

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 MICHIGAN

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	209,013	90,393	116,982	1,601	47	0	2,157,248	915,872	1,232,699	8,390	287	0
Age												
5 and younger	8	0	5	0	3	0	77	0	51	0	26	0
6-14	24	0	17	0	7	0	258	0	192	0	66	0
15-20	400	0	366	7	27	0	3,239	0	3,027	60	152	0
21-44	41,823	0	40,738	1,078	7	0	434,556	0	428,831	5,689	36	0
45-64	51,293	2	50,866	423	2	0	531,134	11	528,994	2,127	2	0
65-74	45,958	26,334	19,540	83	1	0	484,062	272,747	210,863	447	5	0
75-84	39,881	35,434	4,437	10	0	0	415,262	365,256	49,939	67	0	0
85 and older	29,625	28,612	1,013	0	0	0	288,651	277,849	10,802	0	0	0
Unknown	1	1	0	0	0	9	0	0	0	0	0	0
Gender												
Female	131,729	67,133	63,643	933	20	0	1,372,646	688,618	678,766	5,137	125	0
Male	77,284	23,250	53,339	668	27	0	784,602	227,254	553,933	3,253	162	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	143,827	64,723	78,018	1,057	29	0	1,478,821	646,482	826,705	5,457	177	0
African American	50,393	17,058	32,871	450	14	0	521,996	178,509	340,953	2,435	99	0
Other/unknown	14,793	8,602	6,093	94	4	0	156,431	90,881	65,041	498	11	0
Use of Nursing Facilities^c												
Entire year	23,608	21,327	2,281	0	0	0	246,347	220,720	25,627	0	0	0
Part year	16,732	14,533	2,196	3	0	0	153,522	130,906	22,591	25	0	0
None	168,673	54,523	112,505	1,598	47	0	1,757,379	564,246	1,184,481	8,365	287	0
Maintenance Assistance Status												
Cash	79,061	19,582	59,139	340	0	0	887,596	222,543	663,111	1,942	0	0
Medically needy	15,410	8,014	6,590	787	19	0	117,264	65,329	48,216	3,638	81	0
Poverty-related	5,975	2,460	3,382	119	14	0	58,573	25,293	32,310	873	97	0
Other/unknown	108,567	60,327	47,871	355	14	0	1,093,815	602,707	489,062	1,937	109	0
Dual Medicare Status^d												
Full dual, all year	198,737	85,725	111,383	1,582	47	0	2,054,400	867,984	1,177,922	8,207	287	0
Full dual, part year	10,276	4,658	5,599	19	0	0	102,848	47,888	54,777	183	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	196,480	89,920	105,600	927	33	0	2,081,682	912,389	1,163,094	5,960	239	0
FFS part year, with Rx claims	10,411	366	9,505	530	10	0	65,016	2,907	60,019	2,049	41	0
FFS part year, no Rx claims	2,122	97	1,877	144	4	0	10,550	576	9,586	381	7	0

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	87.6 %	43.7	\$2,384	\$55	\$11,717	20.3 %	209,013
Age							
5 and younger	87.5	44.4	3,529	80	51,068	6.9	8
6-14	95.8	56.0	7,794	139	21,119	36.9	24
15-20	74.2	16.7	1,491	89	8,412	17.7	400
21-44	83.9	30.2	2,508	83	10,092	24.9	41,823
45-64	88.8	46.7	3,020	65	10,034	30.1	51,293
65-74	86.7	46.0	2,210	48	7,716	28.6	45,958
75-84	88.5	49.1	2,099	43	13,070	16.1	39,881
85 and older	90.9	47.5	1,767	37	21,340	8.3	29,625
Unknown	0.0	0.0	0	0	117	0.0	1
Basis of Eligibility^e							
Aged	87.6	46.4	1,949	42	14,362	13.6	90,383
Disabled	87.8	42.1	2,739	65	9,788	28.0	116,982
Adults	72.3	15.8	1,010	64	3,408	29.6	1,601
Children	74.5	20.7	1,889	91	9,351	20.2	47
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.4	48.5	2,444	50	12,450	19.6	131,729
Male	82.7	35.6	2,281	64	10,469	21.8	77,284
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.4	46.7	2,589	55	12,944	20.0	143,827
African American	85.9	37.1	1,925	52	8,783	21.9	50,393
Other/unknown	85.2	37.4	1,954	52	9,787	20.0	14,793
Use of Nursing Facilities^f							
Entire year	95.2	66.4	2,619	39	38,557	6.8	23,608
Part year	94.0	52.1	2,093	40	21,525	9.7	16,732
None	85.9	39.8	2,380	60	6,988	34.1	168,673
Maintenance Assistance Status							
Cash	89.3	43.1	2,519	58	7,935	31.7	79,061
Medically needy	75.8	35.2	1,859	53	8,817	21.1	15,410
Poverty related	65.5	15.9	1,077	68	2,679	40.2	5,975
Other/unknown	89.2	46.9	2,432	52	15,380	15.8	108,567

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	4.2	\$231	20.3 %	12.4 %	16.7 %	10.9 %	29.5 %	24.0 %	6.4 %	\$1,135	209,013	2,157,248
Age												
5 and younger	4.6	367	6.9	12.5	12.5	0.0	50.0	25.0	0.0	5,306	8	77
6-14	5.2	725	36.9	4.2	0.0	0.0	54.2	37.5	4.2	1,965	24	258
15-20	2.1	184	17.7	25.8	37.8	6.5	19.3	10.0	0.8	1,039	400	3,239
21-44	2.9	241	24.9	16.1	28.0	13.1	25.3	13.9	3.6	971	41,823	434,556
45-64	4.5	292	30.1	11.2	15.7	10.7	29.8	25.0	7.6	969	51,293	531,134
65-74	4.4	210	28.6	13.3	15.2	10.5	29.4	25.0	6.6	733	45,958	484,062
75-84	4.7	202	16.1	11.5	12.3	9.7	31.0	28.2	7.4	1,255	39,881	415,262
85 and older	4.9	181	8.3	9.1	10.7	10.2	33.4	29.8	6.8	2,190	29,625	288,651
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	13	1	9
Basis of Eligibility^e												
Aged	4.6	192	13.6	12.4	13.0	10.0	30.6	27.0	7.0	1,417	90,383	915,872
Disabled	4.0	260	28.0	12.2	19.6	11.5	28.8	22.0	6.0	929	116,982	1,232,699
Adults	3.0	193	29.6	27.7	21.6	11.7	20.8	11.5	6.7	650	1,601	8,390
Children	3.4	309	20.2	25.5	21.3	10.6	23.4	14.9	4.3	1,531	47	287
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.7	235	19.6	9.6	14.4	10.5	31.0	27.0	7.5	1,195	131,729	1,372,646
Male	3.5	225	21.8	17.3	20.8	11.4	27.0	19.0	4.6	1,031	77,284	784,602
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.5	252	20.0	11.6	14.9	10.2	29.6	26.0	7.6	1,259	143,827	1,478,821
African American	3.6	186	21.9	14.1	20.8	12.2	29.6	19.7	3.7	848	50,393	521,996
