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

LIST OF TABLES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL 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	**763,781**	**3,968**	**67,116**	**196,602**	**495,249**	**846**	**3,581,921**	**22,865**	**429,575**	**765,304**	**2,356,459**	**7,718**
Age												
5 and younger	206,922	0	4,746	0	202,176	0	941,914	0	35,972	0	905,942	0
6-14	210,940	0	10,550	0	200,390	0	1,072,565	0	77,714	0	994,851	0
15-20	118,469	0	7,760	21,536	89,138	35	609,435	0	60,034	104,197	444,908	296
21-44	181,643	1	18,783	159,087	3,374	398	735,093	3	113,286	608,379	9,951	3,474
45-64	40,952	16	24,526	15,953	44	413	193,743	90	136,997	52,606	102	3,948
65-74	1,740	1,097	622	21	0	0	13,118	8,423	4,585	110	0	0
75-84	1,444	1,331	111	2	0	0	8,646	7,777	862	7	0	0
85 and older	1,545	1,522	18	3	2	0	6,711	6,569	125	5	12	0
Unknown	126	1	0	0	125	0	696	3	0	0	693	0
Gender												
Female	435,388	2,678	31,638	156,753	243,473	846	2,022,919	14,888	205,158	639,910	1,155,245	7,718
Male	328,393	1,290	35,478	39,849	251,776	0	1,559,002	7,977	224,417	125,394	1,201,214	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	478,091	2,583	40,596	128,072	306,175	665	2,417,664	13,849	278,817	522,067	1,596,881	6,050
African American	218,677	756	22,280	54,679	140,833	129	844,591	4,301	120,285	186,184	532,627	1,194
Other/unknown	67,013	629	4,240	13,851	48,241	52	319,666	4,715	30,473	57,053	226,951	474
Use of Nursing Facilities[c]												
Entire year	1,435	300	1,133	1	1	0	15,505	2,971	12,510	12	12	0
Part year	1,568	215	1,320	30	2	1	11,772	1,733	9,877	139	11	12
None	760,778	3,453	64,663	196,571	495,246	845	3,554,644	18,161	407,188	765,153	2,356,436	7,706
Maintenance Assistance Status												
Cash	150,886	599	43,821	37,757	68,709	0	703,110	5,423	313,203	141,734	242,750	0
Medically needy	76,596	372	2,892	49,757	23,575	0	265,642	1,560	11,582	166,399	86,101	0
Poverty-related	338,372	548	7,311	38,928	290,739	846	1,696,230	5,276	38,394	195,701	1,449,141	7,718
Other/unknown	197,927	2,449	13,092	70,160	112,226	0	916,939	10,606	66,396	261,470	578,467	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	293,608	3,830	33,113	81,036	174,798	831	2,060,602	21,933	301,714	415,101	1,314,208	7,646
FFS part year, with Rx claims	166,889	92	22,703	60,047	84,035	12	651,843	673	91,624	212,770	346,709	67
FFS part year, no Rx claims	303,284	46	11,300	55,519	236,416	3	869,476	259	36,237	137,433	695,542	5

Note: In the "Race" row, an additional "0" appears to the left of the "Number of Benefit Months / All" value for African American.

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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

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

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**39.2 %**	**3.6**	**$233**	**$64**	**$2,468**	**9.4 %**	**763,781**
Age							
5 and younger	33.3	1.3	59	45	2,047	2.9	206,922
6-14	30.3	2.4	229	95	1,387	16.5	210,940
15-20	39.6	3.3	248	75	1,964	12.6	118,469
21-44	51.1	4.7	256	54	2,927	8.8	181,643
45-64	59.9	16.0	930	58	9,321	10.0	40,952
65-74	53.3	17.6	776	44	4,063	19.1	1,740
75-84	38.6	17.2	727	42	4,621	15.7	1,444
85 and older	27.4	12.5	458	37	5,797	7.9	1,545
Unknown	0.0	0.0	0	0	1	0.0	126
Basis of Eligibility[e]							
Aged	38.0	15.0	620	41	4,710	13.2	3,968
Disabled	65.0	17.0	1,460	86	11,600	12.6	67,116
Adults	50.2	3.6	138	39	2,148	6.4	196,602
Children	31.2	1.7	100	58	1,327	7.5	495,249
Unknown	81.3	16.2	1,060	65	9,699	10.9	846
Gender							
Female	42.4	3.9	200	52	2,351	8.5	435,388
Male	34.9	3.3	276	84	2,624	10.5	328,393
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	44.1	4.3	259	60	2,418	10.7	478,091
African American	30.3	2.4	205	85	2,753	7.4	218,677
Other/unknown	33.1	2.4	141	58	1,894	7.4	67,013
Use of Nursing Facilities[f]							
Entire year	96.0	87.0	4,439	51	56,712	7.8	1,435
Part year	94.8	59.1	2,871	49	44,943	6.4	1,568
None	38.9	3.4	219	66	2,278	9.6	760,778
Maintenance Assistance Status							
Cash	45.4	7.2	577	80	4,793	12.0	150,886
Medically needy	42.1	3.6	183	51	2,271	8.1	76,596
Poverty related	34.3	2.0	103	51	1,506	6.8	338,372
Other/unknown	41.6	3.7	213	58	2,416	8.8	197,927

