

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 MICHIGAN

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	216,329	90,694	123,574	1,993	52	16	2,210,066	912,471	1,285,744	11,295	377	179
Age												
5 and younger	9	0	7	0	2	0	78	0	54	0	24	0
6-14	28	0	20	0	8	0	245	0	158	0	87	0
15-20	396	0	360	7	29	0	2,933	0	2,677	50	206	0
21-44	43,720	0	42,474	1,234	10	2	446,045	0	438,886	7,084	51	24
45-64	55,951	5	55,284	647	3	12	572,267	23	568,630	3,470	9	135
65-74	46,709	26,662	19,949	96	0	2	488,315	273,883	213,771	641	0	20
75-84	39,961	35,471	4,481	9	0	0	414,292	363,494	50,748	50	0	0
85 and older	29,555	28,556	999	0	0	0	285,891	275,071	10,820	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	135,776	67,048	67,540	1,149	23	16	1,402,669	683,368	712,155	6,823	144	179
Male	80,553	23,646	56,034	844	29	0	807,397	229,103	573,589	4,472	233	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	148,661	65,076	82,245	1,299	33	8	1,514,169	645,778	860,860	7,194	246	91
African American	52,779	17,198	34,988	571	16	6	539,982	178,727	357,678	3,392	113	72
Other/unknown	14,889	8,420	6,341	123	3	2	155,915	87,966	67,206	709	18	16
Use of Nursing Facilities^c												
Entire year	23,899	21,587	2,310	2	0	0	247,743	221,611	26,116	16	0	0
Part year	17,131	14,545	2,580	6	0	0	156,493	130,078	26,365	50	0	0
None	175,299	54,562	118,684	1,985	52	16	1,805,830	560,782	1,233,263	11,229	377	179
Maintenance Assistance Status												
Cash	80,510	19,145	60,982	382	1	0	896,066	217,200	676,763	2,091	12	0
Medically needy	16,020	8,129	6,848	1,024	19	0	112,923	63,409	43,834	5,594	86	0
Poverty-related	62,514	30,040	32,317	126	15	16	676,299	332,917	342,191	869	143	179
Other/unknown	57,285	33,380	23,427	461	17	0	524,778	298,945	222,956	2,741	136	0
Dual Medicare Status^d												
Full dual, all year	206,541	86,147	118,355	1,972	51	16	2,113,077	866,056	1,235,383	11,090	369	179
Full dual, part year	9,788	4,547	5,219	21	1	0	96,989	46,415	50,361	205	8	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	201,653	90,095	110,420	1,084	38	16	2,126,822	908,007	1,210,805	7,506	325	179
FFS part year, with Rx claims	12,258	475	11,062	711	10	0	71,975	3,731	65,076	3,129	39	0
FFS part year, no Rx claims	2,418	124	2,092	198	4	0	11,269	733	9,863	660	13	0

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004. 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, 2004

Beneficiary Characteristics	Percentage with at		Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	Least One Rx	Mean Number of Rx						
All	87.3 %	46.2	\$2,596	\$56	\$10,751	24.1 %	216,329	
Age								
5 and younger	88.9	49.1	4,671	95	13,325	35.1	9	
6-14	100.0	52.7	7,762	147	21,162	36.7	28	
15-20	69.7	20.8	1,987	95	8,195	24.2	396	
21-44	83.5	31.4	2,710	86	8,224	33.0	43,720	
45-64	88.6	49.0	3,242	66	8,730	37.1	55,951	
65-74	86.2	49.0	2,397	49	7,275	32.9	46,709	
75-84	88.4	52.4	2,303	44	12,868	17.9	39,961	
85 and older	90.6	50.1	1,919	38	20,970	9.2	29,555	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	87.1	49.1	2,119	43	14,245	14.9	90,694	
Disabled	87.6	44.5	2,967	67	8,295	35.8	123,574	
Adults	74.6	19.1	1,284	67	3,980	32.3	1,993	
Children	75.0	26.1	3,972	152	11,801	33.7	52	
Unknown	93.8	48.2	2,460	51	9,151	26.9	16	
Gender								
Female	90.1	51.1	2,656	52	11,491	23.1	135,776	
Male	82.5	37.9	2,494	66	9,503	26.2	80,553	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	88.2	49.1	2,805	57	11,895	23.6	148,661	
African American	85.3	39.8	2,147	54	8,104	26.5	52,779	
Other/unknown	84.7	39.3	2,101	53	8,706	24.1	14,889	
Use of Nursing Facilities^f								
Entire year	95.5	71.1	2,939	41	37,215	7.9	23,899	
Part year	94.4	54.6	2,306	42	20,990	11.0	17,131	
None	85.5	41.9	2,577	62	6,142	42.0	175,299	
Maintenance Assistance Status								
Cash	88.9	46.0	2,754	60	6,807	40.5	80,510	
Medically needy	75.2	35.0	1,884	54	8,718	21.6	16,020	
Poverty related	88.6	49.2	2,841	58	11,047	25.7	62,514	
Other/unknown	86.9	46.1	2,305	50	16,538	13.9	57,285	

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Number		
				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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	4.5	\$254	24.1 %	12.7 %	15.5 %	10.1 %	28.3 %	25.6 %	7.8 %	\$1,052	216,329	2,210,066
Age												
5 and younger	5.7	539	35.1	11.1	11.1	0.0	44.4	33.3	0.0	1,538	9	78
6-14	6.0	887	36.7	0.0	3.6	0.0	42.9	46.4	7.1	2,419	28	245
15-20	2.8	268	24.2	30.3	23.5	8.3	17.7	14.6	5.6	1,107	396	2,933
21-44	3.1	266	33.0	16.5	26.6	12.4	24.9	15.4	4.2	806	43,720	446,045
45-64	4.8	317	37.1	11.4	14.5	10.1	28.7	26.0	9.2	854	55,951	572,267
65-74	4.7	229	32.9	13.8	13.7	9.7	27.9	26.5	8.4	696	46,709	488,315
75-84	5.1	222	17.9	11.6	11.2	8.8	29.2	30.0	9.2	1,241	39,961	414,292
85 and older	5.2	198	9.2	9.4	9.3	9.0	32.0	32.5	7.9	2,168	29,555	285,891
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.9	211	14.9	12.9	11.8	9.2	29.0	28.9	8.3	1,416	90,694	912,471
Disabled	4.3	285	35.8	12.4	18.1	10.8	27.9	23.3	7.5	797	123,574	1,285,744
Adults	3.4	227	32.3	25.4	20.3	10.9	20.6	16.0	6.8	702	1,993	11,295
Children	3.6	548	33.7	25.0	23.1	5.8	19.2	21.2	5.8	1,628	52	377
Unknown	4.3	220	26.9	6.3	6.3	12.5	37.5	37.5	0.0	818	16	179
Gender												
Female	4.9	257	23.1	9.9	13.3	9.7	29.5	28.5	9.1	1,112	135,776	1,402,669
Male	3.8	249	26.2	17.5	19.1	10.8	26.3	20.6	5.7	948	80,553	807,397
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.8	275	23.6	11.8	13.9	9.5	28.2	27.6	9.1	1,168	148,661	1,514,169
African American	3.9	210	26.5	14.7	18.8	11.3	28.6	21.2	5.3	792	52,779	539,982
Other/unknown	3.8	201	24.1	15.3	19.2	11.6	27.9	21.0	4.9	831	14,889	155,915
use of nursing Facilities^f												
Entire year	6.9	284	7.9	4.5	4.4	5.5	26.9	41.4	17.3	3,590	23,899	247,743
Part year	6.0	252	11.0	5.6	7.2	8.5	31.5	35.7	11.4	2,298	17,131	156,493
None	4.1	250	42.0	14.5	17.8	10.9	28.2	22.4	6.2	596	175,299	1,805,830
Maintenance Assistance Status												
Cash	4.1	248	40.5	11.1	18.2	11.0	29.4	23.7	6.6	612	80,510	896,066
Medically needy	5.0	267	21.6	24.8	9.8	7.6	24.0	25.1	8.7	1,237	16,020	112,923
Poverty related	4.6	263	25.7	11.4	15.8	10.5	28.6	26.0	7.7	1,021	62,514	676,299
Other/unknown	5.0	252	13.9	13.1	12.9	9.1	27.5	27.9	9.5	1,805	57,285	524,778

