

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

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

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	709,624	3,256	66,716	190,576	449,076	0		3,162,320	21,233	378,966	765,111	1,997,010	0	
Age														
5 and younger	197,698	0	4,717	2,574	190,407	0		866,032	0	35,933	12,381	817,718	0	
6-14	199,014	0	10,378	2,547	186,089	0		924,028	0	71,993	11,295	840,740	0	
15-20	103,029	0	7,112	26,199	69,718	0		510,864	0	50,216	130,647	330,001	0	
21-44	169,912	0	20,153	147,104	2,655	0		682,470	0	100,712	573,678	8,080	0	
45-64	35,848	19	23,682	12,121	26	0		151,742	96	114,608	36,971	67	0	
65-74	1,611	1,026	562	22	1	0		12,807	8,087	4,603	114	3	0	
75-84	1,201	1,101	98	2	0	0		8,291	7,447	834	10	0	0	
85 and older	1,127	1,110	14	3	0	0		5,673	5,603	67	3	0	0	
Unknown	184	0	0	4	180	0		413	0	0	12	401	0	
Gender														
Female	407,233	2,178	32,063	153,043	219,949	0		1,813,956	13,903	182,269	647,157	970,627	0	
Male	302,391	1,078	34,653	37,533	229,127	0		1,348,364	7,330	196,697	117,954	1,026,383	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Race														
White	435,747	1,997	40,014	121,976	271,760	0		2,072,334	12,652	241,155	510,720	1,307,807	0	
African American	211,565	640	22,297	54,821	133,807	0		810,768	4,072	110,916	198,645	497,135	0	
Other/unknown	62,312	619	4,405	13,779	43,509	0		279,218	4,509	26,895	55,746	192,068	0	
Use of Nursing Facilities^c														
Entire year	1,332	316	1,012	4	0	0		14,189	3,168	10,986	35	0	0	
Part year	1,335	253	1,065	15	2	0		10,087	2,184	7,798	84	21	0	
None	706,957	2,687	64,639	190,557	449,074	0		3,138,044	15,881	360,182	764,992	1,996,989	0	
Maintenance Assistance Status														
Cash	145,137	660	44,115	38,281	62,081	0		636,448	6,258	276,266	146,509	207,415	0	
Medically needy	76,792	262	2,900	48,384	25,246	0		266,358	1,261	11,481	160,565	93,051	0	
Poverty-related	313,461	18	74	45,386	267,983	0		1,466,969	174	562	243,595	1,222,638	0	
Other/unknown	174,234	2,316	19,627	58,525	93,766	0		792,545	13,540	90,657	214,442	473,906	0	
Managed Care Status														
FFS all year	281,680	3,173	32,070	89,586	156,851	0		1,742,672	20,798	258,178	450,771	1,012,925	0	
FFS part year, with Rx claims	159,948	67	23,495	54,398	81,988	0		619,541	371	86,114	195,983	337,073	0	
FFS part year, no Rx claims	267,996	16	11,151	46,592	210,237	0		800,107	64	34,674	118,357	647,012	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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	40.2 %	3.4	\$180	\$53	\$2,007	9.0 %	709,624
Age							
5 and younger	34.6	1.3	45	35	1,645	2.7	197,698
6-14	30.0	2.1	140	65	1,019	13.7	199,014
15-20	41.2	3.1	182	59	1,597	11.4	103,029
21-44	53.3	4.6	232	51	2,513	9.2	169,912
45-64	62.8	15.3	835	55	7,885	10.6	35,848
65-74	57.5	17.2	767	45	3,861	19.9	1,611
75-84	48.8	22.0	862	39	5,852	14.7	1,201
85 and older	36.8	16.9	603	36	7,984	7.5	1,127
Unknown	0.0	0.0	0	0	0	0.0	184
Basis of Eligibility^c							
Aged	47.1	18.4	731	40	5,914	12.4	3,256
Disabled	64.6	15.3	1,048	69	8,926	11.7	66,716
Adults	52.1	3.4	127	38	1,914	6.6	190,576
Children	31.5	1.5	70	46	991	7.0	449,076
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	43.5	3.6	168	47	1,940	8.7	407,233
Male	35.9	3.1	196	64	2,097	9.4	302,391
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.0	4.1	216	53	2,004	10.8	435,747
African American	31.9	2.2	126	56	2,128	5.9	211,565
Other/unknown	35.7	2.3	113	49	1,620	7.0	62,312
Use of Nursing Facilities^d							
Entire year	94.3	75.5	3,466	46	50,657	6.8	1,332
Part year	94.0	55.4	2,485	45	38,070	6.5	1,335
None	40.0	3.1	169	54	1,847	9.2	706,957
Maintenance Assistance Status							
Cash	46.3	6.6	418	63	3,715	11.2	145,137
Medically needy	44.0	3.4	169	49	1,838	9.2	76,792
Poverty related	34.0	1.5	55	37	1,062	5.2	313,461
Other/unknown	44.7	4.1	211	52	2,359	9.0	174,234

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	0.8	\$40	9.0 %	59.8 %	28.2 %	4.6 %	4.4 %	1.9 %	1.2 %	\$450	709,624	3,162,320
Age												
5 and younger	0.3	10	2.7	65.4	31.0	2.4	1.1	0.1	0.0	375	197,698	866,032
6-14	0.5	30	13.7	70.0	22.2	3.1	2.9	1.0	0.7	219	199,014	924,028
15-20	0.6	37	11.4	58.8	31.2	4.7	3.6	1.1	0.5	322	103,029	510,864
21-44	1.1	58	9.2	46.7	32.7	7.8	7.6	3.1	2.1	626	169,912	682,470
45-64	3.6	197	10.6	37.2	17.0	9.6	16.6	11.6	8.0	1,863	35,848	151,742
65-74	2.2	97	19.9	42.5	21.4	9.6	16.7	7.3	2.5	486	1,611	12,807
75-84	3.2	125	14.7	51.2	11.5	5.5	16.5	11.4	3.9	848	1,201	8,291
85 and older	3.4	120	7.5	63.2	5.9	4.5	12.3	11.7	2.4	1,586	1,127	5,673
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	184	413
Basis of Eligibility^c												
Aged	2.8	112	12.4	52.9	13.3	6.4	15.0	9.7	2.8	907	3,256	21,233
Disabled	2.7	185	11.7	35.4	21.8	9.2	15.6	10.0	7.9	1,572	66,716	378,966
Adults	0.8	32	6.6	47.9	35.0	7.5	6.4	2.2	1.0	477	190,576	765,111
Children	0.3	16	7.0	68.5	26.3	2.7	1.8	0.5	0.2	223	449,076	1,997,010