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. 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 fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL 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:						Mean $, All Medicaid FFS $[d]	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		Beneficiaries	Benefit Months
All	**0.8**	**$50**	**9.4 %**	**60.8 %**	**26.5 %**	**4.7 %**	**4.6 %**	**2.0 %**	**1.3 %**	**$526**	**763,781**	**3,581,921**
Age												
5 and younger	0.3	13	2.9	66.7	29.6	2.4	1.1	0.2	0.0	450	206,922	941,914
6-14	0.5	45	16.5	69.7	21.8	3.3	3.2	1.2	0.8	273	210,940	1,072,565
15-20	0.6	48	12.6	60.4	28.7	5.0	4.0	1.2	0.7	382	118,469	609,435
21-44	1.2	63	8.8	48.9	29.8	7.9	7.9	3.3	2.2	723	181,643	735,093
45-64	3.4	197	10.0	40.1	16.5	8.7	15.4	11.6	7.7	1,970	40,952	193,743
65-74	2.3	103	19.1	46.7	17.4	7.6	17.0	9.0	2.4	539	1,740	13,118
75-84	2.9	121	15.7	61.4	10.2	4.6	10.7	10.3	2.8	772	1,444	8,646
85 and older	2.9	105	7.9	72.6	6.0	3.4	7.8	8.1	2.2	1,335	1,545	6,711
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	126	696
Basis of Eligibility[e]												
Aged	2.6	108	13.2	62.0	11.0	5.2	11.0	8.5	2.3	817	3,968	22,865
Disabled	2.7	228	12.6	35.0	22.1	9.0	15.7	10.5	7.7	1,812	67,116	429,575
Adults	0.9	36	6.4	49.8	31.4	7.7	7.0	2.6	1.4	552	196,602	765,304
Children	0.4	21	7.5	68.8	25.3	2.9	2.1	0.6	0.3	279	495,249	2,356,459
Unknown	1.8	116	10.9	18.7	42.4	15.5	18.3	4.1	0.9	1,063	846	7,718
Gender												
Female	0.8	43	8.5	57.6	28.6	5.2	4.9	2.2	1.4	506	435,388	2,022,919
Male	0.7	58	10.5	65.1	23.7	4.1	4.2	1.8	1.1	553	328,393	1,559,002
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	51	10.7	55.9	29.4	5.3	5.4	2.5	1.6	478	478,091	2,417,664
African American	0.6	53	7.4	69.7	20.7	3.9	3.4	1.4	0.9	713	218,677	844,591
Other/unknown	0.5	30	7.4	66.9	25.1	3.3	3.0	1.1	0.5	397	67,013	319,666
Use of Nursing Facilities[f]												
Entire year	8.1	411	7.8	4.0	3.2	4.5	22.9	38.8	26.6	5,249	1,435	15,505
Part year	7.9	382	6.4	5.2	6.0	5.9	23.1	32.9	27.0	5,986	1,568	11,772
None	0.7	47	9.6	61.1	26.6	4.7	4.5	1.9	1.2	488	760,778	3,554,644
Maintenance Assistance Status												
Cash	1.5	124	12.0	54.6	24.5	6.0	7.6	4.3	3.1	1,029	150,886	703,110
Medically needy	1.0	53	8.1	57.9	22.5	7.2	7.6	3.2	1.6	655	76,596	265,642
Poverty related	0.4	20	6.8	65.7	27.9	3.1	2.1	0.7	0.5	300	338,372	1,696,230
Other/unknown	0.8	46	8.8	58.4	27.2	5.6	5.5	2.1	1.2	522	197,927	916,939

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

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

c. 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 ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**0.8**	**$50**	**$64**	**0.3**	**$40**	**$134**	**0.0**	**$3**	**$80**	**0.4**	**$7**	**$16**
Age												
5 and younger	0.3	13	45	0.1	10	109	0.0	1	52	0.2	2	12
6-14	0.5	45	95	0.3	40	147	0.0	1	85	0.2	4	20
15-20	0.6	48	75	0.3	39	139	0.0	2	84	0.3	6	19
21-44	1.2	63	54	0.4	49	130	0.1	4	79	0.7	10	14
45-64	3.4	197	58	1.1	151	134	0.2	14	89	2.1	32	15
65-74	2.3	103	44	0.9	82	96	0.1	4	53	1.4	18	13
75-84	2.9	121	42	1.1	97	86	0.1	5	38	1.6	20	12
85 and older	2.9	105	37	1.0	80	81	0.2	5	32	1.7	20	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.6	108	41	1.0	85	87	0.1	4	38	1.5	19	12
Disabled	2.7	228	86	1.1	187	177	0.1	13	96	1.5	28	19
Adults	0.9	36	39	0.3	25	99	0.0	3	65	0.6	8	12
Children	0.4	21	58	0.2	18	104	0.0	1	66	0.2	3	14
Unknown	1.8	116	65	0.5	97	178	0.1	3	54	1.2	16	14
Gender												
Female	0.8	43	52	0.3	33	114	0.0	3	74	0.5	7	14
Male	0.7	58	84	0.3	49	159	0.0	2	92	0.4	7	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	51	60	0.3	41	120	0.0	3	80	0.5	7	15
African American	0.6	53	85	0.2	44	197	0.0	2	77	0.4	7	18
Other/unknown	0.5	30	58	0.2	23	124	0.0	2	81	0.3	4	15
Use of Nursing Facilities[e]												
Entire year	8.1	411	51	2.7	312	114	0.4	25	57	4.9	74	15
Part year	7.9	382	49	2.4	279	118	0.5	28	59	5.0	76	15
None	0.7	47	66	0.3	38	135	0.0	2	82	0.4	6	16
Maintenance Assistance Status												
Cash	1.5	124	80	0.6	101	170	0.1	7	93	0.9	16	18
Medically needy	1.0	53	51	0.3	40	116	0.0	3	75	0.6	9	14
Poverty related	0.4	20	51	0.2	17	103	0.0	1	62	0.2	3	13
Other/unknown	0.8	46	58	0.3	37	118	0.0	2	73	0.4	6	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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Michigan, 0.2 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL 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		Number of Benefit Months
	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 All Benes	
Anti-infective Agents	0.3	0.1	0.0	0.2	$12	$9	$1	$3	$45	$115	$55	$14	302,143	$13,454,570	147,869	19.4 %	1,101,553
Biologicals	0.8	0.1	0.0	0.7	####	118	1	####	1827	1,041	230	1,962	414	756,172	64	0.0	502
Antineoplastic Agents	0.5	0.1	0.0	0.4	115	91	5	18	214	700	201	48	7,664	1,639,287	1,705	0.2	14,314
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	29	23	2	4	60	125	37	17	202,294	12,130,086	58,638	7.7	422,866
Cardiovascular Agents	1.0	0.3	0.0	0.7	31	22	0	9	30	79	31	12	232,027	7,048,995	33,002	4.3	226,648
Respiratory Agents	0.5	0.3	0.0	0.2	30	27	0	3	61	100	48	13	231,233	14,146,614	63,656	8.3	478,523
Gastrointestinal Agents	0.5	0.2	0.0	0.2	34	28	3	3	68	116	107	12	127,952	8,651,886	33,727	4.4	253,804
Genitourinary Agents	0.3	0.1	0.0	0.1	12	8	2	2	43	68	40	18	36,117	1,551,899	17,022	2.2	133,347
CNS Drugs	1.3	0.6	0.0	0.6	93	81	3	9	74	142	75	14	614,574	45,353,180	83,063	10.9	488,055
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	61	56	0	5	61	71	53	23	179,804	10,921,544	26,872	3.5	179,576
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.1	181	175	0	6	340	380	95	85	6,100	2,074,217	1,393	0.2	11,452
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	17	11	1	5	35	167	385	11	292,029	10,189,162	88,434	11.6	603,532
Neuromuscular Agents	1.0	0.5	0.1	0.4	77	57	13	7	78	119	105	19	246,694	19,234,030	37,858	5.0	248,364
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	13	17	14	12	81,132	1,033,510	35,595	4.7	261,901
Hematological Agents	0.6	0.2	0.0	0.4	340	318	2	21	577	1,533	53	60	39,507	22,807,378	8,862	1.2	67,019
Topical Products	0.3	0.1	0.0	0.2	8	4	0	3	31	74	55	17	152,028	4,708,025	78,948	10.3	604,108
Miscellaneous Products	0.4	0.2	0.1	0.2	59	39	12	8	157	231	231	51	13,236	2,076,626	3,969	0.5	35,270
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	21	0	0	0	1,213	25,112	572	0.1	4,050
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,766,161	177,802,293	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.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.medispan.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 ND.7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, MICHIGAN, 2004