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 2004

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	4.5	\$254	\$56	1.7	\$201	\$121	0.2	\$14	\$72	2.7	\$40	\$15
Age												
5 and younger	5.7	539	95	2.9	433	147	0.4	19	43	2.3	88	38
6-14	6.0	887	147	2.8	801	281	0.4	23	58	2.8	63	23
15-20	2.8	268	95	1.2	224	179	0.2	15	91	1.4	30	21
21-44	3.1	266	86	1.1	211	184	0.1	18	119	1.8	37	21
45-64	4.8	317	66	1.7	249	147	0.2	20	102	2.9	48	17
65-74	4.7	229	49	1.7	182	104	0.2	10	62	2.8	37	13
75-84	5.1	222	44	1.9	176	91	0.2	9	44	2.9	37	13
85 and older	5.2	198	38	1.9	154	82	0.3	8	30	3.0	36	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.9	211	43	1.8	166	90	0.2	9	41	2.8	36	13
Disabled	4.3	285	67	1.5	225	146	0.2	17	99	2.6	43	17
Adults	3.4	227	67	1.2	175	151	0.2	20	119	2.0	32	16
Children	3.6	548	152	1.7	481	287	0.2	27	146	1.7	40	23
Unknown	4.3	220	51	1.4	164	116	0.2	15	66	2.7	41	16
Gender												
Female	4.9	257	52	1.8	202	111	0.2	14	65	2.9	41	14
Male	3.8	249	66	1.4	199	142	0.1	14	92	2.2	37	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.8	275	57	1.8	217	120	0.2	16	73	2.8	42	15
African American	3.9	210	54	1.3	166	124	0.1	9	72	2.4	35	14
Other/unknown	3.8	201	53	1.5	162	111	0.1	9	61	2.2	30	14
Use of Nursing Facilities^e												
Entire year	6.9	284	41	2.6	220	86	0.4	13	33	3.9	51	13
Part year	6.0	252	42	2.2	195	90	0.3	12	37	3.5	46	13
None	4.1	250	62	1.5	198	132	0.2	14	92	2.4	38	16
Maintenance Assistance Status												
Cash	4.1	248	60	1.5	198	130	0.1	13	86	2.5	37	15
Medically needy	5.0	267	54	1.9	211	111	0.2	15	62	2.8	41	14
Poverty related	4.6	263	58	1.7	206	123	0.2	15	81	2.7	41	15
Other/unknown	5.0	252	50	1.8	196	106	0.3	14	53	2.9	42	14

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 0.2 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.medispn.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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$23	\$19	\$1	\$3	\$71	\$155	\$85	\$16	387,015	\$27,640,494	108,983	50.4 %	1,196,267	
Biologicals	1.2	0.0	0.1	1.1	####	5	294	####	4227	703	4,808	4,217	358	1,513,369	28	0.0	294	
Antineoplastic Agents	0.5	0.1	0.0	0.4	69	45	0	23	144	449	137	62	38,696	5,569,720	7,778	3.6	80,387	
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	41	33	2	6	41	89	22	11	994,177	40,825,031	92,916	43.0	1,004,301	
Cardiovascular Agents	1.8	0.5	0.0	1.3	54	39	1	14	29	72	24	11	2,629,961	77,082,791	133,427	61.7	1,428,284	
Respiratory Agents	0.7	0.4	0.0	0.3	40	36	0	4	58	94	48	12	478,847	27,714,887	62,620	28.9	686,325	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	46	41	1	3	63	116	45	10	677,994	42,909,161	86,663	40.1	938,427	
Genitourinary Agents	0.5	0.4	0.0	0.1	34	30	1	2	63	79	52	18	181,308	11,389,672	30,775	14.2	338,006	
CNS Drugs	1.3	0.6	0.0	0.7	115	97	4	15	87	172	95	20	1,586,272	137,628,275	113,116	52.3	1,192,005	
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.3	64	53	3	8	99	144	112	32	12,627	1,245,883	1,855	0.9	19,557	
Miscellaneous Psychological/																		
Neurological Agents	0.7	0.7	0.0	0.0	116	114	0	1	156	159	106	60	135,828	21,232,122	17,616	8.1	183,766	
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	46	35	3	9	53	144	415	14	1,078,802	57,421,627	116,363	53.8	1,250,698	
Neuromuscular Agents	1.0	0.3	0.2	0.5	74	45	18	11	76	141	109	23	708,946	53,807,524	67,741	31.3	726,947	
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	7	14	17	14	14	261,890	3,601,138	41,626	19.2	445,059	
Hematological Agents	0.8	0.3	0.1	0.4	62	53	3	5	82	177	58	14	358,246	29,504,068	44,662	20.6	476,813	
Topical Products	0.4	0.2	0.0	0.3	19	12	1	5	41	78	53	20	414,132	17,180,125	83,127	38.4	921,638	
Miscellaneous Products	0.4	0.2	0.0	0.2	73	57	7	9	177	343	196	41	29,214	5,175,972	6,580	3.0	70,720	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	12	0	0	0	10,778	131,218	2,844	1.3	31,568	
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.	9,985,091	561,573,077	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispain.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, 0.2 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.medispain.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 2004.

