6
7,001-7,500	411	0.9	2,978,074	3.1
7,501-8,000	364	0.8	2,817,846	2.9
8,001-8,500	234	0.5	1,928,749	2.0
8,501-9,000	220	0.5	1,920,476	2.0
9,001-9,500	165	0.4	1,524,543	1.6
9,501-10,000	133	0.3	1,296,540	1.3
10,001+	632	1.4	8,643,670	9.0

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. 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 2002.  
 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, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 39,886  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$80,518,843  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,019

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			%		
\$0	4,376		11.0	0	0.0
1-500	7,183		18.0	1,636,778	2.0
501-1,000	5,189		13.0	3,859,837	4.8
1,001-1,500	4,162		10.4	5,181,398	6.4
1,501-2,000	3,581		9.0	6,236,494	7.7
2,001-2,500	2,955		7.4	6,614,188	8.2
2,501-3,000	2,495		6.3	6,842,708	8.5
3,001-3,500	2,052		5.1	6,648,566	8.3
3,501-4,000	1,746		4.4	6,537,903	8.1
4,001-4,500	1,391		3.5	5,908,868	7.3
4,501-5,000	1,056		2.6	5,004,917	6.2
5,001-5,500	865		2.2	4,533,258	5.6
5,501-6,000	666		1.7	3,818,783	4.7
6,001-6,500	523		1.3	3,263,557	4.1
6,501-7,000	347		0.9	2,333,256	2.9
7,001-7,500	291		0.7	2,107,968	2.6
7,501-8,000	259		0.6	2,005,411	2.5
8,001-8,500	149		0.4	1,228,224	1.5
8,501-9,000	139		0.3	1,215,519	1.5
9,001-9,500	104		0.3	960,711	1.2
9,501-10,000	68		0.2	661,659	0.8
10,001+	289		0.7	3,918,840	4.9

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. 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 2002.

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, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 29,757  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$51,198,303  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,721

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 8.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,534	8.5 %	0	0.0 %
1-500	6,769	22.7	1,546,380	3.0
501-1,000	4,663	15.7	3,436,812	6.7
1,001-1,500	3,349	11.3	4,153,585	8.1
1,501-2,000	2,635	8.9	4,586,535	9.0
2,001-2,500	2,176	7.3	4,881,485	9.5
2,501-3,000	1,791	6.0	4,905,800	9.6
3,001-3,500	1,431	4.8	4,641,423	9.1
3,501-4,000	1,107	3.7	4,134,013	8.1
4,001-4,500	778	2.6	3,303,401	6.5
4,501-5,000	656	2.2	3,106,440	6.1
5,001-5,500	536	1.8	2,813,610	5.5
5,501-6,000	380	1.3	2,180,388	4.3
6,001-6,500	247	0.8	1,538,180	3.0
6,501-7,000	184	0.6	1,241,280	2.4
7,001-7,500	147	0.5	1,063,609	2.1
7,501-8,000	109	0.4	843,562	1.6
8,001-8,500	57	0.2	470,082	0.9
8,501-9,000	42	0.1	367,963	0.7
9,001-9,500	31	0.1	286,199	0.6
9,501-10,000	23	0.1	223,865	0.4
10,001+	112	0.4	1,473,691	2.9

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. 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 2002.

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, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>207,106</b>	<b>91,075</b>	<b>113,950</b>	<b>2,021</b>	<b>60</b>	<b>2,193,918</b>	<b>921,498</b>	<b>1,255,336</b>	<b>16,610</b>	<b>474</b>	<b>0</b>
<b>Age</b>											
5 and younger	7	0	4	0	3	54	0	47	0	7	0
6-14	28	0	21	1	6	321	0	240	12	69	0
15-20	417	0	375	7	35	4,531	0	4,155	67	309	0
21-44	42,416	0	41,051	1,350	15	465,348	0	453,898	11,368	82	0
45-64	49,030	5	48,470	555	0	530,629	36	526,255	4,338	0	0
65-74	45,429	26,690	18,641	98	0	489,082	277,684	210,643	755	0	0
75-84	39,960	35,539	4,410	10	1	414,601	364,984	49,540	70	7	0
85 and older	29,819	28,841	978	0	0	289,352	278,794	10,558	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	130,809	67,843	61,763	1,178	25	1,394,083	694,658	689,195	10,025	205	0
Male	76,297	23,232	52,187	843	35	799,835	226,840	566,141	6,585	269	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	141,354	64,578	75,422	1,318	36	1,489,284	646,038	832,666	10,315	265	0
African American	50,553	17,501	32,440	590	22	544,762	183,049	356,119	5,400	194	0
Other/unknown	15,199	8,996	6,088	113	2	159,872	92,411	66,551	895	15	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	23,612	21,402	2,210	0	0	243,215	218,646	24,569	0	0	0
Part year	16,989	14,870	2,118	1	0	153,673	132,080	21,590	3	0	0
None	166,505	54,803	109,622	2,020	60	1,797,030	570,772	1,209,177	16,607	474	0
<b>Maintenance Assistance Status</b>											
Cash	79,680	20,147	59,029	503	1	914,963	227,577	682,571	4,808	7	0
Medically needy	13,792	7,397	5,365	996	34	112,969	61,057	44,297	7,384	231	0
Poverty related	7,154	3,032	3,981	132	9	72,218	30,707	40,462	981	68	0
Other/unknown	106,480	60,499	45,575	390	16	1,093,768	602,157	488,006	3,437	168	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	195,958	85,980	107,916	2,002	60	2,080,065	869,922	1,193,245	16,424	474	0
Full dual, part year	11,148	5,095	6,034	19	0	113,853	51,576	62,091	186	0	0
<b>Managed Care Status</b>											
FFS all year	191,766	90,509	100,273	960	24	2,026,949	915,403	1,104,990	6,372	184	0
FFS part year, with Rx claims	9,210	324	8,401	472	13	102,136	3,507	94,021	4,481	127	0
FFS part year, no Rx claims	1,767	76	1,575	112	4	18,246	685	16,494	1,036	31	0
MC all year, with Rx claims	2,193	12	1,858	318	5	24,212	137	20,711	3,305	59	0
MC all year, no Rx claims	2,170	154	1,843	159	14	22,375	1,766	19,120	1,416	73	0



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 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 2002. 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, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		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	No. of Benes	No. of Bene Mos
<b>All</b>	<b>207,106</b>	<b>2,193,918</b>	<b>202,743</b>	<b>2,090,105</b>	<b>0</b>	<b>103,813</b>		
FFS all year	191,766	2,026,949	191,766	2,026,949	0	0		
FFS part year, with Rx claims	9,210	102,136	9,210	54,920	0	47,216		
FFS part year, with no Rx claims	1,767	18,246	1,767	8,236	0	10,010		
MC all year, with Rx claims	2,193	24,212	0	0	0	24,212		
MC all year, with no Rx claims	2,170	22,375	0	0	0	22,375		

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. 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.