| Top 10 Drug Groups | Total Medicaid Rx $ | Users | | | Among Users | | |
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$19,209,377	19,202	2.5 %	170,845	0.6	$178	$112
MISC. HEMATOLOGICAL	19,158,286	2,666	0.3	20,269	0.6	1,669	945
ANTICONVULSANT	13,835,335	19,925	2.6	177,306	0.8	102	78
ANTIASTHMATIC	9,940,051	71,266	9.3	561,061	0.3	57	18
ANTIDEPRESSANTS	9,873,469	42,753	5.6	349,467	0.5	53	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	7,948,782	19,680	2.6	184,171	0.6	69	43
ANALGESICS - Narcotic	6,164,057	76,780	10.1	556,494	0.3	33	11
MISC. ENDOCRINE	5,670,715	3,765	0.5	35,101	0.5	318	162
ULCER DRUGS	5,521,157	30,170	4.0	232,329	0.4	64	24
ANTIDIABETIC	4,229,175	15,527	2.0	111,201	0.7	58	38
Total	101,550,404	301,734		2,398,244	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]
NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC. HEMATOLOGICAL				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,094,005**	**$101,550,404**	**19,202**	**2.5 %**	**170,845**	**0.6**	**$112**	**2,666**	**0.3 %**	**20,269**	**0.6**	**$945**
Female	607,807	41,876,169	9,320	2.1	79,814	0.6	101	1,332	0.3	10,292	0.6	59
Disabled	268,754	22,202,863	4,326	13.7	39,104	0.7	125	938	3.0	7,666	0.6	58
5 and younger	6,544	663,117	15	0.8	158	0.5	63	1	0.1	12	0.3	50
6-14	20,542	2,338,807	321	8.6	3,226	0.7	111	1	0.0	12	0.1	5
15-20	18,835	2,083,629	528	17.1	5,371	0.6	107	3	0.1	30	0.4	42
21-44	70,659	6,144,040	1,605	17.6	13,582	0.7	130	87	1.0	705	0.6	46
45-64	148,729	10,773,225	1,815	13.7	16,312	0.7	131	810	6.1	6,526	0.6	59
65-74	2,813	158,535	26	6.7	277	0.8	110	27	6.9	274	0.6	63
75-84	500	35,349	13	17.8	142	0.9	118	6	8.2	71	0.6	79
85 and older	132	6,161	3	25.0	36	0.3	2	3	25.0	36	0.7	73
Other Eligibles	339,053	19,673,306	4,994	1.2	40,710	0.5	77	394	0.1	2,626	0.5	61
5 and younger	22,004	1,336,220	57	0.1	552	0.4	68	1	0.0	12	1.3	1,620
6-14	67,734	5,246,635	1,078	1.1	10,532	0.6	92	2	0.0	24	0.1	152
15-20	63,242	4,298,502	1,501	2.4	14,056	0.5	88	6	0.0	41	0.3	48
21-44	150,241	6,837,556	1,899	1.5	11,877	0.4	55	123	0.1	623	0.4	40
45-64	22,707	1,243,443	285	2.8	2,039	0.4	51	130	1.3	575	0.5	54
65-74	3,845	211,878	44	6.7	402	0.7	95	35	5.3	378	0.6	61
75-84	4,917	282,470	64	7.5	620	0.6	68	62	7.2	635	0.6	60
85 and older	4,363	216,602	66	5.7	632	0.6	74	35	3.0	338	0.6	55
Male	486,198	59,674,235	9,882	3.0	91,031	0.7	123	1,334	0.4	9,977	0.6	1,859
Disabled	223,652	36,370,860	4,862	13.7	44,091	0.7	141	929	2.6	7,259	0.6	2,171
5 and younger	10,344	2,409,598	58	2.1	569	0.5	83	6	0.2	72	3.4	20,634
6-14	44,996	15,773,419	1,067	15.6	10,714	0.7	122	30	0.4	295	0.8	37,398
15-20	32,255	5,930,138	923	19.8	9,483	0.7	134	15	0.3	169	0.4	13,258
21-44	53,197	5,689,488	1,615	16.7	13,085	0.8	157	96	1.0	742	0.6	508
45-64	81,140	6,452,038	1,175	10.4	10,013	0.8	149	752	6.7	5,682	0.5	107
65-74	1,385	96,917	21	9.0	191	0.7	148	23	9.9	221	0.6	66
75-84	311	18,231	3	7.9	36	0.6	7	7	18.4	78	0.4	54
85 and older	24	1,031	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	262,546	23,303,375	5,020	1.7	46,940	0.6	106	405	0.1	2,718	0.6	1,026
5 and younger	33,206	2,404,223	161	0.2	1,537	0.5	64	10	0.0	104	0.5	3,204
6-14	126,063	11,682,014	2,435	2.4	24,141	0.6	107	17	0.0	188	0.6	7,099
15-20	58,175	6,641,906	1,828	3.9	17,661	0.6	115	7	0.0	80	0.5	11,741
21-44	28,238	1,595,299	411	1.2	2,195	0.4	80	128	0.4	639	0.5	122
45-64	9,608	543,653	84	1.4	504	0.5	78	148	2.4	752	0.5	59
65-74	2,685	171,297	32	7.0	300	0.6	128	34	7.4	336	0.6	58
75-84	2,564	157,159	38	8.0	323	0.8	78	34	7.1	358	0.7	69
85 and older	2,007	107,824	31	8.5	279	0.6	39	27	7.4	261	0.7	57
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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	19,925	2.6 %	177,306	0.8	$78	71,266	9.3 %	561,061	0.3	$18	42,753	5.6 %	349,467	0.5	$28
Female	11,115	2.6	96,283	0.7	75	38,261	8.8	294,012	0.3	17	29,303	6.7	231,429	0.5	29
Disabled	5,755	18.2	55,581	0.8	87	8,934	28.2	77,423	0.4	25	8,242	26.1	74,513	0.6	34
5 and younger	212	10.6	2,118	0.8	113	868	43.4	8,521	0.3	22	11	0.6	109	0.6	14
6-14	687	18.4	7,404	0.9	112	1,000	26.8	9,854	0.4	25	333	8.9	3,429	0.6	25
15-20	625	20.2	6,645	0.8	100	586	19.0	6,014	0.4	22	585	18.9	5,917	0.6	28
21-44	1,867	20.5	17,537	0.8	90	2,013	22.1	16,894	0.4	22	2,790	30.6	24,509	0.6	35
45-64	2,325	17.6	21,490	0.8	69	4,395	33.2	35,420	0.5	27	4,468	33.8	39,961	0.7	36
65-74	33	8.5	315	1.0	56	62	15.9	613	0.6	28	45	11.6	482	0.6	25
75-84	5	6.8	60	0.5	14	8	11.0	83	0.1	2	8	11.0	82	0.4	3
85 and older	1	8.3	12	0.6	58	2	16.7	24	0.1	1	2	16.7	24	0.9	4
Other Eligibles	5,360	1.3	40,702	0.6	59	29,327	7.3	216,589	0.3	15	21,061	5.2	156,916	0.5	26
5 and younger	234	0.2	1,941	0.6	71	7,701	7.8	58,447	0.2	13	56	0.1	575	0.3	8
6-14	883	0.9	8,391	0.7	67	6,915	7.0	58,131	0.3	16	2,030	2.0	19,647	0.5	22
15-20	1,063	1.7	9,704	0.6	67	4,415	6.9	36,413	0.2	13	4,507	7.1	40,433	0.4	23
21-44	2,669	2.1	16,994	0.6	51	8,908	6.9	54,749	0.3	14	12,692	9.8	83,919	0.5	27
45-64	378	3.7	2,366	0.6	50	1,110	10.9	6,020	0.4	23	1,457	14.2	9,207	0.6	34
65-74	44	6.7	430	0.6	32	80	12.1	845	0.3	18	86	13.1	875	0.5	23
75-84	51	6.0	494	0.7	34	111	13.0	1,146	0.4	26	116	13.5	1,123	0.8	31
85 and older	38	3.3	382	0.7	33	87	7.5	838	0.4	21	117	10.1	1,137	0.8	28
Male	8,810	2.7	81,023	0.8	82	33,005	10.1	267,049	0.3	18	13,450	4.1	118,038	0.6	28
Disabled	5,390	15.2	52,418	0.9	91	7,350	20.7	67,293	0.4	26	5,418	15.3	48,754	0.6	31
5 and younger	295	10.7	3,071	0.7	83	1,423	51.8	14,246	0.3	24	31	1.1	323	0.3	9
6-14	1,058	15.5	11,143	0.9	97	1,815	26.6	18,490	0.4	28	791	11.6	7,972	0.6	26
15-20	843	18.1	8,969	0.9	97	813	17.4	8,483	0.4	32	800	17.1	8,495	0.7	35
21-44	1,643	17.0	15,326	1.0	103	900	9.3	7,336	0.4	19	1,653	17.1	13,786	0.6	30
45-64	1,537	13.6	13,769	0.9	73	2,339	20.7	18,154	0.4	24	2,122	18.8	17,959	0.6	32
65-74	12	5.2	116	0.7	41	50	21.5	482	0.5	33	17	7.3	177	0.7	33
75-84	2	5.3	24	0.5	15	10	26.3	102	0.7	40	3	7.9	30	0.7	30
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	1.0	77
Other Eligibles	3,420	1.2	28,605	0.7	65	25,655	8.8	199,756	0.3	16	8,032	2.7	69,284	0.5	26
5 and younger	321	0.3	2,772	0.6	64	11,482	11.1	86,262	0.2	15	76	0.1	675	0.4	11
6-14	1,270	1.3	12,269	0.7	66	9,132	9.0	76,627	0.3	16	3,084	3.0	30,334	0.5	22