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, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$94,089,370	60,142	27.8 %	656,392	0.8	\$188	\$143
ANTICONVULSANT	45,506,629	56,184	26.0	618,709	0.8	93	74
ANTIHYPERTENSIVE	33,863,131	62,981	29.1	699,129	0.7	74	48
ANTIDEPRESSANTS	33,546,638	94,058	43.5	1,017,791	0.7	51	33
ULCER DRUGS	32,865,334	88,175	40.8	968,379	0.5	66	34
ANALGESICS - Narcotic	29,723,214	126,921	58.7	1,374,283	0.5	45	22
ANTIDIABETIC	27,334,027	71,197	32.9	773,447	0.7	51	35
ANTIASTHMATIC	22,391,156	80,349	37.1	880,209	0.4	61	25
ANALGESICS - ANTI-INFLAMMATORY	22,056,202	71,056	32.8	792,941	0.4	68	28
NEUROLOGICAL	21,260,688	20,611	9.5	215,852	0.6	156	98
Total	362,636,389	731,674		7,997,132	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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); 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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,630,294	\$362,636,389	60,142	27.8 %	656,392	0.8	\$143	56,184	26.0 %	618,709	0.8	\$74
Female	3,116,431	229,905,607	34,400	25.3	375,056	0.7	124	34,543	25.4	380,921	0.8	69
Disabled	1,687,211	141,945,730	21,238	31.4	238,378	0.8	148	23,073	34.2	258,311	0.8	82
5 and younger	17	1,062	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	51	3,974	0	0.0	0	0.0	0	1	14.3	12	0.1	21
15-20	1,185	94,819	26	17.0	227	1.0	175	31	20.3	323	0.8	94
21-44	384,855	38,878,479	7,872	40.4	87,648	0.7	145	7,844	40.3	87,359	0.8	93
45-64	858,462	73,061,705	10,162	33.4	114,301	0.8	155	11,811	38.9	132,274	0.8	83
65-74	348,539	23,741,130	2,369	17.7	26,955	0.8	139	2,729	20.4	30,819	0.7	57
75-84	80,025	5,251,437	646	19.4	7,419	0.8	117	559	16.7	6,454	0.7	43
85 and older	14,077	913,124	163	19.6	1,828	0.7	94	98	11.8	1,070	0.7	31
Other Eligibles	1,429,220	87,959,877	13,162	19.3	136,678	0.7	82	11,470	16.8	122,610	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	1,126	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	128	13,310	0	0.0	0	0.0	0	1	5.3	12	2.0	452
21-44	7,001	625,380	111	13.9	1,002	0.5	86	175	21.9	1,458	0.6	81
45-64	3,526	259,806	46	14.4	412	0.5	72	59	18.5	479	0.7	78
65-74	365,896	24,354,438	2,651	15.3	28,628	0.7	106	3,260	18.8	35,595	0.7	48
75-84	588,842	36,288,882	5,092	19.6	53,380	0.7	85	4,676	18.0	50,818	0.7	41
85 and older	463,814	26,416,935	5,262	22.1	53,256	0.6	66	3,299	13.9	34,248	0.8	33
Male	1,513,863	132,730,782	25,742	32.0	281,336	0.8	169	21,641	26.9	237,788	0.8	81
Disabled	1,092,912	106,808,336	21,378	38.2	237,712	0.8	184	17,573	31.4	196,002	0.8	89
5 and younger	15	959	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	56	2,757	0	0.0	0	0.0	0	1	7.7	12	0.7	49
15-20	1,531	151,513	49	23.7	425	0.8	174	38	18.4	338	0.9	82
21-44	375,100	42,908,999	10,289	44.7	114,962	0.8	178	7,651	33.3	85,724	0.8	97
45-64	551,031	52,231,963	9,636	38.7	106,651	0.9	194	8,442	33.9	93,860	0.9	87
65-74	140,541	9,821,791	1,136	17.2	12,654	0.8	164	1,225	18.6	13,701	0.8	62
75-84	22,444	1,536,759	227	19.9	2,608	0.8	131	192	16.8	2,108	0.8	50
85 and older	2,194	153,595	41	24.3	412	0.9	104	24	14.2	259	0.9	48
Other Eligibles	420,951	25,922,446	4,364	17.8	43,624	0.7	88	4,068	16.6	41,786	0.8	42
5 and younger	16	2,522	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	77	4,321	0	0.0	0	0.0	0	1	14.3	12	0.9	14
15-20	91	6,001	4	23.5	16	1.1	80	2	11.8	4	2.3	201
21-44	3,380	318,570	51	11.4	462	0.6	98	73	16.4	551	0.8	95
45-64	3,296	265,060	29	8.3	242	0.5	140	55	15.8	436	0.7	69
65-74	157,876	10,221,259	1,305	13.9	13,820	0.7	111	1,519	16.2	16,362	0.8	46
75-84	175,601	10,667,124	1,852	19.4	18,556	0.7	84	1,716	18.0	17,737	0.8	40
85 and older	80,614	4,437,589	1,123	23.5	10,528	0.6	64	702	14.7	6,684	0.7	30
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(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, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	62,981	29.1 %	699,129	0.7	\$48	94,058	43.5 %	1,017,791	0.7	\$33	88,175	40.8 %	968,379	0.5	\$34
Female	42,307	31.2	472,729	0.7	49	65,782	48.4	714,274	0.7	33	61,466	45.3	678,055	0.5	34
Disabled	22,287	33.0	249,586	0.6	48	37,266	55.2	415,448	0.6	36	31,417	46.5	351,519	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.7	44
6-14	0	0.0	0	0.0	0	3	42.9	23	0.9	36	7	100.0	62	0.4	43
15-20	3	2.0	36	0.4	24	46	30.1	420	0.5	26	30	19.6	277	0.5	19
21-44	2,557	13.1	28,587	0.6	40	11,847	60.8	131,193	0.6	36	6,579	33.8	73,210	0.4	28
45-64	11,272	37.1	125,141	0.6	47	19,598	64.5	218,341	0.7	37	15,168	49.9	168,930	0.5	35
65-74	6,824	51.1	76,804	0.7	52	4,646	34.8	52,602	0.6	31	7,401	55.4	83,196	0.5	32
75-84	1,446	43.3	16,919	0.7	54	915	27.4	10,511	0.6	28	1,848	55.4	21,470	0.5	32
85 and older	185	22.3	2,099	0.7	50	211	25.4	2,358	0.6	28	382	46.0	4,350	0.5	32
Other Eligibles	20,020	29.3	223,143	0.7	49	28,516	41.8	298,826	0.7	29	30,049	44.0	326,536	0.5	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.3	17	0	0.0	0	0.0	0	1	100.0	12	0.8	76
15-20	0	0.0	0	0.0	0	5	26.3	49	0.3	14	4	21.1	48	0.4	27
21-44	62	7.8	492	0.6	45	351	43.9	2,895	0.6	35	184	23.0	1,532	0.3	25
45-64	61	19.1	498	0.5	40	138	43.3	1,135	0.6	41	107	33.5	921	0.4	25
65-74	7,376	42.5	82,809	0.7	49	6,089	35.0	66,493	0.6	31	7,568	43.6	84,439	0.5	33
75-84	9,076	35.0	102,195	0.7	50	10,682	41.2	113,845	0.7	29	11,820	45.5	130,758	0.5	35
85 and older	3,444	14.5	37,137	0.7	46	11,251	47.3	114,409	0.7	28	10,365	43.6	108,826	0.6	38
Male	20,674	25.7	226,400	0.7	48	28,276	35.1	303,517	0.6	33	26,709	33.2	290,324	0.5	34
Disabled	14,099	25.2	155,454	0.7	48	20,645	36.8	227,521	0.6	34	17,475	31.2	193,039	0.5	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	80.0	35	0.4	27
6-14	1	7.7	12	0.3	16	1	7.7	11	0.5	19	9	69.2	74	0.4	22
15-20	4	1.9	48	0.9	71	53	25.6	495	0.7	37	33	15.9	315	0.5	39
21-44	3,453	15.0	38,498	0.6	41	8,797	38.3	97,422	0.6	35	5,428	23.6	60,326	0.5	31
45-64	7,630	30.6	83,292	0.7	49	9,901	39.8	108,541	0.7	35	8,559	34.4	94,060	0.5	36
65-74	2,632	39.9	29,289	0.7	53	1,633	24.7	18,134	0.7	31	2,871	43.5	31,734	0.5	33
75-84	364	31.8	4,161	0.7	53	230	20.1	2,590	0.7	27	518	45.3	5,911	0.6	35
85 and older	15	8.9	154	0.7	56	30	17.8	328	0.5	22	53	31.4	584	0.6	35
Other Eligibles	6,575	26.8	70,946	0.7	49	7,631	31.1	75,996	0.7	29	9,234	37.7	97,285	0.5	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	1.2	209