Other/unknown	3.5	185	20.0	14.8	20.4	12.3	28.8	19.7	3.9	926	14,793	156,431
use of nursing Facilities^f												
Entire year	6.4	251	6.8	4.8	5.5	6.4	29.8	38.8	14.6	3,695	23,608	246,347
Part year	5.7	228	9.7	6.0	7.8	9.1	33.4	33.9	9.9	2,346	16,732	153,522
None	3.8	228	34.1	14.1	19.2	11.6	29.1	21.0	4.9	671	168,673	1,757,379
Maintenance Assistance Status												
Cash	3.8	224	31.7	10.7	19.7	12.0	30.7	22.1	4.8	707	79,061	887,596
Medically needy	4.6	244	21.1	24.2	11.1	8.1	25.7	23.9	7.0	1,159	15,410	117,264
Poverty related	1.6	110	40.2	34.5	31.0	9.5	15.4	7.6	2.0	273	5,975	58,573
Other/unknown	4.7	241	15.8	10.8	14.6	10.5	30.0	26.4	7.7	1,527	108,567	1,093,815

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.2	\$231	\$55	1.7	\$181	\$105	0.1	\$5	\$45	2.4	\$45	\$19
Age												
5 and younger	4.6	367	80	2.2	300	135	0.3	9	31	2.1	58	28
6-14	5.2	725	139	2.3	607	270	0.2	19	125	2.8	76	27
15-20	2.1	184	89	1.0	150	154	0.1	12	141	1.0	22	22
21-44	2.9	241	83	1.2	193	158	0.1	7	84	1.6	41	26
45-64	4.5	292	65	1.8	231	127	0.1	7	62	2.6	54	21
65-74	4.4	210	48	1.8	164	92	0.1	3	34	2.5	43	17
75-84	4.7	202	43	1.9	155	81	0.1	3	26	2.7	43	16
85 and older	4.9	181	37	1.9	136	73	0.1	3	22	2.9	43	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.6	192	42	1.9	148	80	0.1	3	25	2.6	41	16
Disabled	4.0	260	65	1.6	206	127	0.1	6	63	2.3	48	21
Adults	3.0	193	64	1.2	158	128	0.1	3	46	1.7	32	19
Children	3.4	309	91	1.4	242	173	0.1	26	234	1.9	40	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.7	235	50	1.9	183	97	0.1	4	37	2.6	47	18
Male	3.5	225	64	1.4	177	125	0.1	6	66	2.0	42	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.5	252	55	1.9	198	105	0.1	5	44	2.5	48	19
African American	3.6	186	52	1.3	143	108	0.1	4	51	2.2	39	18
Other/unknown	3.5	185	52	1.5	145	98	0.1	4	51	2.0	35	18
Use of Nursing Facilities^e												
Entire year	6.4	251	39	2.5	190	75	0.2	4	22	3.7	57	16
Part year	5.7	228	40	2.2	172	78	0.2	4	26	3.3	52	16
None	3.8	228	60	1.6	180	116	0.1	5	54	2.2	43	20
Maintenance Assistance Status												
Cash	3.8	224	58	1.6	177	114	0.1	5	49	2.2	42	19
Medically needy	4.6	244	53	1.9	190	100	0.1	7	55	2.6	47	18
Poverty related	1.6	110	68	0.7	89	129	0.0	2	57	0.9	19	21
Other/unknown	4.7	241	52	1.9	188	100	0.1	5	42	2.7	48	18

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$18	\$0	\$3	\$69	\$127	\$85	\$20	362,739	\$25,052,806	105,212	50.3 %	1,160,905
Biologics	1.4	0.0	0.2	1.2	####	2	503	####	3702	652	2,214	3,999	493	1,825,274	32	0.0	352
Antineoplastic Agents	0.5	0.2	0.0	0.3	96	75	1	20	210	426	100	74	38,098	7,985,398	7,938	3.8	83,074
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	37	28	1	7	39	73	18	14	914,828	35,317,124	88,195	42.2	958,165
Cardiovascular Agents	1.7	0.5	0.0	1.2	54	35	1	18	31	66	50	15	2,382,465	73,868,107	127,300	60.9	1,370,468
Respiratory Agents	0.7	0.4	0.0	0.3	37	31	1	4	54	78	78	16	511,193	27,774,630	68,485	32.8	758,003
Gastrointestinal Agents	0.7	0.4	0.0	0.3	46	40	0	6	67	108	101	18	621,006	41,594,698	82,696	39.6	900,640
Genitourinary Agents	0.5	0.4	0.0	0.1	31	29	0	2	61	72	36	16	163,075	9,869,047	29,208	14.0	321,638
CNS Drugs	1.3	0.6	0.0	0.6	108	90	2	16	86	145	146	26	1,440,077	123,550,348	106,887	51.1	1,138,820
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	55	39	4	13	91	137	107	45	8,994	820,824	1,397	0.7	14,934
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	80	79	0	1	129	132	89	54	87,941	11,347,003	13,441	6.4	141,086
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	40	30	1	9	50	134	103	16	981,068	48,594,750	111,375	53.3	1,206,798
Neuromuscular Agents	1.0	0.4	0.0	0.5	67	52	2	13	70	120	42	27	651,660	45,758,357	63,087	30.2	683,157
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	7	14	17	13	14	243,057	3,343,713	40,106	19.2	431,060
Hematological Agents	0.7	0.3	0.0	0.4	52	46	1	5	73	156	24	14	315,331	23,142,876	41,149	19.7	441,957
Topical Products	0.4	0.2	0.0	0.3	16	11	0	5	37	64	39	19	381,161	14,140,972	79,788	38.2	889,247
Miscellaneous Products	0.4	0.1	0.0	0.2	48	36	5	8	129	249	161	38	24,288	3,141,675	6,067	2.9	64,826
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	67	0	0	0	16,247	1,094,527	6,223	3.0	69,804
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.	9,143,721	498,222,129	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$79,985,403	57,460	27.5 %	631,843	0.7	\$171
ANTICONVULSANT	38,096,483	52,670	25.2	582,776	0.8	84
ANTIDEPRESSANTS	33,794,331	86,368	41.3	940,250	0.6	58
ULCER DRUGS	33,409,273	85,783	41.0	945,783	0.5	73
ANTHYPERLIPIDEMIC	27,297,796	52,654	25.2	587,600	0.6	74
ANALGESICS - Narcotic	25,043,723	118,933	56.9	1,296,100	0.5	42
ANTIDIABETIC	24,124,260	65,706	31.4	716,637	0.7	51
ANALGESICS - ANTI-INFLAMMATORY	19,413,053	68,327	32.7	764,386	0.4	64
ANTIASTHMATIC	18,792,474	74,794	35.8	822,575	0.4	55
ANTHYPERTENSIVE	15,274,543	88,285	42.2	966,519	0.6	26
Total	315,231,339	750,980		8,254,469	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS										ANTICONVULSANTS									
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month								
																							4,634,935	\$315,231,339	57,460	27.5 %	631,843	0.7	\$127	52,670
All																														