15-20	907	1.9	8,156	0.6	69	3,123	6.6	26,394	0.3	15	2,569	5.5	24,434	0.5	29
21-44	688	2.0	3,779	0.6	58	1,274	3.8	6,195	0.4	20	1,702	5.0	9,538	0.5	30
45-64	154	2.5	881	0.5	56	460	7.4	2,408	0.4	24	441	7.1	2,702	0.5	32
65-74	31	6.8	268	0.8	39	77	16.8	797	0.4	22	44	9.6	427	0.5	24
75-84	27	5.7	269	0.7	33	57	12.0	592	0.3	14	63	13.2	652	0.7	30
85 and older	22	6.0	211	1.0	45	50	13.7	481	0.4	13	53	14.5	522	0.7	26
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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]
NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANALGESICS - Narcotic					MISC. ENDOCRINE				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	19,680	2.6 %	184,171	0.6	$43	76,780	10.1 %	556,494	0.3	$11	3,765	0.5 %	35,101	0.5	$162
Female	5,857	1.3	55,194	0.6	41	55,561	12.8	403,072	0.3	10	2,014	0.5	18,425	0.5	122
Disabled	899	2.8	8,939	0.6	46	11,134	35.2	93,186	0.5	28	1,046	3.3	9,984	0.6	124
5 and younger	41	2.1	354	0.3	35	164	8.2	1,752	0.1	1	48	2.4	485	0.6	234
6-14	461	12.4	4,660	0.6	45	362	9.7	3,925	0.2	2	117	3.1	1,256	0.5	344
15-20	213	6.9	2,191	0.6	43	569	18.4	5,815	0.2	14	60	1.9	579	0.5	417
21-44	106	1.2	983	0.5	51	3,623	39.7	28,950	0.5	26	140	1.5	1,492	0.6	66
45-64	78	0.6	751	0.5	63	6,319	47.8	51,802	0.6	34	646	4.9	5,810	0.6	58
65-74	0	0.0	0	0.0	0	80	20.6	740	0.5	8	25	6.4	245	0.7	46
75-84	0	0.0	0	0.0	0	14	19.2	166	0.3	9	8	11.0	93	0.4	27
85 and older	0	0.0	0	0.0	0	3	25.0	36	1.0	8	2	16.7	24	0.3	23
Other Eligibles	4,958	1.2	46,255	0.6	40	44,427	11.0	309,886	0.3	4	968	0.2	8,441	0.5	119
5 and younger	171	0.2	1,511	0.3	39	886	0.9	7,818	0.1	1	42	0.0	366	0.5	219
6-14	3,428	3.5	32,591	0.6	39	2,117	2.1	19,483	0.1	1	448	0.5	4,085	0.4	156
15-20	988	1.6	9,584	0.6	40	7,918	12.4	64,460	0.2	1	102	0.2	960	0.5	158
21-44	330	0.3	2,293	0.5	47	30,515	23.6	198,971	0.3	5	122	0.1	814	0.5	71
45-64	41	0.4	276	0.6	61	2,545	24.9	14,709	0.4	13	110	1.1	771	0.5	39
65-74	0	0.0	0	0.0	0	127	19.3	1,319	0.3	2	57	8.6	588	0.6	39
75-84	0	0.0	0	0.0	0	163	19.0	1,631	0.4	17	45	5.3	471	0.6	35
85 and older	0	0.0	0	0.0	0	156	13.4	1,495	0.5	15	42	3.6	386	0.5	27
Male	13,823	4.2	128,977	0.6	44	21,219	6.5	153,422	0.4	15	1,751	0.5	16,676	0.5	206
Disabled	2,324	6.6	23,213	0.7	50	7,806	22.0	62,028	0.5	27	596	1.7	6,143	0.6	225
5 and younger	77	2.8	767	0.4	29	235	8.6	2,535	0.1	1	44	1.6	450	0.7	259
6-14	1,523	22.3	15,040	0.7	49	501	7.3	5,293	0.2	3	203	3.0	2,082	0.6	300
15-20	580	12.4	6,050	0.7	53	561	12.0	5,754	0.2	4	112	2.4	1,206	0.6	385
21-44	114	1.2	1,088	0.7	49	2,335	24.2	17,475	0.5	31	117	1.2	1,200	0.6	87
45-64	30	0.3	268	0.6	38	4,121	36.4	30,436	0.6	37	111	1.0	1,106	0.5	60
65-74	0	0.0	0	0.0	0	41	17.6	411	0.4	2	7	3.0	75	0.6	53
75-84	0	0.0	0	0.0	0	11	28.9	114	0.3	4	2	5.3	24	0.6	46
85 and older	0	0.0	0	0.0	0	1	16.7	10	0.2	1	0	0.0	0	0.0	0
Other Eligibles	11,499	3.9	105,764	0.6	43	13,413	4.6	91,394	0.3	6	1,155	0.4	10,533	0.4	195
5 and younger	406	0.4	3,588	0.4	35	1,242	1.2	11,100	0.1	1	54	0.1	446	0.6	245
6-14	8,815	8.7	80,789	0.6	43	2,115	2.1	19,571	0.1	1	849	0.8	7,746	0.4	152
15-20	2,153	4.6	20,668	0.6	46	3,093	6.6	25,130	0.2	1	169	0.4	1,615	0.5	455
21-44	101	0.3	549	0.6	50	5,569	16.5	27,434	0.5	13	24	0.1	143	0.4	47
45-64	23	0.4	158	0.5	49	1,191	19.2	6,235	0.5	17	6	0.1	52	0.4	39
65-74	1	0.2	12	0.6	98	77	16.8	723	0.5	9	16	3.5	162	0.5	51
75-84	0	0.0	0	0.0	0	68	14.3	667	0.5	27	15	3.2	158	0.6	32
85 and older	0	0.0	0	0.0	0	58	15.9	534	0.6	34	22	6.0	211	0.4	30
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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	30,170	4.0 %	232,329	0.4	$24	15,527	2.0 %	111,201	0.7	$38	763,781	3,581,921
Female	19,318	4.4	148,273	0.4	22	10,004	2.3	73,064	0.6	37	435,328	2,022,611
Disabled	6,466	20.4	57,310	0.5	32	4,747	15.0	38,218	0.7	38	31,638	205,158
5 and younger	366	18.3	3,650	0.4	25	7	0.4	75	0.3	18	1,998	15,389
6-14	336	9.0	3,623	0.4	37	68	1.8	678	0.7	59	3,725	29,115
15-20	298	9.6	3,130	0.4	29	105	3.4	1,008	0.7	45	3,092	23,908
21-44	1,572	17.2	13,846	0.4	31	775	8.5	6,291	0.6	35	9,129	56,228
45-64	3,798	28.7	32,061	0.5	34	3,676	27.8	28,953	0.7	38	13,220	76,956
65-74	84	21.6	859	0.4	24	100	25.7	1,023	0.6	26	389	2,922
75-84	9	12.3	105	0.6	47	16	21.9	190	0.6	14	73	564
85 and older	3	25.0	36	0.6	51	0	0.0	0	0.0	0	12	76
Other Eligibles	12,852	3.2	90,963	0.3	16	5,257	1.3	34,846	0.6	36	403,690	1,817,453
5 and younger	1,873	1.9	12,279	0.3	14	76	0.1	756	1.0	63	98,749	442,505
6-14	1,048	1.1	9,783	0.2	16	510	0.5	4,601	0.8	61	99,243	490,188
15-20	2,069	3.3	17,849	0.2	9	556	0.9	4,770	0.6	46	63,652	315,411
21-44	6,469	5.0	40,958	0.3	16	2,770	2.1	16,021	0.5	30	129,141	518,479
45-64	989	9.7	5,872	0.4	28	978	9.6	4,873	0.6	29	10,227	35,959
65-74	147	22.3	1,580	0.4	23	151	22.9	1,593	0.7	25	659	5,065
75-84	132	15.4	1,369	0.5	33	131	15.3	1,368	0.7	24	857	5,122
85 and older	125	10.8	1,273	0.6	29	85	7.3	864	0.7	23	1,162	4,724
Male	10,852	3.3	84,056	0.4	27	5,523	1.7	38,137	0.7	40	328,327	1,558,614
Disabled	4,659	13.1	41,160	0.5	34	2,914	8.2	21,341	0.7	36	35,478	224,417
5 and younger	481	17.5	4,917	0.4	28	11	0.4	95	0.9	59	2,748	20,583
6-14	434	6.4	4,584	0.5	44	78	1.1	727	0.8	55	6,825	48,599
15-20	345	7.4	3,687	0.4	38	98	2.1	999	0.7	41	4,668	36,126
21-44	1,190	12.3	9,949	0.5	32	567	5.9	3,924	0.6	31	9,654	57,058
45-64	2,151	19.0	17,425	0.5	34	2,113	18.7	15,150	0.7	37	11,306	60,041
65-74	45	19.3	448	0.5	31	42	18.0	386	0.7	23	233	1,663
75-84	12	31.6	138	0.4	30	5	13.2	60	0.7	46	38	298
85 and older	1	16.7	12	0.8	8	0	0.0	0	0.0	0	6	49
Other Eligibles	6,193	2.1	42,896	0.3	20	2,609	0.9	16,796	0.7	45	292,849	1,334,197
5 and younger	2,465	2.4	16,433	0.3	16	76	0.1	692	0.8	52	103,427	463,437
6-14	862	0.9	7,989	0.3	21	478	0.5	4,535	0.8	58	101,147	504,663
15-20	823	1.7	7,179	0.2	14	349	0.7	3,032	0.7	61	47,057	233,990
21-44	1,372	4.1	6,787	0.4	27	863	2.6	3,623	0.6	36	33,719	103,328
45-64	463	7.5	2,397	0.4	32	619	10.0	2,637	0.6	28	6,199	20,787
65-74	79	17.2	802	0.5	28	113	24.6	1,171	0.7	32	459	3,468
75-84	79	16.6	808	0.5	28	78	16.4	812	0.6	31	476	2,662
85 and older	50	13.7	501	0.6	37	33	9.0	294	0.7	33	365	1,862
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	126	696