6-14	2	28.6	24	0.5	35	3	42.9	36	0.3	15	6	85.7	63	0.4	26
15-20	1	5.9	12	0.8	52	2	11.8	10	1.7	154	6	35.3	61	0.4	18
21-44	47	10.5	316	0.4	34	131	29.4	1,012	0.6	35	74	16.6	576	0.4	21
45-64	102	29.3	750	0.6	44	91	26.1	729	0.6	28	101	29.0	793	0.4	40
65-74	3,111	33.1	34,408	0.7	50	2,252	24.0	23,922	0.6	29	3,351	35.7	36,730	0.5	33
75-84	2,716	28.5	29,476	0.7	49	3,154	33.1	31,520	0.7	29	3,787	39.7	40,221	0.5	34
85 and older	596	12.5	5,960	0.7	45	1,998	41.8	18,767	0.7	29	1,908	39.9	18,829	0.6	37
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.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, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	126,921	58.7 %	1,374,283	0.5	\$22	71,197	32.9 %	773,447	0.7	\$35	80,349	37.1 %	880,209	0.4	\$25
Female	88,036	64.8	960,290	0.5	21	49,340	36.3	540,516	0.7	35	55,152	40.6	607,664	0.4	25
Disabled	50,103	74.2	556,713	0.5	22	24,439	36.2	270,786	0.7	39	31,134	46.1	346,862	0.4	26
5 and younger	1	50.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	6	0.2	1	0	0.0	0	0.0	0	2	28.6	24	0.1	6
15-20	63	41.2	630	0.3	4	7	4.6	72	0.4	30	20	13.1	206	0.3	12
21-44	13,620	69.9	149,598	0.4	25	3,126	16.0	34,407	0.6	39	6,656	34.2	73,630	0.3	22
45-64	24,141	79.5	267,325	0.5	26	11,920	39.2	131,083	0.7	41	15,701	51.7	174,267	0.4	28
65-74	9,567	71.7	107,840	0.4	13	7,660	57.4	85,312	0.7	36	7,096	53.1	79,631	0.4	29
75-84	2,251	67.4	26,210	0.4	10	1,502	45.0	17,335	0.7	32	1,436	43.0	16,615	0.4	26
85 and older	459	55.3	5,092	0.4	14	224	27.0	2,577	0.6	28	223	26.9	2,489	0.4	19
Other Eligibles	37,933	55.6	403,577	0.5	18	24,901	36.5	269,730	0.7	31	24,018	35.2	260,802	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	47.4	83	0.3	2	0	0.0	0	0.0	0	7	36.8	84	0.3	19
21-44	508	63.5	4,000	0.5	34	72	9.0	463	0.7	38	152	19.0	1,131	0.3	18
45-64	180	56.4	1,452	0.5	27	66	20.7	508	0.5	25	106	33.2	901	0.4	27
65-74	9,918	57.1	110,369	0.4	14	8,018	46.2	88,173	0.7	35	7,170	41.3	79,729	0.4	28
75-84	14,656	56.5	160,351	0.5	18	10,900	42.0	119,614	0.7	30	9,506	36.6	104,998	0.4	25
85 and older	12,661	53.3	127,310	0.6	22	5,845	24.6	60,972	0.7	25	7,077	29.8	73,959	0.4	19
Male	38,885	48.3	413,993	0.5	24	21,857	27.1	232,931	0.7	37	25,197	31.3	272,545	0.4	26
Disabled	28,113	50.2	304,193	0.5	28	13,500	24.1	145,807	0.7	40	15,841	28.3	173,319	0.4	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	1
6-14	4	30.8	27	0.3	2	0	0.0	0	0.0	0	4	30.8	36	0.1	3
15-20	47	22.7	464	0.2	3	6	2.9	51	1.2	102	21	10.1	178	0.5	41
21-44	10,544	45.9	115,221	0.4	32	2,953	12.8	32,234	0.6	40	4,240	18.4	47,162	0.4	21
45-64	13,440	54.0	143,821	0.5	29	7,398	29.7	79,083	0.7	41	7,765	31.2	84,055	0.4	27
65-74	3,522	53.4	38,475	0.5	14	2,743	41.6	29,987	0.7	40	3,236	49.0	35,377	0.5	31
75-84	497	43.5	5,567	0.4	11	373	32.6	4,159	0.7	36	525	45.9	5,996	0.5	29
85 and older	59	34.9	618	0.3	18	27	16.0	293	0.7	27	49	29.0	503	0.4	27
Other Eligibles	10,772	43.9	109,800	0.4	14	8,357	34.1	87,124	0.7	31	9,356	38.2	99,226	0.4	25
5 and younger	1	50.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	28.6	24	0.1	0	0	0.0	0	0.0	0	3	42.9	36	0.4	31
15-20	3	17.6	30	0.2	1	1	5.9	12	0.2	1	3	17.6	36	0.3	18
21-44	263	59.0	1,788	0.6	54	59	13.2	410	0.5	31	59	13.2	459	0.3	19
45-64	186	53.4	1,367	0.6	40	96	27.6	626	0.7	49	66	19.0	463	0.4	24
65-74	4,081	43.5	44,112	0.4	13	3,555	37.9	38,424	0.7	33	3,710	39.5	40,753	0.5	28
75-84	4,120	43.2	42,619	0.4	11	3,419	35.9	35,568	0.7	30	3,727	39.1	39,548	0.5	24
85 and older	2,116	44.2	19,848	0.5	14	1,227	25.7	12,084	0.7	25	1,788	37.4	17,931	0.4	19
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.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, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month		
All	71,056	32.8 %	792,941	0.4	\$28	20,611	9.5 %	215,852	0.6	\$99	216,329	2,210,066
Female	50,457	37.2	565,278	0.4	31	15,156	11.2	160,340	0.6	101	135,776	1,402,669
Disabled	28,115	41.6	316,195	0.4	27	2,954	4.4	33,337	0.5	201	67,540	712,155
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
6-14	1	14.3	6	0.3	14	0	0.0	0	0.0	0	7	62
15-20	31	20.3	269	0.2	2	2	1.3	24	0.3	19	153	1,162
21-44	7,012	36.0	77,795	0.3	16	617	3.2	6,801	0.4	336	19,479	201,423
45-64	12,322	40.6	137,805	0.4	29	1,257	4.1	14,184	0.5	239	30,380	317,523
65-74	6,854	51.3	78,011	0.4	33	620	4.6	7,117	0.6	88	13,351	144,753
75-84	1,617	48.4	19,092	0.5	36	339	10.2	3,869	0.6	72	3,338	38,109
85 and older	278	33.5	3,217	0.5	32	119	14.3	1,342	0.6	76	830	9,109
Other Eligibles	22,342	32.7	249,083	0.5	36	12,202	17.9	127,003	0.7	75	68,236	690,514
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	12
15-20	5	26.3	46	0.3	6	0	0.0	0	0.0	0	19	127
21-44	218	27.3	1,803	0.3	9	13	1.6	116	0.6	593	800	4,816
45-64	88	27.6	742	0.3	29	5	1.6	45	0.3	112	319	1,850
65-74	6,902	39.7	78,573	0.4	34	1,279	7.4	13,742	0.6	78	17,373	180,500
75-84	8,989	34.6	101,990	0.5	37	5,026	19.4	52,583	0.7	74	25,951	270,755
85 and older	6,140	25.8	65,929	0.6	38	5,879	24.7	60,517	0.7	74	23,773	232,454
Male	20,599	25.6	227,663	0.4	20	5,455	6.8	55,512	0.6	92	80,553	807,397
Disabled	14,395	25.7	160,192	0.3	16	1,706	3.0	18,948	0.5	131	56,034	573,589
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	40
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	96
15-20	25	12.1	219	0.2	6	0	0.0	0	0.0	0	207	1,515
21-44	5,088	22.1	56,573	0.3	9	463	2.0	5,141	0.4	184	22,995	237,463
45-64	6,393	25.7	71,157	0.4	17	841	3.4	9,291	0.5	131	24,904	251,107
65-74	2,471	37.5	27,467	0.4	25	279	4.2	3,135	0.5	67	6,598	69,018
75-84	370	32.4	4,295	0.5	29	97	8.5	1,086	0.6	76	1,143	12,639
85 and older	48	28.4	481	0.4	19	26	15.4	295	0.6	70	169	1,711
Other Eligibles	6,204	25.3	67,471	0.4	31	3,749	15.3	36,564	0.7	71	24,519	233,808
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	75
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	129
21-44	97	21.7	750	0.3	33	9	2.0	63	0.6	318	446	2,343
45-64	77	22.1	554	0.4	29	9	2.6	83	0.3	33	348	1,787
65-74	2,573	27.4	28,828	0.4	28	708	7.5	7,330	0.6	70	9,387	94,044
75-84	2,468	25.9	27,270	0.4	33	1,777	18.6	17,471	0.7	72	9,529	92,789
85 and older	989	20.7	10,069	0.5	33	1,246	26.1	11,617	0.7	70	4,783	42,617
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

