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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
MICHIGAN

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TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**226,056**	**117,582**	**106,116**	**2,284**	**49**	**25**	**2,321,665**	**1,198,264**	**1,109,565**	**13,229**	**366**	**241**
Age												
5 and younger	9	0	7	0	2	0	84	0	61	0	23	0
6-14	25	0	18	0	7	0	296	0	213	0	83	0
15-20	398	0	366	5	27	0	3,023	0	2,809	30	184	0
21-44	46,239	0	44,714	1,512	12	1	476,400	0	467,480	8,849	68	3
45-64	61,804	1	61,011	767	1	24	643,601	3	639,002	4,350	8	238
65-74	47,600	47,600	0	0	0	0	497,537	497,537	0	0	0	0
75-84	40,077	40,077	0	0	0	0	413,682	413,682	0	0	0	0
85 and older	29,902	29,902	0	0	0	0	287,033	287,033	0	0	0	0
Unknown	2	2	0	0	0	0	9	9	0	0	0	0
Gender												
Female	141,012	85,124	54,478	1,365	20	25	1,459,312	876,798	573,955	8,168	150	241
Male	85,044	32,458	51,638	919	29	0	862,353	321,466	535,610	5,061	216	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	155,290	81,377	72,396	1,479	26	12	1,592,798	818,815	765,226	8,443	192	122
African American	55,778	25,805	29,251	690	21	11	572,986	270,691	297,843	4,188	154	110
Other/unknown	14,988	10,400	4,469	115	2	2	155,881	108,758	46,496	598	20	9
Use of Nursing Facilities[c]												
Entire year	23,697	22,158	1,539	0	0	0	244,705	227,610	17,095	0	0	0
Part year	17,649	15,908	1,737	4	0	0	159,072	141,304	17,726	42	0	0
None	184,710	79,516	102,840	2,280	49	25	1,917,888	829,350	1,074,744	13,187	366	241
Maintenance Assistance Status												
Cash	81,631	37,350	43,832	449	0	0	909,332	421,041	485,838	2,453	0	0
Medically needy	16,252	9,220	5,887	1,123	22	0	123,517	71,563	45,417	6,426	111	0
Poverty-related	76,674	39,735	36,753	149	12	25	799,700	417,014	381,336	986	123	241
Other/unknown	51,499	31,277	19,644	563	15	0	489,116	288,646	196,974	3,364	132	0
Dual Medicare Status[d]												
Full dual, all year	215,039	112,628	100,075	2,262	49	25	2,205,881	1,146,534	1,045,728	13,012	366	241
Full dual, part year	11,017	4,954	6,041	22	0	0	115,784	51,730	63,837	217	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	210,770	114,980	94,457	1,277	32	24	2,232,473	1,181,334	1,041,258	9,362	286	233
FFS part year, with Rx claims	12,994	2,281	9,831	867	14	1	78,252	15,202	59,497	3,477	68	8
FFS part year, no Rx claims	2,292	321	1,828	140	3	0	10,940	1,728	8,810	390	12	0

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**87.5**	**47.6**	**$2,789**	**$59**	**$10,348**	**26.9**	**226,056**
Age							
5 and younger	88.9	63.3	6,921	109	10,081	68.7	9
6-14	96.0	89.7	14,721	164	22,650	65.0	25
15-20	73.9	19.9	2,247	113	7,504	30.0	398
21-44	84.1	31.9	2,806	88	7,085	39.6	46,239
45-64	89.3	51.2	3,513	69	8,103	43.4	61,804
65-74	86.2	50.1	2,535	51	7,077	35.8	47,600
75-84	88.1	54.1	2,480	46	13,132	18.9	40,077
85 and older	90.4	52.1	2,078	40	21,542	9.6	29,902
Unknown	50.0	33.0	879	27	10,772	8.2	2
Basis of Eligibility[e]							
Aged	87.9	52.0	2,400	46	12,819	18.7	117,582
Disabled	87.2	43.3	3,248	75	7,757	41.9	106,116
Adults	79.2	20.7	1,404	68	3,551	39.5	2,284
Children	83.7	29.9	5,197	174	8,934	58.2	49
Unknown	96.0	41.2	3,050	74	11,509	26.5	25
Gender							
Female	90.2	52.5	2,841	54	11,098	25.6	141,012
Male	82.9	39.5	2,702	68	9,106	29.7	85,044
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.5	50.6	3,006	59	11,504	26.1	155,290
African American	85.4	41.2	2,341	57	7,717	30.3	55,778
Other/unknown	84.7	40.0	2,211	55	8,165	27.1	14,988
Use of Nursing Facilities[f]							
Entire year	95.5	77.0	3,359	44	38,994	8.6	23,697
Part year	94.3	56.4	2,543	45	21,000	12.1	17,649
None	85.8	43.0	2,739	64	5,656	48.4	184,710
Maintenance Assistance Status							
Cash	89.4	47.2	2,911	62	6,248	46.6	81,631
Medically needy	75.6	39.3	2,271	58	8,927	25.4	16,252
Poverty related	87.6	47.9	2,869	60	10,121	28.3	76,674
Other/unknown	87.9	50.4	2,638	52	17,636	15.0	51,499