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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, MICHIGAN, 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	**$411**	**8.1**	**1,435**	**15,505**
Age				
0-64	448	8.5	1,118	12,341
65-74	303	6.9	42	449
75-84	295	6.8	107	1,015
85 and older	240	6.0	168	1,700
Unknown	0	0.0	0	0
Gender				
Female	415	8.3	809	8,781
Male	405	7.7	626	6,724
Unknown	0	0.0	0	0
Race				
White	415	8.2	841	8,827
African American	403	7.8	506	5,705
Other/unknown	420	8	88	973
Basis of Eligibility[c]				
Aged	262	6.3	300	2,971
Disabled	446	8.5	1,133	12,510
Adults	107	5.3	1	12
Children	448	16.7	1	12
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, MICHIGAN, 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		Number of Benefit Months
	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 All-Year Nursing Facility Residents	
Anti-infective Agents	0.5	0.2	0.0	0.2	$46	$38	$1	$6	$98	$186	$80	$26	4,792	$469,299	912	63.6 %	10,246
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	0.4	0.1	0.0	0.3	82	48	1	33	197	705	263	96	559	110,384	121	8.4	1,339
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	54	45	3	6	41	82	15	11	9,797	397,996	661	46.1	7,362
Cardiovascular Agents	2.2	0.5	0.0	1.7	51	32	1	18	23	66	19	11	24,230	556,666	1,005	70.0	10,955
Respiratory Agents	0.8	0.3	0.0	0.5	31	23	0	7	39	84	16	15	4,232	165,424	478	33.3	5,347
Gastrointestinal Agents	1.2	0.5	0.0	0.7	56	48	1	6	46	97	32	9	10,804	492,732	791	55.1	8,783
Genitourinary Agents	0.6	0.4	0.0	0.2	33	29	1	3	54	75	43	15	2,527	137,089	361	25.2	4,135
CNS Drugs	1.8	0.8	0.1	0.9	131	112	3	15	73	133	65	17	20,668	1,513,808	1,051	73.2	11,531
Stimulants/Anti-obesity/Anorexia	1.4	0.2	0.0	1.3	50	33	0	17	34	167	0	14	52	1,784	3	0.2	36
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	172	172	0	0	192	193	0	66	1,943	373,749	203	14.1	2,169
Analgesics and Anesthetics	1.6	0.5	0.0	1.1	76	63	1	12	48	129	67	11	13,852	664,532	801	55.8	8,761
Neuromuscular Agents	1.7	0.4	0.3	1.1	91	39	25	27	53	95	101	25	14,871	784,280	769	53.6	8,609
Nutritional Products	0.7	0.0	0.1	0.6	11	0	1	10	16	23	11	16	3,052	47,465	379	26.4	4,186
Hematological Agents	1.0	0.3	0.1	0.6	63	54	3	6	60	168	35	10	6,757	407,184	591	41.2	6,436
Topical Products	0.6	0.2	0.1	0.4	23	13	4	7	38	68	61	19	6,034	230,042	868	60.5	9,836
Miscellaneous Products	0.3	0.0	0.0	0.3	9	4	0	4	26	313	0	14	618	16,344	167	11.6	1,893
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	9	0	0	0	65	593	22	1.5	220
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.	124,853	6,369,371	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In Michigan, 0.2 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 ND.10