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
All	\$284	6.9	23,899	247,743
Age				
0-64	430	8.0	1,421	16,030
65-74	373	8.0	2,707	29,106
75-84	299	7.2	7,910	81,799
85 and older	232	6.2	11,861	120,808
Unknown	0	0.0	0	0
Gender				
Female	279	6.9	18,138	189,811
Male	297	6.8	5,761	57,932
Unknown	0	0.0	0	0
Race				
White	283	7	19,707	202,372
African American	290	6.3	2,793	30,760
Other/unknown	279	6.6	1,399	14,611
Basis of Eligibility^c				
Aged	270	6.8	21,587	221,611
Disabled	403	7.8	2,310	26,116
Adults	214	10.4	2	16
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$12	\$1	\$2	\$48	\$82	\$78	\$15	54,575	\$2,606,175	15,247	63.8 %	166,295
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	57	21	0	35	120	384	125	84	8,526	1,024,893	1,744	7.3	18,120
Endocrine/Metabolic Drugs	1.2	0.4	0.3	0.5	38	30	4	5	31	68	14	9	167,271	5,206,105	12,760	53.4	136,163
Cardiovascular Agents	2.2	0.4	0.0	1.7	42	25	1	16	19	56	16	9	422,524	7,954,187	18,146	75.9	191,299
Respiratory Agents	0.8	0.3	0.0	0.4	31	24	0	6	41	79	76	15	56,102	2,314,211	6,810	28.5	74,092
Gastrointestinal Agents	1.0	0.5	0.1	0.5	48	43	1	4	50	92	26	9	128,922	6,394,830	12,253	51.3	132,050
Genitourinary Agents	0.6	0.5	0.0	0.1	35	31	2	3	54	66	45	18	36,733	1,994,690	5,253	22.0	56,947
CNS Drugs	1.5	0.7	0.0	0.7	84	69	3	12	57	95	58	17	254,595	14,540,104	16,360	68.5	173,701
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.8	0.3	0.0	0.5	34	30	0	4	42	94	0	8	482	20,191	51	0.2	593
Analgesics and Anesthetics	0.9	0.9	0.0	0.0	104	104	0	0	113	113	0	50	64,763	7,286,758	6,666	27.9	69,791
Neuromuscular Agents	1.2	0.5	0.0	0.6	56	50	0	5	47	92	27	8	161,138	7,516,649	12,762	53.4	134,864
Nutritional Products	1.3	0.3	0.2	0.8	64	28	15	21	49	83	68	28	107,576	5,263,048	7,601	31.8	82,527
Hematological Agents	0.8	0.0	0.1	0.7	10	0	1	9	14	14	13	14	55,587	763,794	6,978	29.2	73,586
Topical Products	1.1	0.4	0.1	0.6	55	48	2	5	50	123	28	8	89,207	4,481,848	7,645	32.0	81,132
Miscellaneous Products	0.6	0.2	0.0	0.4	18	11	1	6	32	62	45	16	85,782	2,755,239	13,917	58.2	153,256
Unknown Therapeutic Category	0.2	0.0	0.0	0.2	7	3	0	4	28	213	197	18	3,836	107,573	1,476	6.2	15,997
TOTAL NO. OF RX AND RX \$	0.4	0.0	0.0	0.0	4	0	0	0	11	0	0	0	1,412	15,673	332	1.4	3,712
	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,699,031	70,245,968	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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 2004. 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.medspan.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Michigan, 0.2 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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$8,515,694	8,294	34.7 %	89,489	0.8	\$118	\$95
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,286,979	7,887	33.0	82,418	0.8	113	88
ANTIDEPRESSANTS	5,540,052	15,687	65.6	168,022	0.8	39	33
ULCER DRUGS	5,350,137	11,317	47.4	123,413	0.7	60	43
ANALGESICS - Narcotic	4,234,751	12,223	51.1	128,360	0.8	40	33
ANTICONVULSANT	3,669,074	6,617	27.7	72,918	1.0	50	50
ANTIDIABETIC	2,929,000	8,673	36.3	93,868	0.9	36	31
MISC. HEMATOLOGICAL	2,882,138	3,910	16.4	41,813	0.8	86	69
ANALGESICS - ANTI-INFLAMMATORY	2,789,511	6,055	25.3	66,317	0.6	66	42
ANTHYPERLIPIDEMIC	2,288,372	4,131	17.3	44,220	0.8	63	52
Total	45,485,708	84,794		910,838	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	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	739,774	\$45,485,708	8,294	34.7 %	89,489	0.8	\$95	7,887	33.0 %	82,418	0.8	\$88
Female	565,361	34,401,935	6,067	33.4	65,764	0.8	93	5,973	32.9	63,307	0.8	88
Disabled	55,558	3,979,451	557	43.4	6,447	1.0	144	206	16.0	2,361	0.8	203
64 or younger	32,808	2,357,259	269	38.3	3,097	1.0	145	92	13.1	1,057	0.8	338
65-74	14,366	1,027,657	164	53.8	1,916	1.0	162	50	16.4	569	0.8	95
75-84	5,063	354,191	73	51.0	847	0.9	123	37	25.9	419	0.8	87
85 and older	3,321	240,344	51	38.3	587	0.8	117	27	20.3	316	0.8	103
Other Eligibles	509,803	30,422,484	5,510	32.7	59,317	0.8	87	5,767	34.2	60,946	0.8	83
64 or younger	7	75	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	57,078	3,661,326	652	49.5	7,259	0.9	114	366	27.8	3,960	0.8	97
75-84	199,208	12,013,970	2,165	38.4	23,301	0.8	95	2,226	39.5	23,473	0.8	82
85 and older	253,510	14,747,113	2,693	27.2	28,757	0.7	74	3,175	32.1	33,513	0.8	82
Male	174,413	11,083,773	2,227	38.7	23,725	0.8	103	1,914	33.2	19,111	0.8	91
Disabled	40,669	2,990,111	489	47.7	5,566	0.9	137	158	15.4	1,785	0.8	194
64 or younger	29,461	2,207,248	341	47.6	3,891	0.9	136	102	14.2	1,137	0.8	255
65-74	8,897	606,823	92	40.5	1,029	0.8	149	37	16.3	432	0.8	96
75-84	1,834	142,458	41	69.5	486	0.8	127	15	25.4	168	0.8	80
85 and older	477	33,582	15	62.5	160	0.9	97	4	16.7	48	0.6	41
Other Eligibles	133,744	8,093,662	1,738	36.7	18,159	0.8	92	1,756	37.1	17,326	0.8	81
64 or younger	59	1,201	1	100.0	12	0.7	16	0	0.0	0	0.0	0
65-74	30,922	1,973,494	390	45.5	4,242	0.9	116	248	28.9	2,659	0.8	88
75-84	62,434	3,812,056	815	39.4	8,594	0.8	91	863	41.7	8,533	0.8	81
85 and older	40,329	2,306,911	532	29.5	5,311	0.7	75	645	35.7	6,134	0.8	77
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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	15,687	65.6 %	168,022	0.8	\$33	11,317	47.4 %	123,413	0.7	\$43	12,223	51.1 %	128,360	0.8	\$33
Female	12,112	66.8	130,606	0.8	33	8,633	47.6	94,573	0.7	43	9,703	53.5	102,445	0.8	35
Disabled	926	72.1	10,717	0.9	39	752	58.6	8,611	0.7	43	791	61.6	9,020	1.0	49
64 or younger	576	81.9	6,661	0.9	41	405	57.6	4,615	0.7	43	454	64.6	5,215	1.2	61
65-74	201	65.9	2,317	0.9	37	200	65.6	2,292	0.7	44	196	64.3	2,211	0.8	31
75-84	77	53.8	886	0.8	34	91	63.6	1,051	0.7	47	80	55.9	909	0.7	26
85 and older	72	54.1	853	0.8	34	56	42.1	653	0.6	40	61	45.9	685	0.8	49
Other Eligibles	11,186	66.4	119,889	0.8	32	7,881	46.8	85,962	0.7	43	8,912	52.9	93,425	0.8	34
64 or younger	0	0.0	0	0.0	0	1	100.0	4	0.8	3	0	0.0	0	0.0	0
65-74	1,054	80.0	11,496	0.9	36	701	53.2	7,736	0.7	46	797	60.5	8,605	1.0	44
75-84	4,082	72.4	44,219	0.8	33	2,750	48.8	30,131	0.7	43	3,143	55.7	33,734	0.9	34
85 and older	6,050	61.1	64,174	0.8	31	4,429	44.7	48,091	0.7	44	4,972	50.2	51,086	0.8	31
Male	3,575	62.1	37,416	0.8	34	2,684	46.6	28,840	0.7	43	2,520	43.7	25,915	0.7	26
Disabled	695	67.7	8,004	0.9	37	550	53.6	6,327	0.7	44	501	48.8	5,678	0.8	41
64 or younger	497	69.4	5,734	0.9	38	373	52.1	4,298	0.7	43	379	52.9	4,307	0.9	45
65-74	157	69.2	1,804	0.9	38	138	60.8	1,588	0.7	48	103	45.4	1,163	0.8	31
75-84	33	55.9	380	0.8	25	30	50.8	333	0.7	40	14	23.7	148	0.3	4
85 and older	8	33.3	86	0.6	20	9	37.5	108	0.9	27	5	20.8	60	0.3	48
Other Eligibles	2,880	60.8	29,412	0.8	33	2,134	45.1	22,513	0.7	43	2,019	42.6	20,237	0.7	21
64 or younger	1	100.0	12	1.2	27	1	100.0	12	1.1	6	0	0.0	0	0.0	0
65-74	566	66.0	6,164	0.8	35	422	49.2	4,721	0.7	42	374	43.6	4,054	0.8	25
75-84	1,297	62.7	13,233	0.8	34	942	45.5	9,882	0.7	43	908	43.9	9,097	0.7	21
85 and older	1,016	56.3	10,003	0.8	31	769	42.6	7,898	0.7	44	737	40.8	7,086	0.6	20
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					MISC. HEMATOLOGICAL				
	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	6,617	27.7 %	72,918	1.0	\$50	8,673	36.3 %	93,868	0.9	\$31	3,910	16.4 %	41,813	0.8	\$69
Female	4,627	25.5	51,041	1.0	49	6,474	35.7	70,879	0.9	31	2,844	15.7	30,678	0.8	69
Disabled	785	61.1	9,006	1.2	73	551	42.9	6,394	0.9	38	175	13.6	2,022	0.8	72
64 or younger	503	71.6	5,774	1.2	76	275	39.1	3,226	1.0	41	79	11.2	899	0.8	75
65-74	199	65.2	2,291	1.1	74	189	62.0	2,151	0.9	37	59	19.3	683	0.8	70
75-84	58	40.6	672	1.1	52	57	39.9	662	0.8	31	23	16.1	273	0.7	67
85 and older	25	18.8	269	1.0	35	30	22.6	355	0.8	28	14	10.5	167	0.7	66
Other Eligibles	3,842	22.8	42,035	1.0	44	5,923	35.1	64,485	0.9	31	2,669	15.8	28,656	0.8	69
64 or younger	1	100.0	4	0.5	2	1	100.0	4	0.5	14	0	0.0	0	0.0	0
65-74	647	49.1	7,165	1.1	56	809	61.4	8,859	0.9	35	241	18.3	2,617	0.8	74
75-84	1,597	28.3	17,595	1.0	46	2,614	46.4	28,480	0.9	32	997	17.7	10,762	0.8	69
85 and older	1,597	16.1	17,271	0.9	37	2,499	25.2	27,142	0.8	28	1,431	14.5	15,277	0.8	68
Male	1,990	34.5	21,877	1.0	53	2,199	38.2	22,989	0.9	31	1,066	18.5	11,135	0.8	69
Disabled	684	66.7	7,853	1.1	69	367	35.8	4,143	0.9	39	174	17.0	1,985	0.9	81
64 or younger	533	74.4	6,161	1.1	69	262	36.6	2,955	0.9	39	116	16.2	1,323	0.9	82
65-74	128	56.4	1,426	1.2	67	81	35.7	905	1.0	37	48	21.1	554	0.8	78
75-84	20	33.9	230	1.0	73	20	33.9	235	1.1	48	8	13.6	84	0.9	80
85 and older	3	12.5	36	0.9	45	4	16.7	48	0.8	52	2	8.3	24	1.0	71
Other Eligibles	1,306	27.6	14,024	1.0	44	1,832	38.7	18,846	0.9	29	892	18.8	9,150	0.8	67
64 or younger	1	100.0	12	2.0	51	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	381	44.4	4,294	1.1	55	416	48.5	4,452	0.9	31	161	18.8	1,812	0.8	74
75-84	619	29.9	6,640	1.0	43	920	44.4	9,452	0.9	31	413	20.0	4,213	0.8	67
85 and older	305	16.9	3,078	0.9	32	496	27.5	4,942	0.8	24	318	17.6	3,125	0.8	63
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERLIPIDEMIC					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	6,055	25.3 %	66,317	0.6	\$42	4,131	17.3 %	44,220	0.8	\$52	23,899	247,743
Female	4,858	26.8	53,480	0.7	43	2,971	16.4	32,066	0.8	52	18,138	189,811
Disabled	312	24.3	3,679	0.6	35	246	19.2	2,858	0.9	59	1,284	14,543
64 or younge ^r	150	21.3	1,742	0.6	19	133	18.9	1,523	0.9	61	703	7,971
65-74	94	30.8	1,124	0.6	55	71	23.3	839	0.8	59	305	3,456
75-84	41	28.7	491	0.6	38	30	21.0	356	0.7	51	143	1,606
85 and older	27	20.3	322	0.5	40	12	9.0	140	0.9	56	133	1,510
Other Eligibles	4,546	27.0	49,801	0.7	44	2,725	16.2	29,208	0.8	52	16,854	175,268
64 or younge ^r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
65-74	370	28.1	4,225	0.6	38	398	30.2	4,312	0.8	55	1,317	14,063
75-84	1,599	28.4	17,777	0.7	47	1,243	22.0	13,347	0.8	52	5,638	59,185
85 and older	2,577	26.0	27,799	0.7	43	1,084	11.0	11,549	0.8	50	9,898	102,016
Male	1,197	20.8	12,837	0.6	36	1,160	20.1	12,154	0.8	51	5,761	57,932
Disabled	204	19.9	2,334	0.5	26	253	24.7	2,914	0.8	51	1,026	11,573
64 or younge ^r	128	17.9	1,489	0.5	18	189	26.4	2,170	0.8	52	716	8,043
65-74	62	27.3	702	0.6	41	56	24.7	655	0.8	47	227	2,583
75-84	11	18.6	117	0.6	38	7	11.9	77	1.0	61	59	671
85 and older	3	12.5	26	1.1	74	1	4.2	12	1.0	72	24	276
Other Eligibles	993	21.0	10,503	0.6	39	907	19.2	9,240	0.8	51	4,735	46,359
64 or younge ^r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	174	20.3	1,968	0.6	43	239	27.9	2,586	0.8	56	858	9,004
75-84	434	21.0	4,591	0.6	38	481	23.2	4,909	0.8	49	2,070	20,337
85 and older	385	21.3	3,944	0.6	37	187	10.4	1,745	0.8	48	1,806	17,006
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 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 17,131 beneficiaries who were in nursing facilities for part of their enrollment and their 156,493 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 2004. 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 2004 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); 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, 2004