Female																														
Disabled	3,131,962	199,073,280	32,808	24.9	360,316	0.7	108	32,003	24.3	354,207	0.8	61	1,632,573	120,839,699	19,583	30.8	221,152	20,925	32.9	235,731	0.8	73								
5 and younger	6	84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	109	7,270	1	16.7	11	0	0.0	0	0.0	0								
6-14	1,168	90,085	20	13.5	224	0.6	93	7,293	40.0	82,081	0.7	131	15-20	360,869	32,307,537	7,293	40.0	82,081	25	254	1.0	128								
21-44	803,121	60,499,576	9,133	32.7	102,977	0.8	139	2,326	17.7	26,642	0.8	123	45-64	367,606	22,240,169	647	19.4	7,420	7,421	40.7	83,591	0.8	82							
65-74	84,443	4,872,273	163	19.6	1,797	0.6	74	647	19.4	7,420	0.7	108	75-84	84,443	4,872,273	647	19.4	7,420	2,574	19.6	29,259	0.7	50							
85 and older	15,251	822,705	13,225	19.4	139,164	0.6	70	163	19.6	1,797	0.6	74	Other Eligibles	1,499,389	78,233,581	13,225	19.4	139,164	85	10.2	943	0.7	28							
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5 and younger	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	6-14	0	0	0	0.0	0	0	0	0.0	0								
15-20	85	2,384	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15-20	0	0	0	0.0	0	0	0	0.0	0								
21-44	5,150	337,584	89	12.6	720	0.5	91	89	12.6	720	0.5	91	21-44	2,005	160,189	16	8.5	158	119	16.8	969	0.7	64							
45-64	2,005	160,189	16	8.5	158	0.7	182	2,604	15.1	28,573	0.7	89	45-64	396,178	23,118,373	2,604	15.1	28,573	39	20.7	351	0.5	49							
65-74	618,235	32,185,791	5,190	19.9	55,048	0.6	71	5,190	19.9	55,048	0.6	71	65-74	477,736	22,429,260	5,326	22.3	54,665	3,111	18.0	34,185	0.7	43							
85 and older	1,502,973	116,158,059	24,652	31.9	271,527	0.8	151	24,652	31.9	271,527	0.8	151	85 and older	1,502,973	116,158,059	24,652	31.9	271,527	20,667	26.7	228,569	0.8	72							
Male													Disabled	1,070,207	93,753,684	20,206	37.9	227,031	16,765	31.4	187,991	0.8	80							
5 and younger	19	573	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6-14	148	4,366	0	0.0	0	0	0	0.0	0								
6-14	148	4,366	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15-20	1,409	139,470	42	19.3	419	46	21.1	469	1.0	110							
15-20	1,409	139,470	42	19.3	419	0.6	131	10,083	44.8	113,671	0.8	162	21-44	371,456	38,476,595	10,083	44.8	113,671	7,554	33.6	85,264	0.8	85							
21-44	371,456	38,476,595	10,083	44.8	113,671	0.8	162	8,710	38.0	97,410	0.9	177	45-64	528,036	44,869,505	8,710	38.0	97,410	7,834	34.2	87,354	0.9	79							
45-64	528,036	44,869,505	8,710	38.0	97,410	0.9	177	1,100	17.2	12,469	0.8	143	65-74	143,298	8,799,135	1,100	17.2	12,469	1,132	17.7	12,691	0.8	51							
65-74	143,298	8,799,135	1,100	17.2	12,469	0.8	143	242	21.8	2,739	0.8	107	75-84	23,351	1,345,752	242	21.8	2,739	171	15.4	1,937	0.8	44							
75-84	23,351	1,345,752	242	21.8	2,739	0.8	107	29	16.1	323	0.9	97	85 and older	2,490	118,288	29	16.1	323	27	15.0	264	0.9	38							
85 and older	2,490	118,288	29	16.1	323	0.9	97	4,446	18.6	44,496	0.7	73	Other Eligibles	432,766	22,404,375	4,446	18.6	44,496	3,902	16.3	40,578	0.8	39							
Other Eligibles	11	329	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5 and younger	11	329	0	0.0	0	0	0	0.0	0								
5 and younger	11	329	0	0.0	0	0.0	0	1	16.7	12	0.1	1	6-14	100	4,386	1	16.7	12	2	33.3	24	0.7	53							
6-14	100	4,386	1	16.7	12	0.1	1	1	8.3	7	0.6	74	15-20	47	3,423	1	8.3	7	1	8.3	6	0.5	9							
15-20	47	3,423	1	8.3	7	0.6	74	28	7.4	230	0.6	81	21-44	2,345	159,630	28	7.4	230	62	16.4	488	0.5	58							
21-44	2,345	159,630	28	7.4	230	0.6	81	20	8.4	157	0.5	96	45-64	2,736	221,895	20	8.4	157	37	15.5	302	0.8	109							
45-64	2,736	221,895	20	8.4	157	0.5	96	1,284	14.0	13,566	0.7	94	65-74	166,569	9,350,581	1,284	14.0	13,566	1,489	16.3	16,119	0.8	43							
65-74	166,569	9,350,581	1,284	14.0	13,566	0.7	94	1,994	21.2	19,892	0.7	70	75-84	181,395	9,091,392	1,994	21.2	19,892	1,652	17.6	17,195	0.8	37							
75-84	181,395	9,091,392	1,994	21.2	19,892	0.7	70	1,118	23.5	10,632	0.6	53	85 and older	79,563	3,572,739	1,118	23.5	10,632	659	13.8	6,444	0.8	28							
85 and older	79,563	3,572,739	1,118	23.5	10,632	0.6	53	0	0.0	0	0.0	0	Unknown	0	0	0	0.0	0	0	0	0.0	0								
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 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	86,368	41.3 %	940,250	0.6	\$36	85,783	41.0 %	945,783	0.5	\$35	52,654	25.2 %	587,600	0.6	\$47
Female	60,604	46.0	661,784	0.6	36	60,100	45.6	664,676	0.5	35	35,867	27.2	402,466	0.6	47
Disabled	33,691	52.9	377,467	0.6	38	29,815	46.8	335,529	0.4	35	18,615	29.2	208,819	0.6	46
5 and younger	0	0.0	0	0.0	0	1	100.0	9	0.7	9	0	0.0	0	0.0	0
6-14	2	33.3	23	0.8	45	3	50.0	36	0.7	52	0	0.0	0	0.0	0
15-20	40	27.0	403	0.7	36	26	17.6	286	0.4	28	2	1.4	24	0.8	61
21-44	10,860	59.6	121,488	0.6	38	6,280	34.5	70,624	0.4	30	2,085	11.4	23,367	0.5	39
45-64	17,443	62.4	195,016	0.6	39	14,074	50.4	157,409	0.5	37	9,149	32.7	101,783	0.6	46
65-74	4,346	33.0	49,109	0.6	34	7,265	55.2	82,176	0.5	34	5,991	45.5	67,401	0.6	49
75-84	824	24.8	9,501	0.6	33	1,785	53.7	20,717	0.5	34	1,222	36.7	14,343	0.7	50
85 and older	176	21.1	1,927	0.6	32	381	45.7	4,272	0.5	37	166	19.9	1,901	0.6	49
Other Eligibles	26,913	39.5	284,317	0.7	33	30,285	44.5	329,147	0.5	36	17,252	25.3	193,647	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	13.6	25	0.8	38	5	22.7	40	0.4	12	1	4.5	12	0.3	16