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

NONDUAL BENEFICIARIES, MICHIGAN, 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	$1,037,179	693	48.3 %	7,740	0.8	$161	$134
ANTICONVULSANT	665,534	847	59.0	9,603	1.2	59	69
ANALGESICS - Narcotic	504,018	917	63.9	10,058	1.1	47	50
ANTIDEPRESSANTS	427,840	1,016	70.8	11,378	0.9	43	38
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	373,678	242	16.9	2,570	0.8	192	145
ULCER DRUGS	368,468	829	57.8	9,317	0.7	55	40
ANTIDIABETIC	341,207	705	49.1	7,906	0.9	46	43
MISC. HEMATOLOGICAL	215,249	269	18.7	2,957	0.8	97	73
ANTIHYPERLIPIDEMIC	189,096	312	21.7	3,469	0.8	68	55
DERMATOLOGICAL	182,983	1,610	112.2	18,664	0.3	37	10
Total	4,305,252	7,440		83,662	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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.medispan.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.

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]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	**64,320**	**$4,305,252**	**693**	**48.3 %**	**7,740**	**0.8**	**$134**	**847**	**59.0 %**	**9,603**	**1.2**	**$69**
Female	37,688	2,567,704	398	49.2	4,471	0.8	135	447	55.3	5,074	1.1	68
Disabled	32,294	2,261,003	326	53.1	3,730	0.9	146	409	66.6	4,690	1.2	71
64 or younger	31,737	2,223,139	320	53.2	3,658	0.9	146	402	66.8	4,606	1.2	71
65-74	518	35,879	5	45.5	60	1.0	133	6	54.5	72	1.6	102
75-84	39	1,985	1	100.0	12	1.1	14	1	100.0	12	1.0	38
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,394	306,701	72	36.9	741	0.7	82	38	19.5	384	1.0	34
64 or younger	93	1,711	0	0.0	0	0.0	0	2	100.0	24	1.5	37
65-74	411	19,572	10	66.7	87	0.7	64	7	46.7	60	0.9	22
75-84	1,965	119,320	24	35.8	255	0.7	86	13	19.4	115	1.1	50
85 and older	2,925	166,098	38	34.2	399	0.7	84	16	14.4	185	0.8	28
Male	26,632	1,737,548	295	47.1	3,269	0.8	132	400	63.9	4,529	1.2	71
Disabled	23,539	1,532,937	255	49.1	2,867	0.8	141	374	72.1	4,239	1.2	72
64 or younger	23,366	1,523,475	254	49.4	2,855	0.8	142	372	72.4	4,215	1.2	73
65-74	160	9,393	1	25.0	12	0.1	1	2	50.0	24	0.4	22
75-84	13	69	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,093	204,611	40	37.4	402	0.8	72	26	24.3	290	1.1	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	510	30,637	4	33.3	48	0.7	122	5	41.7	58	1.2	44
75-84	1,255	86,539	19	50.0	171	0.9	87	8	21.1	93	1.1	44
85 and older	1,328	87,435	17	29.8	183	0.7	44	13	22.8	139	1.0	50
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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]
NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	**917**	**63.9 %**	**10,058**	**1.1**	**$50**	**1,016**	**70.8 %**	**11,378**	**0.9**	**$38**	**242**	**16.9 %**	**2,570**	**0.8**	**$145**
Female	573	70.8	6,360	1.0	48	628	77.6	7,031	0.9	38	154	19.0	1,599	0.8	181
Disabled	479	78.0	5,414	1.1	51	504	82.1	5,756	0.9	40	85	13.8	935	0.8	252
64 or younger	475	78.9	5,366	1.1	51	500	83.1	5,708	0.9	40	82	13.6	899	0.8	259
65-74	4	36.4	48	1.8	81	4	36.4	48	0.8	17	3	27.3	36	0.5	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	94	48.2	946	0.6	29	124	63.6	1,275	0.8	32	69	35.4	664	0.8	80
64 or younger	1	50.0	12	1.5	34	1	50.0	12	0.3	1	0	0.0	0	0.0	0
65-74	7	46.7	68	0.4	3	11	73.3	106	0.5	17	4	26.7	22	0.7	59
75-84	27	40.3	250	0.7	46	45	67.2	438	1.0	35	26	38.8	239	0.9	100
85 and older	59	53.2	616	0.6	25	67	60.4	719	0.8	32	39	35.1	403	0.7	70
Male	344	55.0	3,698	1.2	54	388	62.0	4,347	0.8	36	88	14.1	971	0.7	87
Disabled	308	59.3	3,321	1.2	49	326	62.8	3,662	0.9	37	53	10.2	610	0.7	93
64 or younger	307	59.7	3,309	1.2	49	324	63.0	3,638	0.9	37	52	10.1	598	0.7	94
65-74	1	25.0	12	0.8	2	2	50.0	24	0.9	17	1	25.0	12	0.7	79
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	36	33.6	377	1.3	94	62	57.9	685	0.8	33	35	32.7	361	0.7	77
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6	50.0	72	2.2	75	9	75.0	106	0.6	32	1	8.3	12	0.4	57
75-84	13	34.2	122	1.2	123	26	68.4	277	1.0	37	19	50.0	180	0.7	75
85 and older	17	29.8	183	0.9	82	27	47.4	302	0.7	30	15	26.3	169	0.7	82
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	ULCER DRUGS					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	**829**	**57.8 %**	**9,317**	**0.7**	**$40**	**705**	**49.1 %**	**7,906**	**0.9**	**$43**	**269**	**18.7 %**	**2,957**	**0.8**	**$73**
Female	465	57.5	5,288	0.7	40	450	55.6	5,079	1.0	42	135	16.7	1,468	0.8	74
Disabled	387	63.0	4,462	0.7	39	371	60.4	4,236	1.0	45	97	15.8	1,114	0.8	77
64 or younger	382	63.5	4,402	0.7	39	363	60.3	4,140	1.0	45	94	15.6	1,078	0.8	77
65-74	4	36.4	48	0.6	38	8	72.7	96	0.7	40	3	27.3	36	0.7	80
75-84	1	100.0	12	1.0	110	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	78	40.0	826	0.7	45	79	40.5	843	0.9	27	38	19.5	354	0.7	64
64 or younger	2	100.0	24	0.8	5	1	50.0	12	0.1	3	0	0.0	0	0.0	0
65-74	3	20.0	36	0.9	42	7	46.7	75	0.8	21	6	40.0	72	0.6	42
75-84	21	31.3	199	0.8	58	29	43.3	311	1.0	28	13	19.4	108	0.8	70
85 and older	52	46.8	567	0.7	43	42	37.8	445	0.8	28	19	17.1	174	0.7	69
Male	364	58.1	4,029	0.7	39	255	40.7	2,827	0.9	45	134	21.4	1,489	0.7	72
Disabled	319	61.5	3,558	0.7	37	220	42.4	2,469	0.9	46	105	20.2	1,170	0.7	71
64 or younger	316	61.5	3,522	0.7	37	217	42.2	2,433	0.9	45	103	20.0	1,146	0.7	71
65-74	2	50.0	24	1.4	115	3	75.0	36	0.8	63	2	50.0	24	0.8	67
75-84	1	100.0	12	1.1	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	45	42.1	471	0.7	56	35	32.7	358	0.9	41	29	27.1	319	0.8	77
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	16.7	24	1.0	115	4	33.3	47	1.4	80	4	33.3	47	1.0	86
75-84	18	47.4	179	0.7	56	16	42.1	162	0.8	32	12	31.6	116	0.8	84
85 and older	25	43.9	268	0.8	50	15	26.3	149	0.8	39	13	22.8	156	0.8	70
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, MICHIGAN, 2004