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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	116,227	53.7 %	5.4	1,172,619	\$56	\$12,149,413	\$10	2.2 %	216,329
Age									
5 and younger	7	77.8	15.3	138	540	4,862	35	11.6	9
6-14	26	92.9	17.0	475	431	12,074	25	5.6	28
15-20	118	29.8	3.5	1,372	63	24,887	18	3.2	396
21-44	18,965	43.4	3.8	166,723	67	2,930,182	18	2.5	43,720
45-64	32,010	57.2	6.5	363,390	68	3,808,366	10	2.1	55,951
65-74	25,032	53.6	5.7	266,850	46	2,167,056	8	1.9	46,709
75-84	22,455	56.2	5.6	223,250	47	1,860,151	8	2.0	39,961
85 and older	17,614	59.6	5.1	150,421	45	1,341,835	9	2.4	29,555
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	49,445	54.5	5.0	455,876	44	3,950,522	9	2.1	90,694
Disabled	65,993	53.4	5.8	711,583	66	8,149,706	11	2.2	123,574
Adults	752	37.7	2.4	4,684	19	38,460	8	1.5	1,993
Children	27	51.9	7.8	403	194	10,082	25	4.9	52
Unknown	10	62.5	4.6	73	40	643	9	1.6	16
Gender									
Female	79,026	58.2	5.9	802,319	62	8,351,664	10	2.3	135,776
Male	37,201	46.2	4.6	370,300	47	3,797,749	10	1.9	80,553
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	81,035	54.5	5.7	841,537	60	8,915,525	11	2.1	148,661
African American	28,314	53.6	5.1	267,564	50	2,631,015	10	2.3	52,779
Other/unknown	6,878	46.2	4.3	63,518	40	602,873	9	1.9	14,889
Use of Nursing Facilities^d									
Entire year	15,654	65.5	6.4	153,002	62	1,475,740	10	2.1	23,899
Part year	11,869	69.3	5.3	91,305	50	850,972	9	2.2	17,131
None	88,704	50.6	5.3	928,312	56	9,822,701	11	2.2	175,299
Maintenance Assistance Status									
Cash	44,052	54.7	6.2	495,755	59	4,754,666	10	2.1	80,510
Medically needy	7,683	48.0	4.4	69,712	48	763,661	11	2.5	16,020
Poverty related	32,727	52.4	5.2	322,328	57	3,568,327	11	2.0	62,514
Other/unknown	31,765	55.5	5.0	284,824	53	3,062,759	11	2.3	57,285