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.8	38	8.7	56.5	30.6	5.0	4.6	2.0	1.3	436	407,233	1,813,956
Male	0.7	44	9.4	64.1	25.0	4.1	4.1	1.7	1.1	470	302,391	1,348,364
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	45	10.8	55.0	30.9	5.1	5.1	2.3	1.5	421	435,747	2,072,334
African American	0.6	33	5.9	68.1	22.7	3.9	3.3	1.3	0.7	555	211,565	810,768
Other/unknown	0.5	25	7.0	64.3	27.8	3.5	2.9	1.1	0.5	362	62,312	279,218
Use of Nursing Facilities^d												
Entire year	7.1	325	6.8	5.7	6.2	4.9	25.5	37.2	20.6	4,755	1,332	14,189
Part year	7.3	329	6.5	6.0	7.0	6.1	23.7	32.2	24.9	5,039	1,335	10,087
None	0.7	38	9.2	60.0	28.3	4.6	4.3	1.7	1.1	416	706,957	3,138,044
Maintenance Assistance Status												
Cash	1.5	95	11.2	53.7	25.5	6.1	7.4	4.1	3.3	847	145,137	636,448
Medically needy	1.0	49	9.2	56.0	25.5	7.2	7.4	2.8	1.3	530	76,792	266,358
Poverty related	0.3	12	5.2	66.0	29.4	2.6	1.5	0.4	0.2	227	313,461	1,466,969
Other/unknown	0.9	46	9.0	55.3	29.5	5.9	5.8	2.3	1.2	519	174,234	792,545

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a,b,c}
 NONDUAL 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
All	0.8	\$40	\$53	0.3	\$31	\$99	0.0	\$2	\$58	0.4	\$7	\$18
Age												
5 and younger	0.3	10	35	0.1	7	75	0.0	1	51	0.2	2	13
6-14	0.5	30	65	0.2	24	99	0.0	2	68	0.2	4	23
15-20	0.6	37	59	0.3	28	99	0.0	2	66	0.3	6	19
21-44	1.1	58	51	0.4	44	103	0.1	3	54	0.7	11	17
45-64	3.6	197	55	1.4	148	106	0.2	9	53	2.0	40	20
65-74	2.2	97	45	0.9	71	81	0.1	4	44	1.2	21	18
75-84	3.2	125	39	1.3	91	70	0.2	7	34	1.7	27	16
85 and older	3.4	120	36	1.3	86	66	0.2	7	32	1.9	28	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.8	112	40	1.2	82	71	0.2	6	36	1.5	24	16
Disabled	2.7	185	69	1.2	144	124	0.1	9	63	1.4	31	23
Adults	0.8	32	38	0.3	22	79	0.0	2	47	0.5	7	14
Children	0.3	16	46	0.1	12	79	0.0	1	62	0.2	3	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.8	38	47	0.3	28	89	0.0	2	54	0.5	8	17
Male	0.7	44	64	0.3	34	112	0.0	2	65	0.3	7	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	45	53	0.4	35	96	0.0	3	58	0.5	8	18
African American	0.6	33	56	0.2	25	113	0.0	2	60	0.3	7	20
Other/unknown	0.5	25	49	0.2	19	96	0.0	2	57	0.3	5	17
Use of Nursing Facilities^e												
Entire year	7.1	325	46	2.6	232	88	0.4	17	38	4.0	77	19
Part year	7.3	329	45	2.5	232	93	0.4	16	41	4.4	80	18
None	0.7	38	54	0.3	29	99	0.0	2	60	0.4	7	18
Maintenance Assistance												
Status												
Cash	1.5	95	63	0.6	73	117	0.1	5	63	0.8	17	21
Medically needy	1.0	49	49	0.4	37	95	0.0	2	55	0.6	9	17
Poverty related	0.3	12	37	0.1	8	69	0.0	1	52	0.2	2	14
Other/unknown	0.9	46	52	0.4	36	94	0.0	2	57	0.5	8	17

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Michigan, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$11	\$8	\$1	\$2	\$39	\$81	\$77	\$12	295,278	\$11,511,046	149,599	21.1 %	1,030,182
Biologicals	0.8	0.2	0.0	0.5	924	242	9	673	1183	1,081	256	1,288	474	560,677	68	0.0	607
Antineoplastic Agents	0.6	0.3	0.1	0.2	152	134	6	11	276	436	114	60	7,206	1,987,345	1,664	0.2	13,066
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	25	19	2	4	54	95	33	19	161,988	8,694,424	50,253	7.1	344,943
Cardiovascular Agents	1.0	0.3	0.1	0.7	31	19	2	10	31	65	35	15	190,788	5,836,033	28,929	4.1	185,477
Respiratory Agents	0.5	0.3	0.0	0.2	25	19	3	4	53	73	69	20	242,372	12,846,061	72,153	10.2	506,454
Gastrointestinal Agents	0.5	0.3	0.0	0.2	34	28	2	4	69	108	236	18	98,258	6,793,431	28,598	4.0	201,326
Genitourinary Agents	0.3	0.2	0.0	0.1	10	9	0	1	38	46	41	16	34,363	1,297,026	17,589	2.5	132,564
CNS Drugs	1.3	0.7	0.0	0.6	89	74	1	13	69	108	85	23	510,776	35,308,575	70,970	10.0	397,607
Stimulants/Anti-obesity/Anorexia	1.0	0.6	0.1	0.4	47	32	4	10	46	56	51	28	123,197	5,662,231	19,661	2.8	121,487
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	62	54	0	8	155	192	0	67	4,054	629,917	1,308	0.2	10,111
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	14	8	1	5	30	151	86	12	249,956	7,536,554	83,286	11.7	539,510
Neuromuscular Agents	1.1	0.6	0.1	0.4	67	54	3	9	63	92	49	22	214,428	13,405,670	32,210	4.5	201,297
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	12	15	11	12	76,409	923,270	34,803	4.9	254,302
Hematological Agents	0.6	0.2	0.1	0.3	167	145	3	19	301	803	55	59	31,858	9,582,459	7,850	1.1	57,470
Topical Products	0.3	0.1	0.0	0.2	7	3	1	3	25	52	60	15	142,156	3,623,362	76,918	10.8	551,725
Miscellaneous Products	0.4	0.2	0.0	0.2	51	37	8	6	132	196	301	33	10,601	1,399,230	3,289	0.5	27,468
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	22	0	0	0	4,008	89,462	2,351	0.3	18,277
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.	2,398,170	127,686,773	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Michigan, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Top 10 Drug Groups	Users					Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$11,333,409	14,075	2.0 %	117,313	0.7	\$145	\$97	
ANTIDEPRESSANTS	9,378,513	36,396	5.1	280,382	0.5	62	33	
ANTICONVULSANT	9,323,578	17,128	2.4	146,596	0.8	80	64	