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**4.6**	**$272**	**26.9**	**12.5**	**15.4**	**10.0**	**27.7**	**25.7**	**8.7**	**$1,008**	**226,056**	**2,321,665**
Age												
5 and younger	6.8	742	68.7	11.1	0.0	0.0	44.4	44.4	0.0	1,080	9	84
6-14	7.6	1,243	65.0	4.0	0.0	0.0	28.0	52.0	16.0	1,913	25	296
15-20	2.6	296	30.0	26.1	29.6	8.8	15.8	12.1	7.5	988	398	3,023
21-44	3.1	272	39.6	15.9	26.8	12.7	24.9	15.1	4.6	688	46,239	476,400
45-64	4.9	337	43.4	10.7	14.4	10.1	28.3	26.7	9.8	778	61,804	643,601
65-74	4.8	243	35.8	13.8	13.5	9.7	27.5	26.4	9.2	677	47,600	497,537
75-84	5.2	240	18.9	11.9	10.8	8.6	28.0	30.3	10.4	1,272	40,077	413,682
85 and older	5.4	217	9.6	9.6	9.0	8.0	30.5	32.9	9.9	2,244	29,902	287,033
Unknown	7.3	195	8.2	50.0	0.0	0.0	0.0	0.0	50.0	2,394	2	9
Basis of Eligibility[e]												
Aged	5.1	236	18.7	12.1	11.4	8.9	28.4	29.4	9.8	1,258	117,582	1,198,264
Disabled	4.1	311	41.9	12.8	19.7	11.2	26.9	21.8	7.5	742	106,116	1,109,565
Adults	3.6	242	39.5	20.8	20.3	9.9	24.0	17.0	8.1	613	2,284	13,229
Children	4.0	696	58.2	16.3	20.4	16.3	22.4	20.4	4.1	1,196	49	366
Unknown	4.3	316	26.5	4.0	12.0	20.0	28.0	36.0	0.0	1,194	25	241
Gender												
Female	5.1	275	25.6	9.8	13.2	9.6	28.7	28.6	10.1	1,072	141,012	1,459,312
Male	3.9	267	29.7	17.1	19.1	10.7	25.9	20.8	6.4	898	85,044	862,353
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.9	293	26.1	11.5	13.8	9.4	27.7	27.6	9.9	1,122	155,290	1,592,798
African American	4.0	228	30.3	14.6	18.8	11.2	27.7	21.6	6.1	751	55,778	572,986
Other/unknown	3.8	213	27.1	15.3	18.9	12.2	27.2	20.7	5.8	785	14,988	155,881
Use of Nursing Facilities[f]												
Entire year	7.5	325	8.6	4.5	3.6	4.5	23.6	42.3	21.5	3,776	23,697	244,705
Part year	6.3	282	12.1	5.7	6.8	7.3	30.4	36.4	13.4	2,330	17,649	159,072
None	4.1	264	48.4	14.2	17.8	11.0	27.9	22.5	6.6	545	184,710	1,917,888
Maintenance Assistance Status												
Cash	4.2	261	46.6	10.6	18.2	11.0	28.9	24.1	7.1	561	81,631	909,332
Medically needy	5.2	299	25.4	24.4	9.7	7.7	23.6	25.4	9.4	1,175	16,252	123,517
Poverty related	4.6	275	28.3	12.4	15.7	10.3	28.2	25.1	8.4	970	76,674	799,700
Other/unknown	5.3	278	15.0	12.1	12.4	8.8	26.2	29.3	11.4	1,857	51,499	489,116