21-44	273	38.6	2,132	0.5	35	137	19.4	1,103	0.3	26	36	5.1	256	0.5	35
45-64	77	41.0	603	0.6	41	47	25.0	398	0.4	27	32	17.0	205	0.5	41
65-74	5,755	33.3	63,489	0.6	33	7,673	44.4	86,217	0.5	35	6,584	38.1	74,535	0.6	48
75-84	10,117	38.8	107,972	0.6	32	11,987	46.0	131,817	0.5	36	7,902	30.3	89,196	0.7	47
85 and older	10,688	44.8	110,096	0.7	33	10,436	43.8	109,572	0.6	38	2,697	11.3	29,443	0.6	43
Male	25,764	33.3	278,466	0.6	37	25,683	33.2	281,107	0.5	35	16,787	21.7	185,134	0.6	46
Disabled	18,806	35.3	208,522	0.6	38	16,609	31.1	184,771	0.5	36	11,474	21.5	127,420	0.6	46
5 and younger	0	0.0	0	0.0	0	4	100.0	42	0.4	8	0	0.0	0	0.0	0
6-14	3	27.3	35	0.3	22	5	45.5	50	0.3	5	1	9.1	12	0.5	18
15-20	45	20.6	427	0.7	41	27	12.4	248	0.3	17	3	1.4	30	0.7	45
21-44	8,306	36.9	92,788	0.6	39	5,460	24.3	61,321	0.4	33	2,867	12.7	32,112	0.6	39
45-64	8,786	38.3	96,585	0.6	39	7,886	34.4	87,105	0.5	38	6,144	26.8	67,742	0.6	47
65-74	1,430	22.4	16,067	0.6	35	2,682	42.0	29,881	0.5	35	2,152	33.7	23,971	0.7	50
75-84	211	19.0	2,393	0.6	32	495	44.6	5,611	0.5	38	289	26.0	3,338	0.7	50
85 and older	25	13.9	227	0.6	33	50	27.8	513	0.5	28	18	10.0	215	0.6	45
Other Eligibles	6,958	29.1	69,944	0.6	31	9,074	37.9	96,336	0.5	34	5,313	22.2	57,714	0.6	47
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.3	10	0	0.0	0	0.0	0
6-14	1	16.7	12	0.3	1	5	83.3	55	0.3	30	0	0.0	0	0.0	0
15-20	2	16.7	10	0.6	43	3	25.0	21	0.6	47	0	0.0	0	0.0	0
21-44	85	22.5	605	0.5	31	72	19.1	559	0.4	25	32	8.5	227	0.4	31
45-64	74	31.0	595	0.5	32	60	25.1	440	0.5	44	53	22.2	340	0.7	59
65-74	1,994	21.8	21,171	0.6	32	3,276	35.8	36,296	0.5	33	2,637	28.8	29,210	0.6	49
75-84	2,997	31.9	30,174	0.6	30	3,775	40.2	40,079	0.5	34	2,168	23.1	23,629	0.7	47
85 and older	1,805	37.9	17,377	0.7	31	1,881	39.5	18,862	0.6	37	423	8.9	4,308	0.7	43
Unknown	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 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month
All	118,933	56.9 %	1,296,100	0.5	\$19	65,706	31.4 %	716,637	0.7	\$34	68,327	32.7 %	764,386	0.4	\$25
Female	82,640	62.7	905,600	0.5	19	45,863	34.8	504,120	0.7	33	48,812	37.1	547,518	0.4	28
Disabled	45,634	71.7	510,229	0.4	20	22,256	35.0	247,426	0.7	37	26,429	41.5	298,928	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	2	33.3	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	51	34.5	520	0.2	4	10	6.8	114	0.4	31	20	13.5	203	0.2	2
21-44	12,515	68.7	139,153	0.4	22	2,884	15.8	31,929	0.6	37	6,598	36.2	73,949	0.3	14
45-64	21,538	77.1	239,298	0.5	23	10,711	38.3	118,271	0.7	39	11,382	40.7	128,088	0.4	27
65-74	8,948	68.0	101,422	0.4	12	7,048	53.6	78,681	0.7	35	6,618	50.3	75,417	0.4	29
75-84	2,117	63.6	24,559	0.4	10	1,406	42.3	16,245	0.7	30	1,515	45.5	17,824	0.4	32
85 and older	463	55.6	5,253	0.4	14	197	23.6	2,186	0.6	24	296	35.5	3,447	0.4	30
Other Eligibles	37,006	54.4	395,371	0.5	17	23,607	34.7	256,694	0.7	29	22,383	32.9	248,590	0.5	33
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	12	54.5	102	0.2	1	1	4.5	11	0.4	10	5	22.7	50	0.2	2
21-44	407	57.5	3,084	0.4	16	67	9.5	486	0.6	30	179	25.3	1,402	0.3	6
45-64	108	57.4	881	0.6	35	24	12.8	154	0.5	25	43	22.9	383	0.3	36
65-74	9,661	55.9	107,826	0.4	14	7,536	43.6	83,977	0.7	34	6,846	39.6	77,852	0.4	31
75-84	14,490	55.6	158,155	0.5	16	10,416	40.0	114,150	0.7	29	8,935	34.3	100,808	0.5	33
85 and older	12,328	51.7	125,323	0.6	20	5,563	23.3	57,916	0.7	24	6,375	26.7	68,095	0.5	35
Male	36,293	47.0	390,500	0.4	21	19,843	25.7	212,517	0.7	35	19,515	25.3	216,868	0.4	18
Disabled	26,202	49.1	286,929	0.4	25	12,071	22.6	130,999	0.7	38	13,356	25.0	149,506	0.3	15
5 and younger	1	25.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	18.2	24	0.1	1	0	0.0	0	0.0	0	1	9.1	12	0.1	0
15-20	40	18.3	399	0.2	1	5	2.3	47	0.5	46	13	6.0	136	0.2	2
21-44	10,193	45.3	112,574	0.4	27	2,752	12.2	30,176	0.6	40	4,956	22.0	55,377	0.3	8
45-64	12,243	53.4	132,762	0.5	26	6,503	28.4	69,865	0.7	39	5,754	25.1	64,189	0.4	16
65-74	3,232	50.6	35,664	0.4	14	2,461	38.6	26,906	0.7	36	2,266	35.5	25,594	0.4	24
75-84	437	39.4	4,922	0.4	13	321	28.9	3,691	0.7	32	324	29.2	3,757	0.5	28
85 and older	54	30.0	572	0.4	9	29	16.1	314	0.8	29	42	23.3	441	0.4	15
Other Eligibles	10,091	42.1	103,571	0.4	12	7,772	32.5	81,518	0.7	30	6,159	25.7	67,362	0.4	26
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	3	50.0	33	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	16.7	13	0.6	101	3	25.0	18	0.2	2
21-44	190	50.4	1,374	0.5	36	29	7.7	184	0.7	39	70	18.6	554	0.3	12
45-64	124	51.9	889	0.6	65	76	31.8	497	0.7	48	57	23.8	495	0.4	24
65-74	3,783	41.4	41,019	0.4	12	3,248	35.5	35,139	0.6	32	2,617	28.6	29,364	0.4	23
75-84	4,000	42.6	41,496	0.4	10	3,281	34.9	34,485	0.7	29	2,398	25.5	26,443	0.4	29
85 and older	1,991	41.8	18,760	0.5	12	1,136	23.8	11,200	0.7	24	1,014	21.3	10,488	0.5	30
Unknown	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 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months		
All	74,794	35.8 %	822,575	0.4	\$23	88,285	42.2 %	966,519	0.6	\$16	209,013	2,157,248
Female	51,449	39.1	569,100	0.4	23	61,172	46.4	673,055	0.6	16	131,728	1,372,637
Disabled	28,186	44.3	315,812	0.4	24	25,934	40.7	289,700	0.6	16	63,643	678,766