ANTIASTHMATIC	6,794,957	60,634	8.5	441,334	0.3	49	15	
MISC. HEMATOLOGICAL	6,610,388	2,083	0.3	15,444	0.5	788	428	
ANALGESICS - Narcotic	4,704,257	69,047	9.7	469,692	0.3	30	10	
ULCER DRUGS	4,601,220	26,396	3.7	188,689	0.4	67	24	
MISC. ENDOCRINE	3,961,044	3,190	0.4	28,716	0.5	276	138	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,921,638	12,735	1.8	110,655	0.7	53	35	
ANTIHISTAMINES	3,243,058	38,970	5.5	294,088	0.3	43	11	
Total	63,872,062	280,654		2,092,909	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	883,109	\$63,872,062	14,075	2.0 %	117,313	0.7	\$97	36,396	5.1 %	280,382	0.5	\$33
Female	490,321	30,041,616	6,986	1.7	56,219	0.6	83	24,422	6.0	181,766	0.5	33
Disabled	214,636	16,088,492	3,531	11.0	28,964	0.7	105	7,494	23.4	61,632	0.6	40
5 and younger	5,636	386,873	4	0.2	44	0.6	84	12	0.6	130	0.3	11
6-14	17,728	1,747,712	220	5.9	2,230	0.6	85	322	8.6	3,238	0.5	26
15-20	15,326	1,336,421	305	10.8	2,919	0.7	91	452	15.9	4,454	0.6	36
21-44	63,028	4,845,274	1,419	14.2	10,787	0.7	108	2,761	27.7	21,012	0.6	41
45-64	110,742	7,632,414	1,541	11.7	12,512	0.8	108	3,902	29.7	32,375	0.7	43
65-74	1,738	111,080	30	8.0	332	0.9	129	38	10.2	363	0.6	23
75-84	409	26,987	12	19.7	140	0.8	73	7	11.5	60	0.5	32
85 and older	29	1,731	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	275,685	13,953,124	3,455	0.9	27,255	0.5	60	16,928	4.5	120,134	0.5	30
5 and younger	20,816	890,967	40	0.0	339	0.4	62	73	0.1	657	0.3	9
6-14	53,957	3,457,720	680	0.7	6,497	0.6	80	1,676	1.8	15,602	0.5	26
15-20	50,462	2,820,354	1,019	1.8	9,190	0.5	65	3,593	6.3	30,798	0.4	28
21-44	126,118	5,454,966	1,420	1.2	8,687	0.4	40	10,288	8.5	64,472	0.4	31
45-64	13,016	701,722	113	1.5	660	0.5	61	975	13.0	5,339	0.6	43
65-74	2,632	159,045	40	6.6	426	0.6	77	67	11.1	719	0.5	28
75-84	4,860	263,526	68	9.0	705	0.6	51	136	18.1	1,409	0.6	28
85 and older	3,824	204,824	75	9.1	751	0.6	58	120	14.6	1,138	0.7	34
Male	392,788	33,830,446	7,089	2.3	61,094	0.7	109	11,974	4.0	98,616	0.6	34
Disabled	181,413	19,203,994	3,891	11.2	32,315	0.8	123	4,891	14.1	41,316	0.6	37
5 and younger	9,877	1,427,087	29	1.1	306	0.5	62	37	1.4	366	0.3	10
6-14	39,031	5,251,195	744	11.2	7,383	0.7	103	836	12.6	8,335	0.6	31
15-20	25,748	3,370,515	699	16.3	6,808	0.7	116	704	16.5	7,135	0.6	39
21-44	46,678	4,627,750	1,406	13.8	9,864	0.8	146	1,520	14.9	11,041	0.6	39
45-64	58,546	4,427,209	994	9.4	7,757	0.8	121	1,771	16.8	14,196	0.6	39
65-74	1,270	88,040	17	9.0	173	1.2	200	17	9.0	174	0.9	57
75-84	246	10,801	2	5.4	24	1.0	14	6	16.2	69	0.7	30
85 and older	17	1,397	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	211,375	14,626,452	3,198	1.2	28,779	0.7	93	7,083	2.6	57,300	0.5	31
5 and younger	31,649	1,450,822	93	0.1	876	0.3	34	133	0.1	1,191	0.3	9
6-14	100,481	7,583,941	1,532	1.6	14,830	0.7	97	2,840	3.0	26,663	0.5	29
15-20	44,354	3,685,252	1,125	2.9	10,456	0.7	98	2,072	5.3	18,535	0.6	36
21-44	23,764	1,213,018	298	1.0	1,462	0.5	83	1,573	5.4	7,915	0.5	33
45-64	5,875	396,365	55	1.2	257	0.4	43	326	7.0	1,594	0.6	35
65-74	1,767	119,448	23	5.2	257	0.7	109	40	9.0	433	0.6	34
75-84	1,865	104,560	38	10.9	308	0.6	54	52	14.9	508	0.6	36
85 and older	1,620	73,046	34	11.7	333	0.6	31	47	16.2	461	0.6	22
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K 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 (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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					MISC. HEMATOLOGICAL				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx
All	17,128	2.4 %	146,596	\$64	0.8	60,634	8.5 %	441,334	\$15	0.3	2,083	0.3 %	15,444	\$428	0.5
Female	9,354	2.3	77,413	62	0.8	32,662	8.0	233,660	15	0.3	1,142	0.3	8,421	54	0.5
Disabled	5,244	16.4	47,637	72	0.9	7,985	24.9	64,992	22	0.4	823	2.6	6,167	59	0.6
5 and younger	190	9.6	2,070	62	0.7	830	41.8	8,485	15	0.3	0	0.0	0	0	0.0
6-14	634	17.0	6,825	81	0.8	758	20.4	7,820	19	0.3	1	0.0	12	9	0.1
15-20	536	18.9	5,687	73	0.8	471	16.6	4,947	19	0.4	2	0.1	24	26	0.4
21-44	1,912	19.2	16,067	79	0.9	1,884	18.9	13,888	20	0.4	92	0.9	704	36	0.5
45-64	1,945	14.8	16,695	64	0.9	3,973	30.3	29,211	25	0.5	693	5.3	5,057	63	0.6
65-74	23	6.1	245	41	0.8	59	15.8	536	18	0.4	26	7.0	279	29	0.4
75-84	4	6.6	48	21	0.8	10	16.4	105	13	0.3	8	13.1	79	90	0.3
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	20.0	12	73	1.1
Other Eligibles	4,110	1.1	29,776	47	0.6	24,677	6.6	168,668	13	0.3	319	0.1	2,254	42	0.5
5 and younger	193	0.2	1,649	43	0.5	6,585	7.0	45,637	10	0.2	0	0.0	0	0	0.0
6-14	658	0.7	6,101	51	0.7	5,208	5.6	39,893	14	0.3	4	0.0	38	95	0.1
15-20	816	1.4	6,903	51	0.6	3,716	6.5	29,017	12	0.3	7	0.0	54	22	0.3
21-44	2,053	1.7	12,407	44	0.6	8,048	6.7	47,268	13	0.3	97	0.1	444	40	0.4
45-64	251	3.3	1,343	46	0.7	805	10.7	3,734	22	0.4	78	1.0	338	48	0.5
65-74	34	5.6	357	42	0.8	89	14.7	871	17	0.4	30	5.0	306	41	0.5
75-84	72	9.6	704	30	0.7	153	20.3	1,568	23	0.4	59	7.8	598	33	0.4
85 and older	33	4.0	312	32	0.9	73	8.9	680	18	0.5	44	5.4	476	52	0.6