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

	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	**4.6**	**$272**	**$59**	**1.7**	**$217**	**$131**	**0.1**	**$9**	**$82**	**2.9**	**$45**	**$16**
Age												
5 and younger	6.8	742	109	3.6	678	186	0.3	9	31	2.9	55	19
6-14	7.6	1,243	164	3.6	1,110	304	0.3	28	112	3.7	106	29
15-20	2.6	296	113	1.2	266	218	0.1	3	43	1.3	27	20
21-44	3.1	272	88	1.1	223	196	0.1	11	143	1.9	39	21
45-64	4.9	337	69	1.7	269	157	0.1	13	129	3.1	56	18
65-74	4.8	243	51	1.7	196	112	0.1	6	68	3.0	41	14
75-84	5.2	240	46	2.0	193	98	0.1	7	48	3.1	41	13
85 and older	5.4	217	40	1.9	166	87	0.2	9	40	3.3	42	13
Unknown	7.3	195	27	1.6	138	89	0.1	1	9	5.7	56	10
Basis of Eligibility[d]												
Aged	5.1	236	46	1.9	187	101	0.1	7	50	3.1	41	13
Disabled	4.1	311	75	1.5	250	170	0.1	12	134	2.6	49	19
Adults	3.6	242	68	1.2	188	160	0.1	12	177	2.3	43	18
Children	4.0	696	174	1.9	639	339	0.1	4	42	2.0	53	26
Unknown	4.3	316	74	1.5	280	192	0.1	3	37	2.7	33	12
Gender												
Female	5.1	275	54	1.8	218	121	0.1	10	71	3.1	47	15
Male	3.9	267	68	1.4	217	151	0.1	9	112	2.4	40	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.9	293	59	1.8	233	130	0.1	11	83	3.0	49	16
African American	4.0	228	57	1.4	185	136	0.1	6	85	2.6	37	14
Other/unknown	3.8	213	55	1.5	174	120	0.1	6	66	2.3	33	14
Use of Nursing Facilities[e]												
Entire year	7.5	325	44	2.7	250	93	0.3	12	39	4.4	63	14
Part year	6.3	282	45	2.2	216	99	0.2	11	46	3.8	55	14
None	4.1	264	64	1.5	213	143	0.1	9	113	2.6	42	16
Maintenance Assistance Status												
Cash	4.2	261	62	1.5	213	140	0.1	8	100	2.6	40	15
Medically needy	5.2	299	58	2.0	240	120	0.2	10	69	3.0	49	16
Poverty related	4.6	275	60	1.6	218	134	0.1	10	97	2.9	47	16
Other/unknown	5.3	278	52	1.9	219	115	0.2	10	57	3.2	49	15