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	1	16.7	12	0.2	9	7	116.7	83	0.7	44	6	71
15-20	21	14.2	200	0.3	12	25	16.9	286	0.5	16	148	1,188
21-44	6,008	33.0	67,367	0.3	20	2,879	15.8	32,192	0.5	13	18,228	192,692
45-64	13,857	49.6	154,210	0.4	24	11,864	42.5	130,660	0.6	16	27,942	294,583
65-74	6,752	51.3	76,187	0.4	25	8,553	65.0	96,271	0.6	17	13,158	143,498
75-84	1,330	40.0	15,387	0.4	23	2,180	65.5	25,394	0.6	18	3,327	37,705
85 and older	217	26.1	2,449	0.4	20	426	51.1	4,814	0.6	16	833	9,020
Other Eligibles	23,263	34.2	253,288	0.4	22	35,238	51.8	383,355	0.6	16	68,085	693,871
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	0	0.0	0	0.0	0	1	2
15-20	2	9.1	20	0.2	2	3	13.6	28	0.2	2	22	156
21-44	148	20.9	1,148	0.3	18	71	10.0	514	0.5	12	708	3,915
45-64	62	33.0	553	0.4	29	56	29.8	452	0.4	14	188	995
65-74	7,017	40.6	78,606	0.4	25	9,507	55.0	106,209	0.6	17	17,271	181,089
75-84	9,288	35.7	101,625	0.4	22	14,654	56.3	162,074	0.6	17	26,047	272,823
85 and older	6,746	28.3	71,336	0.4	18	10,947	45.9	114,078	0.7	16	23,848	234,891
Male	23,345	30.2	253,475	0.4	23	27,113	35.1	293,464	0.6	15	77,284	784,602
Disabled	14,285	26.8	158,085	0.4	24	16,308	30.6	178,405	0.6	15	53,339	553,933
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.2	18	4	42
6-14	6	54.5	60	0.4	33	15	136.4	178	0.5	7	11	121
15-20	19	8.7	183	0.3	24	29	13.3	295	0.4	8	218	1,839
21-44	3,957	17.6	44,105	0.3	19	3,908	17.4	43,033	0.5	13	22,510	236,139
45-64	6,810	29.7	74,998	0.4	25	8,369	36.5	90,600	0.6	15	22,924	234,411
65-74	2,978	46.7	32,904	0.5	26	3,346	52.4	37,025	0.6	17	6,382	67,365
75-84	463	41.7	5,276	0.4	24	568	51.2	6,475	0.6	16	1,110	12,234
85 and older	52	28.9	559	0.4	23	72	40.0	787	0.7	15	180	1,782
Other Eligibles	9,060	37.8	95,390	0.5	23	10,805	45.1	115,059	0.6	15	23,945	230,669
5 and younger	1	33.3	12	0.3	8	0	0.0	0	0.0	0	3	26
6-14	0	0.0	0	0.0	0	10	166.7	109	0.6	13	6	64
15-20	1	8.3	5	0.4	8	3	25.0	15	0.5	4	12	56
21-44	50	13.3	306	0.3	18	54	14.3	362	0.5	14	377	1,810
45-64	62	25.9	503	0.4	24	83	34.7	473	0.7	21	239	1,145
65-74	3,516	38.4	38,401	0.5	27	4,352	47.6	47,756	0.6	16	9,147	92,110
75-84	3,655	38.9	38,436	0.5	22	4,463	47.5	48,046	0.6	15	9,397	92,500
85 and older	1,775	37.3	17,727	0.5	19	1,840	38.6	18,298	0.7	14	4,764	42,958
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year Nursing Facility Residents
All	\$251	6.4	23,608		246,347
Age					
0-64	366	7.4	1,404		15,796
65-74	332	7.4	2,681		29,050
75-84	262	6.7	7,773		80,298
85 and older	209	5.8	11,750		121,203
Unknown	0	0.0	0		0
Gender					
Female	249	6.4	17,982		189,091
Male	259	6.4	5,626		57,256
Unknown	0	0.0	0		0
Race					
White	252	6.5	19,300		198,884
African American	250	5.8	2,828		31,455
Other/unknown	236	5.9	1,480		16,008
Basis of Eligibility^c					
Aged	240	6.3	21,327		220,720
Disabled	344	7.1	2,281		25,627
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 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 = Centers for Medicare & 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.3	0.2	0.0	0.1	\$15	\$12	\$0	\$3	\$47	\$70	\$68	\$18	51,638	\$2,412,680	14,876	63.0 %	162,578
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	0.1	0.0	0.4	65	32	2	31	137	333	103	87	9,060	1,240,561	1,808	7.7	19,135
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.6	34	26	1	7	29	59	13	11	152,665	4,398,280	12,121	51.3	129,598
Cardiovascular Agents	2.1	0.4	0.0	1.6	42	20	0	22	20	49	11	13	384,088	7,769,883	17,449	73.9	185,060
Respiratory Agents	0.8	0.3	0.0	0.4	29	20	2	7	38	60	70	18	64,011	2,449,495	7,744	32.8	85,284
Gastrointestinal Agents	0.9	0.5	0.0	0.4	47	41	0	7	50	81	45	15	117,470	5,887,936	11,494	48.7	124,066
Genitourinary Agents	0.6	0.5	0.0	0.1	31	29	0	2	52	62	22	16	33,660	1,756,672	5,162	21.9	56,258
CNS Drugs	1.4	0.8	0.0	0.6	82	69	0	12	58	85	37	21	239,610	13,895,479	15,878	67.3	169,714
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	29	24	0	5	48	106	18	13	328	15,661	49	0.2	533
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	83	83	0	0	106	106	0	42	39,279	4,152,427	4,731	20.0	49,739
Analgesics and Anesthetics	1.2	0.5	0.0	0.7	49	42	0	7	41	83	18	10	154,280	6,312,966	12,182	51.6	129,230
Neuromuscular Agents	1.3	0.5	0.0	0.7	57	34	1	22	46	68	40	30	103,556	4,725,012	7,608	32.2	82,742
Nutritional Products	0.7	0.0	0.1	0.6	9	0	1	9	13	10	12	13	51,170	663,718	6,632	28.1	70,181
Hematological Agents	1.1	0.4	0.1	0.6	48	41	1	6	46	108	15	10	80,873	3,688,305	7,170	30.4	76,472
Topical Products	0.5	0.2	0.0	0.3	15	9	1	5	28	49	34	16	80,275	2,266,810	13,423	56.9	149,044
Miscellaneous Products	0.2	0.0	0.0	0.2	6	1	0	4	25	119	235	20	3,671	91,687	1,444	6.1	15,566
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	42	0	0	0	2,289	97,027	846	3.6	9,381
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,567,923	61,824,599	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 = Centers for Medicare & 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			36.0 %	62.5				
ANTIPSYCHOTICS	\$7,324,889	8,505	36.0 %	92,569	0.8	\$105	\$79	
ANTIDEPRESSANTS	5,901,512	14,755	62.5	159,011	0.8	47	37	
ULCER DRUGS	5,120,253	10,868	46.0	118,550	0.7	62	43	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,152,659	4,737	20.1	49,811	0.8	106	83	