Male	7,774	2.6	69,183	65	0.8	27,972	9.3	207,674	16	0.3	941	0.3	7,023	876	0.6
Disabled	5,009	14.5	46,754	72	0.9	6,466	18.7	55,887	22	0.4	678	2.0	5,159	932	0.6
5 and younger	304	11.1	3,351	55	0.7	1,296	47.5	13,691	21	0.3	10	0.4	117	6,194	0.5
6-14	973	14.6	10,289	64	0.8	1,476	22.2	14,845	21	0.4	24	0.4	283	7,034	0.7
15-20	749	17.5	7,853	79	0.9	581	13.6	5,956	18	0.4	10	0.2	105	9,714	1.0
21-44	1,706	16.7	14,199	85	1.0	931	9.1	6,617	19	0.4	71	0.7	511	1,013	0.5
45-64	1,262	11.9	10,923	63	0.9	2,128	20.1	14,266	26	0.5	545	5.2	3,939	138	0.6
65-74	12	6.4	110	43	1.0	41	21.8	389	25	0.6	13	6.9	147	54	0.6
75-84	3	8.1	29	15	0.8	12	32.4	111	22	0.4	5	13.5	57	40	0.5
85 and older	0	0.0	0	0	0.0	1	11.1	12	27	0.4	0	0.0	0	0	0.0
Other Eligibles	2,765	1.0	22,429	51	0.7	21,506	8.0	151,787	14	0.3	263	0.1	1,864	723	0.5
5 and younger	235	0.2	1,965	46	0.6	10,332	10.5	70,991	12	0.3	6	0.0	59	999	0.3
6-14	1,017	1.1	9,681	49	0.7	7,210	7.5	54,421	15	0.3	16	0.0	178	4,552	0.6
15-20	755	1.9	6,724	60	0.7	2,311	6.0	18,085	13	0.3	7	0.0	59	7,030	0.7
21-44	576	2.0	2,860	46	0.6	1,154	4.0	5,003	18	0.4	66	0.2	250	48	0.5
45-64	113	2.4	531	51	0.6	339	7.3	1,664	28	0.5	80	1.7	430	39	0.4
65-74	21	4.7	221	37	0.7	70	15.8	661	16	0.3	31	7.0	312	33	0.4
75-84	27	7.7	252	20	0.7	52	14.9	531	15	0.3	31	8.9	330	32	0.4
85 and older	21	7.2	195	18	0.8	38	13.1	431	12	0.4	26	8.9	246	59	0.8
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table ND7B Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 (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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic				ULCER DRUGS				MISC. ENDOCRINE						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	69,047	9.7 %	469,692	0.3	\$10	26,396	3.7 %	188,689	0.4	\$24	3,190	0.4 %	28,716	0.5	\$136
Female	49,950	12.3	344,455	0.3	9	17,179	4.2	122,404	0.3	24	1,756	0.4	15,406	0.5	116
Disabled	10,865	33.9	81,590	0.5	23	6,276	19.6	49,658	0.5	34	960	3.0	8,653	0.5	126
5 and younger	138	6.9	1,495	0.1	1	238	12.0	2,552	0.4	19	32	1.6	359	0.6	148
6-14	310	8.3	3,351	0.2	2	252	6.8	2,780	0.4	32	113	3.0	1,198	0.7	411
15-20	464	16.4	4,754	0.2	4	277	9.8	2,922	0.4	25	56	2.0	599	0.6	374
21-44	3,802	38.2	26,766	0.5	22	1,701	17.1	12,751	0.4	32	133	1.3	1,248	0.5	83
45-64	6,051	46.1	44,233	0.6	28	3,729	28.4	27,873	0.5	37	607	4.6	5,051	0.5	41
65-74	80	21.4	773	0.3	5	65	17.4	626	0.4	28	18	4.8	186	0.6	37
75-84	18	29.5	194	0.3	6	13	21.3	142	0.5	20	1	1.6	12	0.2	10
85 and older	2	40.0	24	0.3	2	1	20.0	12	0.8	68	0	0.0	0	0.0	0
Other Eligibles	39,085	10.4	262,865	0.3	4	10,903	2.9	72,746	0.3	17	796	0.2	6,753	0.4	103
5 and younger	676	0.7	5,782	0.1	1	1,266	1.3	7,937	0.3	10	33	0.0	252	0.4	138
6-14	1,706	1.8	14,388	0.1	1	802	0.9	6,870	0.2	13	403	0.4	3,435	0.4	144
15-20	6,982	12.2	54,547	0.2	2	1,670	2.9	13,340	0.2	11	77	0.1	772	0.4	133
21-44	27,562	22.8	175,137	0.3	5	5,896	4.9	35,842	0.3	18	87	0.1	585	0.4	40
45-64	1,691	22.5	8,235	0.5	11	799	10.7	3,932	0.4	32	58	0.8	281	0.4	26
65-74	136	22.4	1,452	0.3	4	149	24.6	1,572	0.3	26	47	7.8	476	0.4	23
75-84	186	24.7	1,886	0.5	14	194	25.8	1,983	0.5	32	56	7.4	590	0.5	25
85 and older	146	17.8	1,438	0.5	14	127	15.5	1,270	0.5	34	35	4.3	362	0.5	22
Male	19,097	6.3	125,237	0.4	14	9,217	3.0	66,285	0.4	26	1,434	0.5	13,310	0.5	164
Disabled	7,318	21.1	52,622	0.5	22	4,342	12.5	35,241	0.5	32	473	1.4	4,663	0.6	215
5 and younger	197	7.2	2,184	0.1	1	345	12.6	3,713	0.4	23	35	1.3	388	0.6	183
6-14	466	7.0	5,008	0.2	2	370	5.6	4,081	0.4	30	193	2.9	2,014	0.6	296
15-20	541	12.6	5,460	0.2	3	312	7.3	3,413	0.4	24	75	1.8	760	0.7	324
21-44	2,479	24.3	15,964	0.5	27	1,181	11.6	8,846	0.4	34	84	0.8	775	0.6	66
45-64	3,579	33.9	23,476	0.6	30	2,082	19.7	14,708	0.5	35	80	0.8	654	0.5	56
65-74	51	27.1	472	0.5	15	44	23.4	394	0.5	29	5	2.7	60	0.4	26
75-84	4	10.8	46	0.5	18	8	21.6	86	0.4	15	1	2.7	12	1.0	63
85 and older	1	11.1	12	1.0	90	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	11,779	4.4	72,615	0.3	8	4,875	1.8	31,044	0.3	19	961	0.4	8,647	0.5	136
5 and younger	1,077	1.1	9,099	0.1	1	1,555	1.6	9,850	0.3	11	45	0.0	364	0.4	97
6-14	1,815	1.9	15,577	0.1	1	662	0.7	5,691	0.3	19	721	0.8	6,434	0.5	136
15-20	2,408	6.2	17,911	0.2	2	647	1.7	5,346	0.2	13	130	0.3	1,304	0.6	184
21-44	5,368	18.6	23,856	0.5	15	1,367	4.7	6,170	0.3	28	18	0.1	76	0.4	63
45-64	904	19.4	4,043	0.6	36	446	9.6	2,014	0.4	34	7	0.2	39	0.4	211
65-74	85	19.2	904	0.4	11	82	18.5	862	0.4	31	13	2.9	151	0.5	33
75-84	65	18.6	691	0.6	32	66	18.9	672	0.4	28	10	2.9	103	0.5	18
85 and older	57	19.6	534	0.5	13	50	17.2	439	0.6	38	17	5.8	176	0.4	22
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C
 Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 (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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS				ANTIHISTAMINES							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	12,735	1.8%	110,655	0.7	\$35	38,970	5.5%	294,088	0.3	\$11	709,624	3,162,320