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2005

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	$21	$15	$3	$3	$64	$267	$78	$14	422,401	$27,102,615	116,899	51.7	1,288,406
Biologicals	0.8	0.0	0.3	0.5	2,967	10	561	2,397	3849	1,263	2,119	4,806	303	1,166,202	35	0.0	393
Antineoplastic Agents	0.5	0.1	0.0	0.4	82	63	0	20	164	481	79	53	39,067	6,421,145	7,488	3.3	77,858
Endocrine/Metabolic Drugs	1.0	0.3	0.1	0.6	45	36	3	6	45	104	38	10	1,068,039	48,452,659	99,245	43.9	1,076,544
Cardiovascular Agents	1.9	0.6	0.0	1.3	59	46	0	13	32	78	23	10	2,822,623	89,744,230	141,075	62.4	1,515,303
Respiratory Agents	0.7	0.4	0.0	0.3	43	40	0	3	62	101	65	10	523,089	32,330,835	68,162	30.2	748,899
Gastrointestinal Agents	0.8	0.4	0.0	0.3	57	53	0	3	76	133	48	10	758,690	57,441,306	92,777	41.0	1,009,036
Genitourinary Agents	0.5	0.4	0.0	0.2	32	29	0	3	59	79	56	17	191,823	11,395,591	32,074	14.2	353,731
CNS Drugs	1.3	0.6	0.0	0.7	122	108	1	12	91	181	150	16	1,701,419	154,423,261	119,557	52.9	1,270,938
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	72	63	2	7	110	160	133	28	16,348	1,796,797	2,320	1.0	24,907
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	133	132	0	1	158	160	107	74	178,328	28,229,400	20,356	9.0	211,747
Analgesics and Anesthetics	0.9	0.1	0.0	0.7	41	18	6	17	48	164	248	24	1,129,260	53,919,581	122,147	54.0	1,316,393
Neuromuscular Agents	1.0	0.3	0.0	0.6	71	50	3	19	74	156	83	31	770,024	56,802,206	73,373	32.5	794,585
Nutritional Products	0.6	0.0	0.0	0.5	7	0	0	7	12	14	12	12	272,090	3,255,271	43,344	19.2	465,108
Hematological Agents	0.8	0.3	0.0	0.4	62	57	1	5	83	178	50	11	381,019	31,671,604	47,390	21.0	507,173
Topical Products	0.5	0.2	0.0	0.3	21	15	1	6	46	87	56	20	447,050	20,739,100	87,084	38.5	965,919
Miscellaneous Products	0.4	0.2	0.0	0.2	69	56	6	8	178	316	217	41	30,562	5,431,924	7,345	3.2	78,693
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	6,221	92,388	1,687	0.7	18,744
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.	10,758,356	630,416,115	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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.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, 0.1 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 2005.
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, 2005

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	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	$109,885,315	62,205	27.5	688,611	0.8	$210	$160
ANTICONVULSANT	47,953,539	60,673	26.8	673,976	0.8	91	71
ULCER DRUGS	45,264,620	92,924	41.1	1,019,148	0.5	81	44
ANTIHYPERLIPIDEMIC	42,452,873	75,341	33.3	836,543	0.7	77	51
ANTIDEPRESSANTS	34,690,963	103,307	45.7	1,128,258	0.6	47	31
ANTIDIABETIC	31,390,709	76,858	34.0	836,426	0.7	55	38
ANALGESICS - Narcotic	30,880,091	140,251	62.0	1,521,312	0.5	41	20
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	28,274,891	25,078	11.1	261,648	0.7	158	108
ANTIASTHMATIC	26,769,245	88,929	39.3	973,565	0.4	66	27
MISC. HEMATOLOGICAL	20,412,474	26,879	11.9	290,456	0.6	114	70
Total	417,974,720	752,445		8,229,943	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2005