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

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	\$5	\$10	\$0	\$1	2,210,066
Age						
5 and younger	1.8	62	35	0	0	78
6-14	1.9	49	25	0	0	245
15-20	0.5	8	18	0	1	2,933
21-44	0.4	7	18	0	2	446,045
45-64	0.6	7	10	0	2	572,267
65-74	0.5	4	8	0	1	488,315
75-84	0.5	4	8	0	1	414,292
85 and older	0.5	5	9	0	1	285,891
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	4	9	0	1	912,471
Disabled	0.6	6	11	0	2	1,285,744
Adults	0.4	3	8	0	1	11,295
Children	1.1	27	25	0	1	377
Unknown	0.4	4	9	0	2	179
Gender						
Female	0.6	6	10	0	1	1,402,669
Male	0.5	5	10	0	1	807,397
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	6	11	0	2	1,514,169
African American	0.5	5	10	0	1	539,982
Other/unknown	0.4	4	9	0	1	155,915
Use of Nursing Facilities^d						
Entire year	0.6	6	10	0	1	247,743
Part year	0.6	5	9	0	1	156,493
None	0.5	5	11	0	1	1,805,830
Maintenance Assistance Status						
Cash	0.6	5	10	0	1	896,066
Medically needy	0.6	7	11	0	2	112,923
Poverty related	0.5	5	11	0	1	676,299
Other/unknown	0.5	6	11	0	1	524,778

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- 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, 2004

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
All	169,786	\$72	\$12,149,413	100.0 %	1,172,619	\$10	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	32	63	0.0	4	16	0.0
Drugs for cosmetic purposes	101	16	1,592	0.0	170	9	0.0
Cough and cold medications	647	222	143,905	1.2	2,547	56	0.2
Vitamins and minerals	40,532	87	3,541,942	29.2	258,160	14	22.0
Non-prescription drugs	73,416	50	3,678,717	30.3	538,326	7	45.9
Barbiturates	2,157	52	111,648	0.9	22,527	5	1.9
Benzodiazepines	49,213	57	2,797,097	23.0	336,300	8	28.7
Other Part D Excl Rx Drugs	3,718	504	1,874,449	15.4	14,585	129	1.2

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MICHIGAN, 2004

Total Number of Dual Eligible Beneficiaries	216,329
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$561,573,077
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,596

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	27,536	12.7 %	\$0	0.0 %
1-500	44,087	20.4	8,671,224	1.5
501-1,000	23,314	10.8	17,244,318	3.1
1,001-1,500	18,340	8.5	22,753,106	4.1
1,501-2,000	14,965	6.9	26,063,588	4.6
2,001-2,500	12,739	5.9	28,579,482	5.1
2,501-3,000	11,063	5.1	30,365,754	5.4
3,001-3,500	9,330	4.3	30,299,621	5.4
3,501-4,000	7,827	3.6	29,272,023	5.2
4,001-4,500	6,751	3.1	28,651,203	5.1
4,501-5,000	5,793	2.7	27,483,412	4.9
5,001-5,500	4,856	2.2	25,457,392	4.5
5,501-6,000	4,205	1.9	24,143,931	4.3
6,001-6,500	3,451	1.6	21,539,922	3.8
6,501-7,000	2,991	1.4	20,174,171	3.6
7,001-7,500	2,553	1.2	18,492,178	3.3
7,501-8,000	2,164	1.0	16,760,316	3.0
8,001-8,500	1,811	0.8	14,930,653	2.7
8,501-9,000	1,544	0.7	13,506,422	2.4
9,001-9,500	1,284	0.6	11,866,766	2.1
9,501-10,000	1,109	0.5	10,798,285	1.9
10,001+	8,616	4.0	134,519,310	24.0

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MICHIGAN, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	98,145
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$298,136,053
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,038

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,226	13.5 %	0	0.0 %
1-500	21,793	22.2	3,936,103	1.3
501-1,000	9,444	9.6	6,915,654	2.3
1,001-1,500	7,130	7.3	8,836,047	3.0
1,501-2,000	5,697	5.8	9,915,068	3.3
2,001-2,500	4,775	4.9	10,707,315	3.6
2,501-3,000	4,175	4.3	11,464,291	3.8
3,001-3,500	3,602	3.7	11,720,480	3.9
3,501-4,000	3,087	3.1	11,550,143	3.9
4,001-4,500	2,701	2.8	11,478,920	3.9
4,501-5,000	2,475	2.5	11,748,365	3.9
5,001-5,500	2,152	2.2	11,284,645	3.8
5,501-6,000	1,973	2.0	11,333,450	3.8
6,001-6,500	1,714	1.7	10,702,676	3.6
6,501-7,000	1,501	1.5	10,129,703	3.4
7,001-7,500	1,422	1.4	10,295,559	3.5
7,501-8,000	1,246	1.3	9,653,364	3.2
8,001-8,500	1,027	1.0	8,465,240	2.8
8,501-9,000	919	0.9	8,039,247	2.7
9,001-9,500	792	0.8	7,319,922	2.5
9,501-10,000	708	0.7	6,894,737	2.3
10,001+	6,586	6.7	105,745,124	35.5

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MICHIGAN, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	116,225
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$260,687,688
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,243

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,824	11.9 %	0	0.0 %
1-500	21,592	18.6	4,620,096	1.8
501-1,000	13,660	11.8	10,177,780	3.9
1,001-1,500	11,091	9.5	13,769,765	5.3
1,501-2,000	9,193	7.9	16,016,739	6.1
2,001-2,500	7,912	6.8	17,755,608	6.8
2,501-3,000	6,840	5.9	18,769,031	7.2
3,001-3,500	5,686	4.9	18,443,526	7.1
3,501-4,000	4,708	4.1	17,601,941	6.8
4,001-4,500	4,023	3.5	17,055,855	6.5
4,501-5,000	3,301	2.8	15,654,547	6.0
5,001-5,500	2,693	2.3	14,115,059	5.4
5,501-6,000	2,213	1.9	12,700,199	4.9
6,001-6,500	1,720	1.5	10,731,341	4.1
6,501-7,000	1,478	1.3	9,964,175	3.8
7,001-7,500	1,123	1.0	8,138,836	3.1
7,501-8,000	910	0.8	7,045,130	2.7
8,001-8,500	780	0.7	6,432,182	2.5
8,501-9,000	620	0.5	5,423,350	2.1
9,001-9,500	488	0.4	4,509,370	1.7
9,501-10,000	398	0.3	3,874,469	1.5
10,001+	1,972	1.7	27,888,689	10.7