Female	3,537	0.9	30,550	0.6	33	23,336	5.7	172,475	0.3	11	407,154	1,813,766
Disabled	566	1.8	5,333	0.7	37	4,320	13.5	36,737	0.3	15	32,063	182,269
5 and younger	17	0.9	149	0.4	41	243	12.2	2,651	0.2	6	1,987	15,474
6-14	337	9.0	3,290	0.7	33	527	14.2	5,492	0.3	14	3,724	27,061
15-20	104	3.7	1,041	0.7	38	345	12.2	3,527	0.3	14	2,834	20,024
21-44	63	0.6	458	0.7	51	1,307	13.1	10,246	0.3	14	9,959	50,412
45-64	45	0.3	395	0.5	46	1,853	14.1	14,340	0.4	19	13,119	65,573
65-74	0	0.0	0	0.0	0	34	9.1	366	0.3	10	374	3,167
75-84	0	0.0	0	0.0	0	11	18.0	115	0.3	11	61	526
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	32
Other Eligibles	2,971	0.8	25,217	0.6	33	19,016	5.1	135,738	0.2	10	375,091	1,631,497
5 and younger	114	0.1	960	0.4	57	3,613	3.8	25,702	0.2	6	94,483	404,898
6-14	2,200	2.4	18,806	0.6	31	5,113	5.5	39,652	0.2	12	92,883	416,358
15-20	477	0.8	4,271	0.6	31	3,051	5.3	24,591	0.2	9	57,158	276,235
21-44	160	0.1	1,051	0.6	42	6,471	5.4	40,641	0.2	10	120,886	496,908
45-64	19	0.3	118	1.0	56	548	7.3	2,764	0.3	15	7,500	23,219
65-74	0	0.0	0	0.0	0	93	15.3	1,019	0.2	7	606	4,835
75-84	1	0.1	11	0.1	1	77	10.2	820	0.2	10	753	5,174
85 and older	0	0.0	0	0.0	0	50	6.1	549	0.3	9	822	3,870
Male	9,198	3.0	80,105	0.7	36	15,634	5.2	121,613	0.3	11	302,286	1,348,141
Disabled	1,673	4.8	15,888	0.7	39	3,260	9.4	29,666	0.3	14	34,653	196,697
5 and younger	56	2.1	582	0.4	30	413	15.1	4,442	0.2	8	2,730	20,459
6-14	1,175	17.7	11,005	0.8	39	879	13.2	9,023	0.3	13	6,654	44,932
15-20	349	8.2	3,531	0.8	41	390	9.1	4,056	0.3	15	4,278	30,192
21-44	69	0.7	545	0.6	31	731	7.2	5,723	0.4	19	10,194	50,300
45-64	24	0.2	225	0.6	50	825	7.8	6,219	0.3	15	10,563	49,035
65-74	0	0.0	0	0.0	0	17	9.0	164	0.3	8	188	1,436
75-84	0	0.0	0	0.0	0	5	13.5	39	0.2	8	37	308
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	35
Other Eligibles	7,525	2.8	64,217	0.7	36	12,374	4.6	91,947	0.2	10	267,633	1,151,444
5 and younger	285	0.3	2,522	0.4	30	4,317	4.4	31,004	0.2	6	98,498	425,201
6-14	5,887	6.1	49,674	0.7	35	5,496	5.7	42,942	0.3	13	95,753	435,677
15-20	1,279	3.3	11,628	0.7	38	1,543	4.0	12,779	0.2	12	38,759	184,413
21-44	59	0.2	291	0.7	57	728	2.5	3,275	0.3	14	28,873	84,850
45-64	13	0.3	78	0.6	34	198	4.2	949	0.3	14	4,666	13,915
65-74	1	0.2	12	1.2	266	35	7.9	378	0.3	10	443	3,369
75-84	1	0.3	12	0.1	1	33	9.4	362	0.2	11	350	2,283
85 and older	0	0.0	0	0.0	0	24	8.2	258	0.2	8	291	1,736
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	184	413

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 (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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$325	7.1	1,332	14,189
Age				
0-64	357	7.4	998	10,839
65-74	299	6.8	49	490
75-84	244	6.3	108	1,048
85 and older	191	5.5	177	1,812
Unknown	0	0.0	0	0
Gender				
Female	350	7.6	767	8,182
Male	292	6.4	565	6,007
Unknown	0	0.0	0	0
Race				
White	345	7.5	781	8,245
African American	300	6.5	447	4,809
Other/unknown	288	6.5	104	1,135
Basis of Eligibility^c				
Aged	222	5.9	316	3,168
Disabled	356	7.4	1,012	10,986
Adults	145	3.5	4	35
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$38	\$31	\$3	\$4	\$96	\$130	\$106	\$23	3,987	\$344,266	827	62.1 %	9,165
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.2	0.2	0.2	100	67	21	12	209	428	124	78	604	126,235	115	8.6	1,268
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.6	42	29	3	10	33	59	25	15	7,939	264,587	577	43.3	6,287
Cardiovascular Agents	2.2	0.5	0.2	1.5	57	26	7	24	26	54	31	16	19,771	510,277	848	63.7	9,027
Respiratory Agents	0.8	0.3	0.1	0.4	30	16	5	9	37	59	56	21	4,364	163,440	497	37.3	5,440
Gastrointestinal Agents	1.1	0.5	0.0	0.6	54	43	0	11	50	90	50	18	7,987	398,596	688	51.7	7,340
Genitourinary Agents	0.6	0.4	0.0	0.3	27	23	0	4	44	65	11	16	2,214	98,031	323	24.2	3,589
CNS Drugs	1.7	0.9	0.0	0.7	113	92	1	20	68	100	43	27	17,136	1,159,003	938	70.4	10,239
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	80	75	0	4	137	216	0	18	25	3,420	4	0.3	43
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	97	97	0	0	138	138	0	111	840	115,860	113	8.5	1,198
Analgesics and Anesthetics	1.4	0.4	0.0	0.9	52	39	1	11	37	93	35	12	9,608	358,895	650	48.8	6,933
Neuromuscular Agents	1.7	0.6	0.1	1.0	79	50	4	26	48	79	56	27	12,487	594,176	680	51.1	7,502
Nutritional Products	0.8	0.0	0.1	0.6	13	0	2	11	17	19	12	18	2,895	47,800	348	26.1	3,803
Hematological Agents	1.1	0.4	0.1	0.6	58	49	2	7	52	129	16	12	5,187	269,704	434	32.6	4,662
Topical Products	0.6	0.2	0.1	0.4	17	8	2	7	30	53	39	19	4,946	147,748	772	58.0	8,560
Miscellaneous Products	0.3	0.0	0.0	0.3	7	3	0	4	25	129	0	16	405	9,931	135	10.1	1,486
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	37	0	0	0	111	4,089	48	3.6	520
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.	100,506	4,616,058	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In Michigan, 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL 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	\$641,133	571	42.9 %	6,335	0.8	\$123	\$101