	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Benefit Month	Mean $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Benefit Month	Mean $ per Benefit Month
All	**4,979,915**	**$417,974,720**	**62,205**	**27.5**	**688,611**	**0.8**	**$160**	**60,673**	**26.8**	**673,976**	**0.8**	**$71**
Female												
All Females	3,311,723	259,425,352	35,179	24.9	388,277	0.7	138	37,570	26.6	417,059	0.8	65
Female, Disabled												
All Ages	1,360,104	127,787,885	19,465	35.7	221,336	0.7	164	21,811	40.0	246,983	0.8	83
5 and younger	13	628	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	55	7,173	0	0.0	0	0.0	0	1	16.7	12	0.1	21
15-20	769	77,644	12	8.3	108	1.2	275	24	16.7	199	0.8	89
21-44	400,618	42,721,065	8,158	39.5	92,156	0.7	158	8,384	40.6	94,700	0.8	93
45-64	958,649	84,981,375	11,295	33.5	129,072	0.8	168	13,402	39.8	152,072	0.8	77
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	1,951,582	131,635,962	15,714	18.2	166,941	0.7	104	15,758	18.2	170,070	0.7	39
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	36	1,281	0	0.0	0	0.0	0	1	33.3	11	0.2	3
15-20	77	9,177	3	20.0	24	0.8	216	1	6.7	7	0.3	8
21-44	8,540	679,310	173	17.1	1,575	0.5	97	210	20.7	1,818	0.6	76
45-64	4,575	383,858	67	17.7	568	0.5	110	88	23.3	707	0.6	54
65-74	733,652	52,323,165	5,028	16.2	56,076	0.7	135	6,258	20.1	70,096	0.7	46
75-84	691,511	46,455,567	5,471	18.7	58,224	0.7	100	5,532	18.9	59,834	0.7	37
85 and older	513,191	31,783,604	4,972	20.1	50,474	0.7	75	3,668	14.8	37,597	0.7	29
Male												
All Males	1,668,192	158,549,368	27,026	31.8	300,334	0.8	187	23,103	27.2	256,917	0.8	81
Male, Disabled												
All Ages	1,019,310	112,405,159	21,252	41.2	240,791	0.8	202	17,265	33.4	194,810	0.8	92
5 and younger	29	3,338	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	151	11,752	0	0.0	0	0.0	0	1	8.3	12	0.6	65
15-20	1,694	189,720	56	25.2	463	0.8	186	43	19.4	449	0.9	96
21-44	382,248	47,380,036	10,479	43.6	118,581	0.8	190	7,780	32.3	88,077	0.8	98
45-64	635,188	64,820,313	10,717	39.2	121,747	0.9	214	9,441	34.5	106,272	0.9	87
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, 2005

	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Benefit Month	Mean $ per Rx Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Benefit Month	Mean $ per Rx Benefit Month
Male, Other Eligibles												
All Ages	648,882	46,144,209	5,774	17.3	59,543	0.7	125	5,838	17.5	62,107	0.8	45
5 and younger	16	535	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	1,580	0	0.0	0	0.0	0	1	25.0	12	0.8	8
15-20	87	6,921	3	17.6	20	0.9	147	3	17.6	36	1.3	88
21-44	4,426	437,364	70	13.7	549	0.5	111	94	18.4	780	0.7	78
45-64	4,217	355,745	49	11.8	414	0.6	174	56	13.5	489	0.7	63
65-74	322,958	24,270,341	2,526	15.3	27,758	0.8	155	2,950	17.9	32,679	0.8	50
75-84	221,854	15,196,639	2,026	18.7	20,351	0.7	108	1,983	18.3	20,866	0.8	40
85 and older	95,301	5,875,084	1,100	21.5	10,451	0.7	75	751	14.7	7,245	0.8	31
Unknown	37	1,505	0	0.0	0	0.0	0	1	50.0	6	0.8	75

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. 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 2005. 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 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, 2005