ANALGESICS - Narcotic	3,486,139	11,383	48.2	120,339	0.9	34	29	
ANTICONVULSANT	3,200,614	6,584	27.9	72,432	1.0	45	44	
ANALGESICS - ANTI-INFLAMMATORY	2,573,244	6,087	25.8	66,493	0.6	63	39	
ANTIDIABETIC	2,449,538	7,947	33.7	86,447	0.8	34	28	
MISC. HEMATOLOGICAL	2,363,729	3,723	15.8	40,128	0.7	79	59	
ANTHYPERTENSIVE	1,884,542	10,486	44.4	112,427	0.8	21	17	
Total	38,457,119	85,075		918,207	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	725,646	\$38,457,119	8,505	36.0 %	92,569	0.8	\$79	14,755	62.5 %	159,011	0.8	\$37
Female	555,802	29,330,613	6,212	34.5	68,248	0.7	77	11,458	63.7	124,392	0.8	37
Disabled	52,345	3,166,092	535	41.9	6,182	0.9	118	881	68.9	10,042	0.8	43
64 or younger	30,367	1,813,386	253	35.6	2,904	0.9	110	561	79.0	6,377	0.9	44
65-74	14,075	881,473	168	55.1	1,968	1.0	140	194	63.6	2,237	0.8	42
75-84	4,764	272,732	70	51.1	782	0.8	101	75	54.7	839	0.8	39
85 and older	3,139	198,501	44	34.9	528	0.8	104	51	40.5	589	0.7	36
Other Eligibles	503,457	26,164,521	5,677	34.0	62,066	0.7	73	10,577	63.3	114,350	0.8	37
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	56,502	3,177,245	688	52.8	7,718	0.9	94	1,014	77.8	11,281	0.8	41
75-84	190,160	9,911,667	2,267	40.5	24,755	0.8	78	3,814	68.1	41,214	0.8	37
85 and older	256,795	13,075,609	2,722	27.8	29,593	0.7	64	5,749	58.7	61,855	0.8	36
Male	169,844	9,126,506	2,293	40.8	24,321	0.8	84	3,297	58.6	34,619	0.8	36
Disabled	38,213	2,289,143	460	45.9	5,285	0.8	114	656	65.4	7,388	0.8	40
64 or younger	27,396	1,648,715	304	43.8	3,482	0.8	115	479	69.0	5,431	0.8	39
65-74	7,836	456,685	95	45.9	1,111	0.8	116	131	63.3	1,454	0.8	43
75-84	2,464	151,806	49	66.2	557	0.8	108	40	54.1	439	0.8	37
85 and older	517	31,937	12	42.9	135	0.9	108	6	21.4	64	0.9	40
Other Eligibles	131,631	6,837,363	1,833	39.6	19,036	0.7	76	2,641	57.1	27,231	0.8	35
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	30,971	1,765,546	422	48.8	4,664	0.8	98	518	59.9	5,551	0.8	40
75-84	59,658	3,069,107	864	44.1	8,864	0.8	77	1,186	60.5	12,256	0.8	35
85 and older	41,002	2,002,710	547	30.4	5,508	0.7	56	937	52.1	9,424	0.8	34
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 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	10,868	46.0 %	118,550	0.7	\$43	4,737	20.1 %	49,811	0.8	\$83	11,383	48.2 %	120,339	0.9	\$29
Female	8,258	45.9	90,458	0.7	43	3,585	19.9	38,048	0.8	83	8,997	50.0	95,910	0.9	31
Disabled	684	53.5	7,836	0.7	43	136	10.6	1,547	0.7	139	699	54.7	7,849	1.1	44
64 or younger	390	54.9	4,482	0.7	41	73	10.3	819	0.7	187	421	59.3	4,707	1.2	50
65-74	172	56.4	1,997	0.7	43	29	9.5	348	0.7	80	157	51.5	1,780	0.8	32
75-84	73	53.3	815	0.7	49	19	13.9	217	0.8	101	64	46.7	694	1.1	23
85 and older	49	38.9	542	0.7	51	15	11.9	163	0.6	72	57	45.2	668	0.9	51
Other Eligibles	7,574	45.3	82,622	0.7	43	3,449	20.6	36,501	0.8	81	8,298	49.7	88,061	0.9	30
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	673	51.6	7,514	0.7	46	240	18.4	2,602	0.8	86	771	59.1	8,467	1.0	38
75-84	2,617	46.7	28,558	0.7	43	1,354	24.2	14,090	0.8	83	2,868	51.2	30,707	0.9	30
85 and older	4,284	43.7	46,550	0.7	43	1,855	18.9	19,809	0.8	79	4,659	47.6	48,887	0.8	29
Male	2,610	46.4	28,092	0.7	43	1,152	20.5	11,763	0.8	83	2,386	42.4	24,429	0.7	21
Disabled	502	50.0	5,728	0.7	44	80	8.0	917	0.7	159	457	45.6	5,126	0.9	33
64 or younger	342	49.3	3,907	0.7	44	49	7.1	561	0.8	214	346	49.9	3,906	0.9	36
65-74	111	53.6	1,277	0.7	47	23	11.1	260	0.6	67	79	38.2	860	0.9	24
75-84	40	54.1	450	0.6	42	7	9.5	84	1.0	95	27	36.5	301	0.9	21
85 and older	9	32.1	94	0.9	46	1	3.6	12	1.0	10	5	17.9	59	0.3	21
Other Eligibles	2,108	45.6	22,364	0.7	42	1,072	23.2	10,846	0.8	77	1,929	41.7	19,303	0.7	18
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	408	47.2	4,512	0.7	44	172	19.9	1,868	0.8	88	351	40.6	3,736	0.8	24
75-84	911	46.5	9,624	0.7	41	510	26.0	5,053	0.8	75	838	42.8	8,382	0.7	18
85 and older	789	43.9	8,228	0.7	43	390	21.7	3,925	0.8	74	740	41.2	7,185	0.6	15
Unknown	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 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,584	27.9 %	72,432	1.0	\$44	6,087	25.8 %	66,493	0.6	\$39	7,947	33.7 %	86,447	0.8	\$28
Female															
Disabled	4,619	25.7	50,685	1.0	43	4,906	27.3	53,627	0.6	40	5,887	32.7	64,509	0.8	29
64 or younger	759	59.4	8,662	1.2	64	334	26.1	3,853	0.6	30	501	39.2	5,726	0.9	37
65-74	479	67.5	5,447	1.2	69	173	24.4	1,980	0.5	16	268	37.7	3,059	0.9	38
75-84	200	65.6	2,293	1.1	61	92	30.2	1,073	0.6	45	173	56.7	2,008	1.0	37
85 and older	55	40.1	637	1.1	45	36	26.3	410	0.6	42	47	34.3	503	0.8	30
Other Eligibles	25	19.8	285	1.1	33	33	26.2	390	0.6	45	13	10.3	156	0.8	21
64 or younger	3,860	23.1	42,023	0.9	38	4,572	27.4	49,774	0.6	41	5,386	32.2	58,783	0.8	28
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	664	50.9	7,445	1.0	47	358	27.5	4,043	0.6	42	732	56.1	8,355	0.9	35
85 and older	1,612	28.8	17,478	0.9	39	1,608	28.7	17,552	0.6	42	2,369	42.3	25,661	0.8	27
Male															
Disabled	1,584	16.2	17,100	0.9	34	2,606	26.6	28,179	0.6	40	2,285	23.3	24,767	0.8	26
64 or younger	1,965	34.9	21,747	1.0	48	1,181	21.0	12,866	0.6	33	2,060	36.6	21,938	0.8	28