ANTICONVULSANT	491,157	702	52.7	7,830	1.2	53	63
ANTIDEPRESSANTS	443,519	870	65.3	9,630	0.8	58	46
ULCER DRUGS	331,659	686	51.5	7,365	0.7	63	45
ANALGESICS - Narcotic	250,347	709	53.2	7,523	0.9	36	33
ANTIDIABETIC	203,960	550	41.3	5,998	0.9	39	34
ANTIHYPERTENSIVE	170,570	614	46.1	6,687	0.8	30	26
MISC. HEMATOLOGICAL	145,689	202	15.2	2,194	0.8	84	66
DERMATOLOGICAL	133,081	1,635	122.7	18,495	0.3	26	7
ANTINEOPLASTICS	126,215	118	8.9	1,304	0.5	209	97
Total	2,937,330	6,657		73,361	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 (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 ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among	Mean No. of Rx
			571	42.9 %	6,335												
All	52,530	\$2,937,330	571	42.9 %	6,335	0.8	\$101	702	52.7 %	7,630	1.2	\$63					
Female	31,632	1,789,172	345	45.0	3,875	0.9	103	397	51.8	4,435	1.2	67					
Disabled	25,861	1,511,350	255	45.2	2,918	0.9	115	351	62.2	3,984	1.2	69					
64 or younger	25,530	1,498,637	252	45.5	2,888	0.9	116	347	62.6	3,936	1.2	70					
65-74	224	9,411	3	37.5	30	0.5	24	3	37.5	36	1.3	56					
75-84	107	3,302	0	0.0	0	0.0	0	1	50.0	12	1.2	38					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	5,771	277,822	90	44.3	957	0.7	68	46	22.7	451	1.1	44					
64 or younger	7	131	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	673	38,270	15	88.2	166	0.8	92	7	41.2	76	1.3	59					
75-84	2,075	99,356	27	40.9	274	0.8	77	21	31.8	202	1.0	47					
85 and older	3,016	140,065	48	40.7	517	0.6	55	18	15.3	173	1.1	34					
Male	20,898	1,148,158	226	40.0	2,460	0.8	98	305	54.0	3,395	1.2	57					
Disabled	17,853	1,004,929	181	40.4	2,016	0.8	109	279	62.3	3,138	1.2	59					
64 or younger	17,606	991,036	179	40.6	1,992	0.8	109	278	63.0	3,133	1.2	59					
65-74	247	13,893	2	28.6	24	1.3	86	1	14.3	5	0.4	13					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	3,045	143,229	45	38.5	444	0.7	47	26	22.2	257	1.0	34					
64 or younger	28	769	1	100.0	12	0.4	21	0	0.0	0	0.0	0					
65-74	682	34,759	8	47.1	89	0.7	77	5	29.4	50	1.2	78					
75-84	1,056	57,325	19	47.5	155	0.6	46	12	30.0	103	1.0	26					
85 and older	1,279	50,376	17	28.8	188	0.7	35	9	15.3	104	0.9	22					
Unknown	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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 (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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						ANALGESICS - Narcotic						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	
All	870	9,630	0.8	686	7,365	0.7	686	7,365	0.7	686	7,365	0.7	709	7,523	0.9	709	7,523	0.9	\$33
Female																			
Disabled																			
64 or younger	420	4,765	0.8	326	3,586	0.7	326	3,586	0.7	326	3,586	0.7	352	3,888	1.0	352	3,888	1.0	35
65-74	416	4,723	0.8	324	3,562	0.7	324	3,562	0.7	324	3,562	0.7	349	3,852	1.0	349	3,852	1.0	35
75-84	4	42	0.7	2	24	1.0	2	24	1.0	2	24	1.0	61	0	0.0	61	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	36	0.6	3	36	0.6	23
Other Eligibles																			
64 or younger	131	1,363	0.7	97	987	0.7	97	987	0.7	97	987	0.7	101	1,009	0.6	101	1,009	0.6	21
65-74	13	150	0.9	9	100	0.8	9	100	0.8	9	100	0.8	4	42	0.2	4	42	0.2	3
75-84	48	475	0.7	38	357	0.7	38	357	0.7	38	357	0.7	34	302	0.7	34	302	0.7	7
85 and older	69	730	0.7	49	522	0.7	49	522	0.7	49	522	0.7	62	657	0.6	62	657	0.6	19
Male																			
Disabled																			
64 or younger	269	2,987	0.8	217	2,324	0.7	217	2,324	0.7	217	2,324	0.7	205	2,093	1.0	205	2,093	1.0	32
65-74	268	2,975	0.8	213	2,283	0.7	213	2,283	0.7	213	2,283	0.7	202	2,068	1.0	202	2,068	1.0	31
75-84	1	12	0.8	4	41	0.8	4	41	0.8	4	41	0.8	3	25	2.3	3	25	2.3	160
85 and older	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
Other Eligibles																			
64 or younger	50	515	0.8	46	468	0.7	46	468	0.7	46	468	0.7	51	533	0.9	51	533	0.9	47
65-74	10	111	1.1	7	66	0.8	7	66	0.8	7	66	0.8	11	105	1.2	11	105	1.2	36
75-84	17	161	0.9	18	171	0.7	18	171	0.7	18	171	0.7	16	167	1.3	16	167	1.3	103
85 and older	20	207	0.6	19	207	0.8	19	207	0.8	19	207	0.8	23	249	0.6	23	249	0.6	18
Unknown	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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 (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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					MISC. HEMATOLOGICAL							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	550	5,998	0.9	\$34	0.9	614	6,687	0.8	\$26	0.8	202	2,194	0.8	\$66				
Female																		
Disabled																		
64 or younger	268	3,001	0.9	35	0.9	246	2,725	0.8	26	0.8	80	897	0.8	70				
65-74	4	48	1.2	38	1.2	4	42	1.0	35	1.0	0	0	0.0	0				
75-84	1	12	1.1	21	1.1	0	0	0.0	0	0.0	0	0	0.0	0				
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0				
Other Eligibles																		
64 or younger	11	110	0.9	38	0.9	9	94	0.9	27	0.9	3	36	0.7	45				
75-84	36	357	0.8	31	0.8	44	416	0.8	19	0.8	11	96	0.8	40				
85 and older	31	334	0.8	26	0.8	48	518	0.8	18	0.8	20	223	0.8	65				