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MICHIGAN, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	46,709
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$111,949,791
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,397

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,432	13.8 %	0	0.0 %
1-500	8,172	17.5	1,691,980	1.5
501-1,000	5,096	10.9	3,813,321	3.4
1,001-1,500	4,305	9.2	5,359,189	4.8
1,501-2,000	3,534	7.6	6,160,983	5.5
2,001-2,500	3,036	6.5	6,811,189	6.1
2,501-3,000	2,649	5.7	7,282,306	6.5
3,001-3,500	2,189	4.7	7,101,978	6.3
3,501-4,000	1,796	3.8	6,724,479	6.0
4,001-4,500	1,563	3.3	6,631,789	5.9
4,501-5,000	1,336	2.9	6,337,403	5.7
5,001-5,500	1,099	2.4	5,760,465	5.1
5,501-6,000	895	1.9	5,137,945	4.6
6,001-6,500	705	1.5	4,395,592	3.9
6,501-7,000	647	1.4	4,364,802	3.9
7,001-7,500	520	1.1	3,767,722	3.4
7,501-8,000	428	0.9	3,311,797	3.0
8,001-8,500	366	0.8	3,021,385	2.7
8,501-9,000	296	0.6	2,588,178	2.3
9,001-9,500	236	0.5	2,179,300	1.9
9,501-10,000	209	0.4	2,035,148	1.8
10,001+	1,200	2.6	17,472,840	15.6

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MICHIGAN, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	39,961
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$92,023,980
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,303

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,623	11.6 %	0	0.0 %
1-500	6,835	17.1	1,455,455	1.6
501-1,000	4,501	11.3	3,354,170	3.6
1,001-1,500	3,732	9.3	4,634,456	5.0
1,501-2,000	3,236	8.1	5,638,127	6.1
2,001-2,500	2,854	7.1	6,402,250	7.0
2,501-3,000	2,495	6.2	6,843,309	7.4
3,001-3,500	2,044	5.1	6,629,814	7.2
3,501-4,000	1,745	4.4	6,514,892	7.1
4,001-4,500	1,517	3.8	6,428,555	7.0
4,501-5,000	1,193	3.0	5,654,366	6.1
5,001-5,500	1,004	2.5	5,260,137	5.7
5,501-6,000	854	2.1	4,902,098	5.3
6,001-6,500	655	1.6	4,086,281	4.4
6,501-7,000	543	1.4	3,657,309	4.0
7,001-7,500	414	1.0	3,001,005	3.3
7,501-8,000	329	0.8	2,548,543	2.8
8,001-8,500	278	0.7	2,290,100	2.5
8,501-9,000	225	0.6	1,968,535	2.1
9,001-9,500	173	0.4	1,599,957	1.7
9,501-10,000	133	0.3	1,294,447	1.4
10,001+	578	1.4	7,860,174	8.5

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MICHIGAN, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	29,555
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$56,713,917
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,919

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,769	9.4 %	0	0.0 %
1-500	6,585	22.3	1,472,661	2.6
501-1,000	4,063	13.7	3,010,289	5.3
1,001-1,500	3,054	10.3	3,776,120	6.7
1,501-2,000	2,423	8.2	4,217,629	7.4
2,001-2,500	2,022	6.8	4,542,169	8.0
2,501-3,000	1,696	5.7	4,643,416	8.2
3,001-3,500	1,453	4.9	4,711,734	8.3
3,501-4,000	1,167	3.9	4,362,570	7.7
4,001-4,500	943	3.2	3,995,511	7.0
4,501-5,000	772	2.6	3,662,778	6.5
5,001-5,500	590	2.0	3,094,457	5.5
5,501-6,000	464	1.6	2,660,156	4.7
6,001-6,500	360	1.2	2,249,468	4.0
6,501-7,000	288	1.0	1,942,064	3.4
7,001-7,500	189	0.6	1,370,109	2.4
7,501-8,000	153	0.5	1,184,790	2.1
8,001-8,500	136	0.5	1,120,697	2.0
8,501-9,000	99	0.3	866,637	1.5
9,001-9,500	79	0.3	730,113	1.3
9,501-10,000	56	0.2	544,874	1.0
10,001+	194	0.7	2,555,675	4.5

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	221,317	90,878	127,612	2,741	70	16	2,339,538	915,999	1,399,311	23,469	580	179
Age												
5 and younger	9	0	7	0	2	0	87	0	63	0	24	0
6-14	29	0	20	0	9	0	313	0	216	0	97	0
15-20	472	0	425	8	39	0	5,134	0	4,722	70	342	0
21-44	46,252	0	44,515	1,718	17	2	508,420	0	493,080	15,217	99	24
45-64	58,087	5	57,158	909	3	12	621,676	23	614,131	7,369	18	135
65-74	46,786	26,688	19,999	97	0	2	501,648	275,440	225,425	763	0	20
75-84	40,060	35,565	4,486	9	0	0	415,616	364,749	50,817	50	0	0
85 and older	29,622	28,620	1,002	0	0	0	286,644	275,787	10,857	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	138,411	67,191	69,561	1,611	32	16	1,474,086	685,911	773,502	14,248	246	179
Male	82,906	23,687	58,051	1,130	38	0	865,452	230,088	625,809	9,221	334	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	151,350	65,091	84,464	1,742	45	8	1,586,555	646,735	924,786	14,552	391	91
African American	54,817	17,348	36,603	839	21	6	590,565	180,897	401,809	7,619	168	72
Other/unknown	15,150	8,439	6,545	160	4	2	162,418	88,367	72,716	1,298	21	16
Use of Nursing Facilities^c												
Entire year	23,899	21,587	2,310	2	0	0	247,743	221,611	26,116	16	0	0
Part year	17,131	14,545	2,580	6	0	0	156,990	130,141	26,794	55	0	0
None	180,287	54,746	122,722	2,733	70	16	1,934,805	564,247	1,346,401	23,398	580	179
Maintenance Assistance Status												
Cash	82,973	19,172	63,071	729	1	0	959,655	217,924	734,601	7,118	12	0
Medically needy	16,285	8,129	6,932	1,194	30	0	119,108	63,432	46,296	9,160	220	0
Poverty related	63,088	30,074	32,850	129	19	16	703,431	333,934	368,185	956	177	179
Other/unknown	58,971	33,503	24,759	689	20	0	557,344	300,709	250,229	6,235	171	0
Dual Status^d												
Full dual, all year	211,529	86,331	122,393	2,720	69	16	2,240,985	869,480	1,347,494	23,260	572	179
Full dual, part year	9,788	4,547	5,219	21	1	0	98,553	46,519	51,817	209	8	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	201,653	90,095	110,420	1,084	38	16	2,126,822	908,007	1,210,805	7,506	325	179
FFS part year, with Rx claims	12,258	475	11,062	711	10	0	136,942	4,952	124,788	7,101	101	0
FFS part year, no Rx claims	2,418	124	2,092	198	4	0	24,492	1,104	21,665	1,689	34	0
MC all year, with Rx claims	2,633	15	2,117	491	10	0	28,333	168	23,063	5,018	84	0
MC all year, no Rx claims	2,355	169	1,921	257	8	0	22,949	1,768	18,990	2,155	36	0

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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; 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, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	221,317	2,339,538	216,329	2,210,066	0	129,472
Fee-for-service (FFS) all year	201,653	2,126,822	201,653	2,126,822	0	0
FFS part year, with Rx claims	12,258	136,942	12,258	71,975	0	64,967
FFS part year, with no Rx claims	2,418	24,492	2,418	11,269	0	13,223
Managed care (MC) all year, with Rx claims	2,633	28,333	0	0	0	28,333
MC all year, with no Rx claims	2,355	22,949	0	0	0	22,949

Source: Data for this table are from the MAX 2004 file for Michigan, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.