65-74	655	65.3	7,627	1.2	61	199	19.8	2,316	0.4	21	350	34.9	4,013	0.8	29
75-84	515	74.2	6,013	1.2	62	136	19.6	1,592	0.4	14	235	33.9	2,686	0.9	30
Other Eligibles	109	52.7	1,274	1.2	60	46	22.2	538	0.5	36	80	38.6	930	0.8	24
64 or younger	28	37.8	304	1.0	48	14	18.9	166	0.6	35	31	41.9	353	0.8	34
65-74	3	10.7	36	0.9	31	3	10.7	20	0.4	10	4	14.3	44	0.7	40
75-84	1,310	28.3	14,120	1.0	41	982	21.2	10,550	0.6	35	1,710	37.0	17,925	0.8	27
Unknown															
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	402	46.5	4,507	1.0	50	173	20.0	1,986	0.5	38	417	48.2	4,580	0.8	28
75-84	604	30.8	6,467	1.0	39	425	21.7	4,497	0.6	36	850	43.4	8,872	0.8	28
85 and older	304	16.9	3,146	0.9	30	384	21.4	4,067	0.6	33	443	24.6	4,473	0.8	25

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANTIHYPERTENSIVE				Benefit Months Among All-Year		
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		All-Year Nursing Facility Residents	Year Nursing Facility Residents	
	Number of Users	%	Mean Number of Rx	Mean Rx \$	Number of Users	%	Mean Number of Rx	Mean Rx \$			
All	3,723	15.8 %	40,128	0.7	10,486	44.4 %	112,427	0.8	\$17	23,608	246,347
Female	2,672	14.9	28,988	0.7	7,994	44.5	86,058	0.8	17	17,982	189,091
Disabled	170	13.3	1,955	0.7	502	39.3	5,761	0.8	19	1,278	14,336
64 or younger	86	12.1	981	0.7	227	32.0	2,591	0.8	19	710	7,927
65-74	56	18.4	666	0.6	177	58.0	2,070	0.8	18	305	3,492
75-84	16	11.7	178	0.7	54	39.4	598	0.9	21	137	1,522
85 and older	12	9.5	130	0.6	44	34.9	502	0.9	23	126	1,395
Other Eligibles	2,502	15.0	27,033	0.7	7,492	44.9	80,297	0.8	17	16,704	174,755
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
65-74	229	17.6	2,532	0.7	658	50.5	7,261	0.8	18	1,304	14,095
75-84	943	16.8	10,152	0.7	2,650	47.3	28,476	0.8	16	5,602	58,525
85 and older	1,330	13.6	14,349	0.8	4,184	42.7	44,560	0.8	17	9,798	102,135
Male	1,051	18.7	11,140	0.7	2,492	44.3	26,369	0.8	16	5,626	57,256
Disabled	154	15.4	1,777	0.7	417	41.6	4,763	0.8	18	1,003	11,291
64 or younger	107	15.4	1,223	0.7	276	39.8	3,156	0.8	17	694	7,869
65-74	35	16.9	412	0.7	104	50.2	1,195	0.9	21	207	2,306
75-84	6	8.1	71	0.9	29	39.2	323	0.8	18	74	818
85 and older	6	21.4	71	0.9	8	28.6	89	0.9	17	28	298
Other Eligibles	897	19.4	9,363	0.7	2,075	44.9	21,606	0.8	16	4,623	45,965
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
65-74	176	20.3	1,922	0.7	449	51.9	4,915	0.8	18	865	9,157
75-84	405	20.7	4,228	0.8	915	46.7	9,520	0.8	16	1,960	19,433
85 and older	316	17.6	3,213	0.7	711	39.5	7,171	0.8	16	1,798	17,375
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 16,732 beneficiaries who were in nursing facilities for part of their enrollment and their 153,522 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a,b}
 MICHIGAN, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Dual Rx \$	%
All	111,332	53.3 %	4.9	1,031,529	\$68	\$14,294,465	\$14	2.9 %	209,013	
Age										
5 and younger	7	87.5	18.6	149	1,061	8,484	57	30.0	8	
6-14	23	95.8	19.0	456	459	11,017	24	5.9	24	
15-20	129	32.3	2.2	893	78	31,222	35	5.2	400	
21-44	18,085	43.2	3.6	148,741	90	3,752,676	25	3.6	41,823	
45-64	29,008	56.6	5.9	301,906	91	4,651,582	15	3.0	51,293	
65-74	24,147	52.5	5.1	232,132	55	2,512,849	11	2.5	45,958	
75-84	22,179	55.6	5.1	202,973	49	1,962,797	10	2.3	39,881	
85 and older	17,754	59.9	4.9	144,279	46	1,363,838	9	2.6	29,625	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	49,117	54.3	4.7	422,868	46	4,197,727	10	2.4	90,383	
Disabled	61,645	52.7	5.2	605,489	86	10,057,045	17	3.1	116,982	
Adults	552	34.5	1.8	2,933	22	34,434	12	2.1	1,601	
Children	18	38.3	5.1	239	112	5,259	22	5.9	47	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	75,991	57.7	5.4	709,799	72	9,480,902	13	2.9	131,729	
Male	35,341	45.7	4.2	321,730	62	4,813,563	15	2.7	77,284	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	77,841	54.1	5.2	748,492	76	10,880,476	15	2.9	143,827	
African American	26,627	52.8	4.5	225,686	54	2,719,656	12	2.8	50,393	
Other/unknown	6,864	46.4	3.9	57,351	47	694,333	12	2.4	14,793	
Use of Nursing Facilities^d										
Entire year	15,387	65.2	6.2	145,543	63	1,478,097	10	2.4	23,608	
Part year	11,478	68.6	5.2	87,091	57	945,525	11	2.7	16,732	
None	84,467	50.1	4.7	798,895	70	11,870,843	15	3.0	168,673	
Maintenance Assistance Status										
Cash	42,670	54.0	5.4	428,882	73	5,767,623	13	2.9	79,061	
Medically needy	7,397	48.0	4.2	64,284	70	1,072,899	17	3.7	15,410	
Poverty related	1,939	32.5	2.2	12,947	42	249,116	19	3.9	5,975	
Other/unknown	59,326	54.6	4.8	525,416	66	7,204,827	14	2.7	108,567	

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b}
 MICHIGAN, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$7	\$14	\$0	\$2	2,157,248
Age						
5 and younger	1.9	110	57	0	0	77
6-14	1.8	43	24	0	0	258
15-20	0.3	10	35	0	5	3,239
21-44	0.3	9	25	0	3	434,556
45-64	0.6	9	15	0	3	531,134
65-74	0.5	5	11	0	1	484,062
75-84	0.5	5	10	0	1	415,262
85 and older	0.5	5	9	0	1	288,651
Unknown	0.0	0	0	0	0	9
Basis of Eligibility^c						
Aged	0.5	5	10	0	1	915,872
Disabled	0.5	8	17	0	3	1,232,699
Adults	0.3	4	12	0	2	8,390
Children	0.8	18	22	0	0	287
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	7	13	0	2	1,372,646
Male	0.4	6	15	0	2	784,602