Male																		
Disabled																		
64 or younger	162	1,806	0.9	35	0.9	212	2,374	0.9	29	0.9	71	783	0.8	69				
65-74	5	32	0.4	11	0.4	6	61	0.9	39	0.9	2	17	0.9	34				
75-84	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0				
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0				
Other Eligibles																		
64 or younger	37	358	0.9	30	0.9	49	499	0.8	18	0.8	15	142	0.8	59				
65-74	8	66	1.2	54	1.2	13	117	0.9	24	0.9	2	24	1.0	69				
75-84	17	158	0.7	21	0.7	15	142	0.7	16	0.7	4	28	0.6	50				
85 and older	12	134	0.9	29	0.9	21	240	0.8	16	0.8	9	90	0.9	58				
Unknown	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 (May 13 2003).
- 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	DERMATOLOGICAL					ANTINEOPLASTICS					Mean Rx\$	Mean No. of Rx	All-Year NF Residents	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		Users as %		Users as %		Mean Rx\$	Mean No. of Rx	All-Year NF Residents	All-Year NF Residents					
	No. of Users	No. of Users	No. of Users	No. of Users	No. of Users	No. of Users									
All	1,635	122.7 %	18,495	0.3	\$7	118	8.9 %	1,304	0.5	\$97	1,332	14,189			
Female	949	123.7	10,798	0.3	7	59	7.7	645	0.4	114	767	8,182			
Disabled	752	133.3	8,623	0.3	7	41	7.3	468	0.5	147	564	6,176			
64 or younger	741	133.8	8,491	0.3	7	41	7.4	468	0.5	147	554	6,070			
65-74	4	50.0	48	0.2	3	0	0.0	0	0.0	0	8	82			
75-84	7	350.0	84	0.7	21	0	0.0	0	0.0	0	2	24			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
Other Eligibles	197	97.0	2,175	0.2	5	18	8.9	177	0.3	25	203	2,006			
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	20			
65-74	8	47.1	96	0.2	3	1	5.9	12	0.1	10	17	163			
75-84	55	83.3	553	0.3	7	9	13.6	85	0.3	28	66	638			
85 and older	134	113.6	1,526	0.2	5	8	6.8	80	0.3	25	118	1,185			
Male	686	121.4	7,697	0.3	8	59	10.4	659	0.5	80	565	6,007			
Disabled	568	126.8	6,368	0.3	8	41	9.2	466	0.6	95	448	4,810			
64 or younger	557	126.3	6,251	0.3	8	39	8.8	442	0.6	98	441	4,737			
65-74	11	157.1	117	0.2	4	2	28.6	24	0.6	44	7	73			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
Other Eligibles	118	100.9	1,329	0.3	7	18	15.4	193	0.4	44	117	1,197			
64 or younger	1	100.0	12	0.5	10	0	0.0	0	0.0	0	1	12			
65-74	22	129.4	236	0.2	6	2	11.8	24	0.1	6	17	172			
75-84	32	80.0	351	0.3	7	8	20.0	85	0.4	51	40	386			
85 and older	63	106.8	730	0.3	7	8	13.6	84	0.4	48	59	627			
Unknown	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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,335 beneficiaries who were in nursing facilities for part of their enrollment and their 10,087 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 (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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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		Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
			Excl Rx	Bene						
All	66,850	9.4 %	0.3	239,393	\$6	\$4,460,014	\$19	3.5 %	709,624	
Age										
5 and younger	12,259	6.2	0.1	25,684	3	551,343	21	6.2	197,698	
6-14	6,394	3.2	0.1	20,650	4	792,398	38	2.8	199,014	
15-20	8,744	8.5	0.2	22,512	5	551,161	24	2.9	103,029	
21-44	27,659	16.3	0.6	95,843	9	1,544,806	16	3.9	169,912	
45-64	10,739	30.0	1.9	66,496	26	936,138	14	3.1	35,848	
65-74	452	28.1	2.1	3,367	19	31,229	9	2.5	1,611	
75-84	335	27.9	2.4	2,900	26	31,098	11	3.0	1,201	
85 and older	268	23.8	1.7	1,941	19	21,841	11	3.2	1,127	
Unknown	0	0.0	0.0	0	0	0	0	0.0	184	
Basis of Eligibility^c										
Aged	839	25.8	2.0	6,431	21	66,800	10	2.8	3,256	
Disabled	18,404	27.6	1.8	122,237	38	2,535,410	21	3.6	66,716	
Adults	27,983	14.7	0.4	72,466	6	1,055,221	15	4.4	190,576	
Children	19,624	4.4	0.1	38,259	2	802,583	21	2.6	449,076	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	45,938	11.3	0.4	159,599	7	2,763,141	17	4.0	407,233	
Male	20,912	6.9	0.3	79,794	6	1,696,873	21	2.9	302,391	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	43,421	10.0	0.4	172,765	8	3,288,846	19	3.5	435,747	
African American	17,743	8.4	0.2	50,957	4	837,231	16	3.1	211,565	
Other/unknown	5,686	9.1	0.3	15,671	5	333,937	21	4.7	62,312	
Use of Nursing Facilities^d										
Entire year	928	69.7	7.9	10,553	109	144,704	14	3.1	1,332	
Part year	969	72.6	6.7	8,969	102	135,761	15	4.1	1,335	
None	64,953	9.2	0.3	219,871	6	4,179,549	19	3.5	706,957	
Maintenance Assistance Status										
Cash	22,681	15.6	0.8	115,989	16	2,302,667	20	3.8	145,137	
Medically needy	8,797	11.5	0.4	27,598	6	433,733	16	3.3	76,792	
Poverty related	16,293	5.2	0.1	29,849	2	573,563	19	3.3	313,461	
Other/unknown	19,079	11.0	0.4	65,957	7	1,150,051	17	3.1	174,234	

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MICHIGAN, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$1	\$19	\$0	\$1	3,162,320
Age						
5 and younger	0.0	1	21	0	0	866,032
6-14	0.0	1	38	0	0	924,028
15-20	0.0	1	24	0	0	510,864
21-44	0.1	2	16	0	1	682,470
45-64	0.4	6	14	0	3	151,742
65-74	0.3	2	9	0	1	12,807