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					DERMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	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	**312**	**21.7 %**	**3,469**	**0.8**	**$55**	**1,610**	**112.2 %**	**18,664**	**0.3**	**$10**	**1,435**	**15,505**
Female	200	24.7	2,212	0.8	56	911	112.6	10,553	0.3	10	809	8,781
Disabled	162	26.4	1,801	0.8	59	774	126.1	9,051	0.3	10	614	6,848
64 or younger	157	26.1	1,752	0.8	58	759	126.1	8,871	0.3	10	602	6,715
65-74	5	45.5	49	0.9	72	14	127.3	168	0.2	6	11	121
75-84	0	0.0	0	0.0	0	1	100.0	12	0.2	4	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	38	19.5	411	0.8	42	137	70.3	1,502	0.3	8	195	1,933
64 or younger	1	50.0	12	0.1	6	5	250.0	60	0.2	3	2	24
65-74	2	13.3	24	0.9	37	8	53.3	96	0.4	25	15	147
75-84	17	25.4	196	0.8	52	47	70.1	505	0.3	6	67	636
85 and older	18	16.2	179	0.8	35	77	69.4	841	0.3	7	111	1,126
Male	112	17.9	1,257	0.8	53	699	111.7	8,111	0.3	10	626	6,724
Disabled	103	19.8	1,162	0.8	53	624	120.2	7,242	0.3	11	519	5,662
64 or younger	103	20.0	1,162	0.8	53	619	120.4	7,182	0.3	11	514	5,602
65-74	0	0.0	0	0.0	0	5	125.0	60	0.4	14	4	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	9	8.4	95	0.7	46	75	70.1	869	0.2	7	107	1,062
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	8.3	11	0.8	53	10	83.3	120	0.3	14	12	133
75-84	5	13.2	48	0.8	50	24	63.2	271	0.2	5	38	355
85 and older	3	5.3	36	0.4	40	41	71.9	478	0.2	6	57	574
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,568 beneficiaries who were in nursing facilities for part of their enrollment and their 11,772 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, 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 Nondual Rx $	Total Number of Beneficiaries
All	78,306	10.3 %	0.4	298,706	$6	$4,416,183	$15	2.5 %	763,781
Age									
5 and younger	15,080	7.3	0.2	32,399	3	719,686	22	5.9	206,922
6-14	10,898	5.2	0.2	35,757	5	1,079,036	30	2.2	210,940
15-20	10,264	8.7	0.3	30,264	5	641,630	21	2.2	118,469
21-44	28,822	15.9	0.6	110,183	6	1,084,519	10	2.3	181,643
45-64	12,194	29.8	2.0	80,745	20	825,366	10	2.2	40,952
65-74	492	28.3	2.6	4,459	15	25,413	6	1.9	1,740
75-84	305	21.1	2.0	2,898	17	24,041	8	2.3	1,444
85 and older	251	16.2	1.3	2,001	11	16,492	8	2.3	1,545
Unknown	0	0.0	0.0	0	0	0	0	0.0	126
Basis of Eligibility[c]									
Aged	813	20.5	1.7	6,929	13	52,140	8	2.1	3,968
Disabled	19,578	29.2	2.1	140,580	39	2,627,845	19	2.7	67,116
Adults	28,744	14.6	0.4	85,112	3	643,712	8	2.4	196,602
Children	28,937	5.8	0.1	65,045	2	1,082,180	17	2.2	495,249
Unknown	234	27.7	1.2	1,040	12	10,306	10	1.1	846
Gender									
Female	51,940	11.9	0.4	195,759	6	2,416,660	12	2.8	435,388
Male	26,366	8.0	0.3	102,947	6	1,999,523	19	2.2	328,393
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	53,573	11.2	0.5	221,555	7	3,292,771	15	2.7	478,091
African American	18,476	8.4	0.3	58,684	4	824,652	14	1.8	218,677
Other/unknown	6,257	9.3	0.3	18,467	4	298,760	16	3.2	67,013
Use of Nursing Facilities[d]									
Entire year	999	69.6	8.3	11,885	80	114,869	10	1.8	1,435
Part year	1,151	73.4	6.4	10,080	88	137,852	14	3.1	1,568
None	76,156	10.0	0.4	276,741	5	4,163,462	15	2.5	760,778
Maintenance Assistance Status									
Cash	24,596	16.3	0.9	134,562	16	2,373,125	18	2.7	150,886
Medically needy	9,270	12.1	0.4	32,409	5	352,021	11	2.5	76,596
Poverty related	23,084	6.8	0.2	58,555	2	834,941	14	2.4	338,372
Other/unknown	21,356	10.8	0.4	73,180	4	856,096	12	2.0	197,927