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	7	15	0	3	1,478,821
African American	0.4	5	12	0	1	521,996
Other/unknown	0.4	4	12	0	1	156,431
Use of Nursing Facilities^d						
Entire year	0.6	6	10	0	1	246,347
Part year	0.6	6	11	0	2	153,522
None	0.5	7	15	0	2	1,757,379
Maintenance Assistance Status						
Cash	0.5	6	13	0	2	887,596
Medically needy	0.5	9	17	0	3	117,264
Poverty related	0.2	4	19	0	2	58,573
Other/unknown	0.5	7	14	0	2	1,093,815

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b,c}
MICHIGAN, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	165,527	\$86	\$14,294,465	100.0 %	1,031,529	\$14	100.0 %		
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0	
Drugs for cosmetic purposes	91	15	1,370	0.0	148	9	0.0	0.0	
Cough and cold medications	6,135	170	1,045,187	7.3	16,139	65	1.6	1.6	
Vitamins and minerals	39,087	84	3,282,044	23.0	239,130	14	23.2	23.2	
Non-prescription drugs	67,609	42	2,833,089	19.8	430,014	7	41.7	41.7	
Barbiturates	2,268	48	109,930	0.8	22,976	5	2.2	2.2	
Benzodiazepines	46,372	101	4,675,308	32.7	307,913	15	29.9	29.9	
Other Part D Excl Rx Drugs	3,965	592	2,347,537	16.4	15,209	154	1.5	1.5	

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MICHIGAN, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 29,625
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$52,341,081
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,767

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,685	9.1 %	0	0.0 %
1-500	6,673	22.5	1,497,394	2.9
501-1,000	4,333	14.6	3,183,487	6.1
1,001-1,500	3,293	11.1	4,075,586	7.8
1,501-2,000	2,625	8.9	4,571,141	8.7
2,001-2,500	2,193	7.4	4,910,057	9.4
2,501-3,000	1,674	5.7	4,599,989	8.8
3,001-3,500	1,430	4.8	4,631,990	8.8
3,501-4,000	1,144	3.9	4,278,484	8.2
4,001-4,500	923	3.1	3,915,405	7.5
4,501-5,000	630	2.1	2,986,446	5.7
5,001-5,500	530	1.8	2,771,773	5.3
5,501-6,000	415	1.4	2,378,307	4.5
6,001-6,500	268	0.9	1,670,105	3.2
6,501-7,000	204	0.7	1,370,690	2.6
7,001-7,500	148	0.5	1,073,169	2.1
7,501-8,000	104	0.4	804,579	1.5
8,001-8,500	90	0.3	743,475	1.4
8,501-9,000	55	0.2	479,061	0.9
9,001-9,500	45	0.2	414,585	0.8
9,501-10,000	39	0.1	379,285	0.7
10,001+	124	0.4	1,606,073	3.1

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	214,560	90,534	121,751	2,208	67	2,277,382	918,798	1,339,556	18,517	511	0
Age											
5 and younger	10	0	7	0	3	111	0	75	0	36	0
6-14	28	0	21	0	7	312	0	246	0	66	0
15-20	479	0	434	8	37	5,348	0	4,971	83	294	0
21-44	44,780	0	43,269	1,494	17	493,756	0	480,789	12,859	108	0
45-64	53,568	2	52,952	612	2	575,850	11	570,839	4,998	2	0
65-74	46,055	26,362	19,608	84	1	496,322	274,058	221,749	510	5	0
75-84	39,957	35,503	4,444	10	0	416,332	366,216	50,049	67	0	0
85 and older	29,682	28,666	1,016	0	0	289,342	278,504	10,838	0	0	0
Unknown	1	1	0	0	9	0	9	0	0	0	0
Gender											
Female	134,658	67,249	66,083	1,299	27	1,438,874	690,752	736,522	11,375	225	0
Male	79,902	23,285	55,668	909	40	838,508	228,046	603,034	7,142	286	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	146,826	64,739	80,624	1,425	38	1,546,429	647,304	887,253	11,579	293	0
African American	52,654	17,171	34,806	655	22	568,443	180,231	382,164	5,862	186	0
Other/unknown	15,080	8,624	6,321	128	7	162,510	91,263	70,139	1,076	32	0
Use of Nursing Facilities^c											
Entire year	23,608	21,327	2,281	0	0	246,347	220,720	25,627	0	0	0
Part year	16,732	14,533	2,196	3	0	153,846	130,942	22,879	25	0	0
None	174,220	54,674	117,274	2,205	67	1,877,189	567,136	1,291,050	18,492	511	0
Maintenance Assistance Status											
Cash	81,791	19,610	61,515	666	0	945,767	223,233	715,895	6,639	0	0
Medically needy	15,646	8,015	6,699	899	33	122,621	65,367	51,018	6,000	236	0
Poverty related	5,984	2,460	3,382	124	18	59,742	25,317	33,279	1,014	132	0
Other/unknown	111,139	60,449	50,155	519	16	1,149,252	604,881	539,364	4,864	143	0
Dual Status^d											
Full dual, all year	204,284	85,876	116,152	2,189	67	2,173,348	870,865	1,283,644	18,328	511	0
Full dual, part year	10,276	4,658	5,599	19	0	104,034	47,933	55,912	189	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	196,480	89,920	105,600	927	33	2,081,682	912,389	1,163,094	5,960	239	0
FFS part year, with Rx claims	10,411	366	9,505	530	10	115,826	3,934	106,561	5,227	104	0
FFS part year, no Rx claims	2,122	97	1,877	144	4	21,265	836	19,157	1,235	37	0
MC all year, with Rx claims	2,851	25	2,426	394	6	31,292	267	26,794	4,182	49	0
MC all year, no Rx claims	2,696	126	2,343	213	14	27,317	1,372	23,950	1,913	82	0

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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^a
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries
All	214,560	2,277,382	209,013	2,157,248
Fee-for-service (FFS) all year	196,480	2,081,682	196,480	2,081,682
FFS part year, with Rx claims	10,411	115,826	10,411	65,016
FFS part year, with no Rx claims	2,122	21,265	2,122	10,550
Managed care (MC) all year, with Rx claims	2,851	31,292	0	0
MC all year, with no Rx claims	2,696	27,317	0	0

Source: Data for this table are from the MAX 2003 file for Michigan, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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