75-84	0.3	4	11	0	1	8,291
85 and older	0.3	4	11	0	1	5,673
Unknown	0.0	0	0	0	0	413
Basis of Eligibility^c						
Aged	0.3	3	10	0	1	21,233
Disabled	0.3	7	21	0	3	378,966
Adults	0.1	1	15	0	1	765,111
Children	0.0	0	21	0	0	1,997,010
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	17	0	1	1,813,956
Male	0.1	1	21	0	0	1,348,364
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	19	0	1	2,072,334
African American	0.1	1	16	0	0	810,768
Other/unknown	0.1	1	21	0	0	279,218
Use of Nursing Facilities^d						
Entire year	0.7	10	14	0	3	14,189
Part year	0.9	13	15	0	4	10,087
None	0.1	1	19	0	0	3,138,044
Maintenance Assistance Status						
Cash	0.2	4	20	0	2	636,448
Medically needy	0.1	2	16	0	1	266,358
Poverty related	0.0	0	19	0	0	1,466,969
Other/unknown	0.1	1	17	0	1	792,545

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 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
All	77,968	\$57	\$4,460,014	100.0 %	239,393	\$19	100.0 %
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	104	11	1,178	0.0	129	9	0.1
Cough and cold medications	7,487	105	785,284	17.6	13,172	60	5.5
Vitamins and minerals	6,734	61	411,735	9.2	22,292	18	9.3
Non-prescription drugs	35,516	27	954,115	21.4	79,594	12	33.2
Barbiturates	1,909	41	77,944	1.7	14,121	6	5.9
Benzodiazepines	23,294	71	1,651,427	37.0	103,474	16	43.2
Other Part D Excl Rx Drugs	2,924	198	578,331	13.0	6,611	87	2.8

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MICHIGAN, 2002

Beneficiary Characteristics	No. of Beneficiaries				No. of Beneficiaries							
	All	Aged	Disabled	Adults	All	Aged	Disabled	Adults	Unknown			
All	1,297,947	3,361	174,611	286,029	833,946	0	12,228,848	22,806	1,876,104	2,305,662	8,024,276	0
Age												
5 and younger	330,585	0	6,441	4,097	320,047	0	3,076,074	0	69,844	39,669	2,966,561	0
6-14	407,917	0	22,790	5,362	379,765	0	4,153,952	0	259,858	59,076	3,835,018	0
15-20	179,463	0	16,117	34,299	129,047	0	1,671,712	0	177,816	297,873	1,196,023	0
21-44	286,713	0	60,101	221,740	4,872	0	2,424,923	0	649,447	1,749,403	26,073	0
45-64	89,008	19	68,456	20,500	33	0	872,246	98	712,509	159,451	188	0
65-74	1,696	1,081	592	22	1	0	14,836	8,980	5,687	159	10	0
75-84	1,246	1,145	99	2	0	0	8,920	8,040	864	16	0	0
85 and older	1,134	1,116	15	3	0	0	5,770	5,688	79	3	0	0
Unknown	185	0	0	4	181	0	415	0	0	12	403	0
Gender												
Female	734,269	2,241	89,268	232,347	410,413	0	6,857,859	14,855	970,647	1,914,818	3,957,539	0
Male	563,678	1,120	85,343	53,682	423,533	0	5,370,989	7,951	905,457	390,844	4,066,737	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	717,605	2,062	90,532	169,081	455,930	0	6,541,804	13,563	958,478	1,298,083	4,271,680	0
African American	475,301	646	73,259	97,835	303,561	0	4,749,278	4,191	804,127	865,704	3,075,256	0
Other/unknown	105,041	653	10,820	19,113	74,455	0	937,766	5,052	113,499	141,875	677,340	0
Use of Nursing Facilities^c												
Entire year	1,332	316	1,012	4	0	0	14,208	3,168	11,005	35	0	0
Part year	1,354	253	1,083	16	2	0	12,977	2,194	10,645	117	21	0
None	1,295,261	2,792	172,516	286,009	833,944	0	12,201,663	17,444	1,854,454	2,305,510	8,024,255	0
Maintenance Assistance Status												
Cash	362,498	747	143,867	66,552	151,332	0	3,765,265	7,451	1,636,691	587,902	1,533,221	0
Medically needy	115,329	263	3,147	68,248	43,671	0	902,820	1,285	18,789	498,059	384,687	0
Poverty related	506,907	18	74	51,112	455,703	0	4,594,211	174	716	355,452	4,237,869	0
Other/unknown	313,213	2,333	27,523	100,117	183,240	0	2,966,552	13,896	219,908	864,249	1,868,499	0
Managed Care Status												
FFS all year	281,680	3,173	32,070	89,586	156,851	0	1,742,672	20,798	258,178	450,771	1,012,925	0
FFS part year, with Rx claims	159,948	67	23,495	54,398	81,988	0	1,605,503	654	247,992	512,036	844,821	0
FFS part year, no Rx claims	267,996	16	11,151	46,592	210,237	0	2,624,299	136	115,197	408,395	2,100,571	0
MC all year, with Rx claims	94,478	30	49,767	22,655	22,026	0	1,070,467	350	586,447	236,697	246,973	0
MC all year, no Rx claims	493,845	75	58,128	72,798	362,844	0	5,185,907	868	668,290	697,763	3,818,986	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.1 includes the beneficiaries represented by Cell J 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.
- 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.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, MICHIGAN, 2002

	Benes and			
	Bene Mos in Cell J of Table 1 No. of Benes	No. of Bene Mos	Included in Cell K of Table 1 No. of Benes	Excluded from Cell K of Table 1 No. of Benes
All	1,297,947	12,228,848	709,624	0
FFS all year	281,680	1,742,672	281,680	0
FFS part year, with Rx claims	159,948	1,605,503	159,948	0
FFS part year, with no Rx claims	267,996	2,624,299	267,996	0
MC all year, with Rx claims	94,478	1,070,467	0	0
MC all year, with no Rx claims	493,845	5,185,907	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. 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.