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
MICHIGAN, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$1**	**$15**	**$0**	**$0**	**3,581,921**
Age						
5 and younger	0.0	1	22	0	0	941,914
6-14	0.0	1	30	0	0	1,072,565
15-20	0.0	1	21	0	0	609,435
21-44	0.1	1	10	0	1	735,093
45-64	0.4	4	10	0	1	193,743
65-74	0.3	2	6	0	0	13,118
75-84	0.3	3	8	0	0	8,646
85 and older	0.3	2	8	0	0	6,711
Unknown	0.0	0	0	0	0	696
Basis of Eligibility[c]						
Aged	0.3	2	8	0	0	22,865
Disabled	0.3	6	19	0	2	429,575
Adults	0.1	1	8	0	0	765,304
Children	0.0	0	17	0	0	2,356,459
Unknown	0.1	1	10	0	0	7,718
Gender						
Female	0.1	1	12	0	0	2,022,919
Male	0.1	1	19	0	0	1,559,002
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	15	0	0	2,417,664
African American	0.1	1	14	0	0	844,591
Other/unknown	0.1	1	16	0	0	319,666
Use of Nursing Facilities[d]						
Entire year	0.8	7	10	0	2	15,505
Part year	0.9	12	14	0	3	11,772
None	0.1	1	15	0	0	3,554,644
Maintenance Assistance Status						
Cash	0.2	3	18	0	1	703,110
Medically needy	0.1	1	11	0	0	265,642
Poverty related	0.0	0	14	0	0	1,696,230
Other/unknown	0.1	1	12	0	0	916,939

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[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	**90,006**	**$49**	**$4,416,183**	**100.0 %**	**298,706**	**$15**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	1,221	1,221	0.0	1	1,221	0.0
Drugs for cosmetic purposes	181	12	2,241	0.1	240	9	0.1
Cough and cold medications	621	129	79,833	1.8	1,664	48	0.6
Vitamins and minerals	8,420	62	523,403	11.9	28,388	18	9.5
Non-prescription drugs	48,214	31	1,481,183	33.5	122,399	12	41.0
Barbiturates	1,783	44	77,761	1.8	13,143	6	4.4
Benzodiazepines	28,020	51	1,440,756	32.6	126,277	11	42.3
Other Part D Excl Rx Drugs	2,766	293	809,785	18.3	6,594	123	2.2

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

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL 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	**1,426,885**	**4,022**	**177,744**	**304,795**	**939,478**	**846**	**13,736,445**	**23,829**	**1,952,585**	**2,454,188**	**9,298,064**	**7,779**
Age												
5 and younger	353,957	0	6,380	0	347,577	0	3,394,537	0	70,543	0	3,323,994	0
6-14	438,896	0	23,043	0	415,853	0	4,574,682	0	265,201	0	4,309,481	0
15-20	215,189	0	17,858	27,825	169,471	35	2,049,696	0	200,861	220,594	1,627,945	296
21-44	313,952	1	57,554	249,608	6,391	398	2,688,533	3	637,052	2,012,415	35,533	3,530
45-64	99,938	16	72,116	27,334	59	413	997,581	100	772,098	221,024	406	3,953
65-74	1,810	1,125	662	23	0	0	14,974	9,008	5,824	142	0	0
75-84	1,469	1,354	113	2	0	0	8,990	8,101	881	8	0	0
85 and older	1,548	1,525	18	3	2	0	6,756	6,614	125	5	12	0
Unknown	126	1	0	0	125	0	696	3	0	0	693	0
Gender												
Female	802,833	2,713	89,819	246,574	462,881	846	7,649,089	15,491	994,965	2,034,882	4,595,972	7,779
Male	624,052	1,309	87,925	58,221	476,597	0	6,087,356	8,338	957,620	419,306	4,702,092	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	808,309	2,620	92,506	185,647	526,871	665	7,577,745	14,495	1,000,920	1,440,482	5,115,752	6,096
African American	501,884	762	74,965	99,309	326,719	129	5,083,154	4,403	839,502	866,271	3,371,772	1,206
Other/unknown	116,692	640	10,273	19,839	85,888	52	1,075,546	4,931	112,163	147,435	810,540	477
Use of Nursing Facilities[c]												
Entire year	1,436	300	1,134	1	1	0	15,529	2,971	12,534	12	12	0
Part year	1,600	215	1,351	31	2	1	15,423	1,734	13,452	214	11	12
None	1,423,849	3,507	175,259	304,763	939,475	845	13,705,493	19,124	1,926,599	2,453,962	9,298,041	7,767
Maintenance Assistance Status												
Cash	382,353	638	145,922	66,829	168,964	0	4,042,495	6,006	1,681,102	598,864	1,756,523	0
Medically needy	107,569	372	3,079	67,734	36,384	0	816,803	1,569	17,871	495,454	301,909	0
Poverty related	558,960	553	9,087	42,963	505,511	846	5,236,097	5,400	86,431	264,499	4,871,988	7,779
Other/unknown	378,003	2,459	19,656	127,269	228,619	0	3,641,050	10,854	167,181	1,095,371	2,367,644	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	293,608	3,830	33,113	81,036	174,798	831	2,060,602	21,933	301,714	415,101	1,314,208	7,646
FFS part year, with Rx claims	166,889	92	22,703	60,047	84,035	12	1,689,254	914	244,595	568,017	875,618	110
FFS part year, no Rx claims	303,284	46	11,300	55,519	236,416	3	2,969,605	372	116,530	476,320	2,376,360	23
MC all year, with Rx claims	116,609	21	54,112	29,818	32,658	0	1,289,224	243	638,106	286,061	364,814	0
MC all year, no Rx claims	546,495	33	56,516	78,375	411,571	0	5,727,760	367	651,640	708,689	4,367,064	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

Bene(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.

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, MICHIGAN, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	**1,426,885**	**13,736,445**	**763,781**	**3,581,921**	**0**	**10,154,524**
Fee-for-service (FFS) all year	293,608	2,060,602	293,608	2,060,602	0	0
FFS part year, with Rx claims	166,889	1,689,254	166,889	651,843	0	1,037,411
FFS part year, with no Rx claims	303,284	2,969,605	303,284	869,476	0	2,100,129
Managed care (MC) all year, with Rx claims	116,609	1,289,224	0	0	0	1,289,224
MC all year, with no Rx claims	546,495	5,727,760	0	0	0	5,727,760

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.