	ULCER DRUGS					ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ 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 $ 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 $ per Benefit Month
All	**92,924**	**41.1**	**1,019,148**	**0.5**	**$44**	**75,341**	**33.3**	**836,543**	**0.7**	**$51**	**103,307**	**45.7**	**1,128,258**	**0.6**	**$31**
Female															
All Females	64,450	45.7	708,489	0.5	44	49,785	35.3	554,725	0.7	51	72,006	51.1	788,246	0.7	31
Female, Disabled															
All Ages	23,942	43.9	267,496	0.5	42	17,299	31.8	192,456	0.6	48	35,874	65.9	404,485	0.6	33
5 and younger	1	100.0	12	1.0	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	100.0	69	0.6	95	0	0.0	0	0.0	0	1	16.7	9	1.1	37
15-20	24	16.7	226	0.3	35	1	0.7	12	0.3	23	27	18.8	259	0.7	30
21-44	7,034	34.1	78,964	0.4	36	3,084	14.9	34,450	0.5	41	13,141	63.6	147,813	0.6	33
45-64	16,877	50.1	188,225	0.5	44	14,214	42.2	157,994	0.6	49	22,705	67.4	256,404	0.6	34
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
Female, Other Eligibles															
All Ages	40,507	46.8	440,987	0.6	46	32,486	37.5	362,269	0.7	53	36,131	41.8	383,755	0.7	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	100.0	35	0.5	14	1	33.3	12	0.8	60	0	0.0	0	0.0	0
15-20	3	20.0	15	0.5	28	1	6.7	12	1.0	72	5	33.3	40	0.7	64
21-44	229	22.6	1,938	0.3	29	86	8.5	679	0.5	35	429	42.3	3,613	0.5	30
45-64	134	35.4	1,130	0.4	38	86	22.8	701	0.6	47	199	52.6	1,590	0.6	40
65-74	15,215	48.9	170,611	0.5	44	16,041	51.5	180,151	0.7	53	11,618	37.3	129,526	0.6	28
75-84	13,837	47.4	152,528	0.6	47	11,785	40.3	132,713	0.7	54	12,051	41.3	129,241	0.7	28
85 and older	11,086	44.7	114,730	0.6	49	4,486	18.1	48,001	0.7	51	11,829	47.7	119,745	0.8	29
Male															
All Males	28,474	33.5	310,659	0.5	44	25,556	30.1	281,818	0.7	50	31,301	36.8	340,012	0.6	30
Male, Disabled															
All Ages	15,286	29.6	170,149	0.5	43	13,981	27.1	155,659	0.6	48	20,774	40.2	232,545	0.6	31
5 and younger	4	66.7	35	0.7	95	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	75.0	108	0.6	40	2	16.7	24	1.0	68	1	8.3	12	1.0	115
15-20	37	16.7	361	0.6	31	6	2.7	67	0.5	47	44	19.8	456	0.8	38
21-44	5,662	23.5	63,011	0.5	39	4,193	17.4	47,021	0.6	42	9,346	38.8	105,097	0.6	31
45-64	9,574	35.0	106,634	0.6	46	9,780	35.8	108,547	0.7	50	11,383	41.6	126,980	0.7	31
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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

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, 2005

	ULCER DRUGS					ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ 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 $ 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 $ per Benefit Month
Male, Other Eligibles															
All Ages	13,188	39.5	140,510	0.6	46	11,575	34.6	126,159	0.7	53	10,527	31.5	107,467	0.7	28
5 and younger	2	100.0	23	0.7	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.9	123	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	11.8	24	0.3	12	0	0.0	0	0.0	0	3	17.6	12	0.9	42
21-44	116	22.7	972	0.4	32	68	13.3	519	0.5	44	173	33.9	1,535	0.5	31
45-64	124	29.9	964	0.4	41	130	31.3	912	0.7	50	135	32.5	1,011	0.6	28
65-74	6,369	38.6	70,222	0.5	45	6,772	41.1	75,126	0.7	54	4,246	25.8	46,279	0.6	28
75-84	4,496	41.4	47,794	0.6	46	3,734	34.4	40,835	0.7	54	3,752	34.5	37,918	0.7	28
85 and older	2,078	40.6	20,499	0.6	48	871	17.0	8,767	0.7	50	2,218	43.4	20,712	0.7	29
Unknown	1	50.0	6	0.7	67	0	0.0	0	0.0	0	1	50.0	6	1.0	68

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. 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 2005. 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 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, 2005

	ANTIDIABETIC					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
Beneficiary Characteristics	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	**76,858**	**34.0**	**836,426**	**0.7**	**$38**	**140,251**	**62.0**	**1,521,312**	**0.5**	**$20**	**25,078**	**11.1**	**261,648**	**0.7**	**$108**
Female															
All Females	52,727	37.4	576,724	0.7	37	96,628	68.5	1,053,003	0.5	19	18,243	12.9	191,830	0.7	111
Female, Disabled															
All Ages	17,455	32.0	191,656	0.6	42	44,171	81.1	488,437	0.5	23	2,441	4.5	27,306	0.5	262
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	50.0	33	0.1	0	0	0.0	0	0.0	0
15-20	3	2.1	20	0.9	33	55	38.2	521	0.2	1	2	1.4	15	0.8	432
21-44	3,557	17.2	39,657	0.6	40	15,770	76.4	174,008	0.4	22	775	3.8	8,619	0.4	317
45-64	13,895	41.3	151,979	0.7	42	28,342	84.2	313,863	0.5	24	1,664	4.9	18,672	0.5	236
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
Female, Other Eligibles															
All Ages	35,272	40.8	385,068	0.7	35	52,455	60.6	564,554	0.5	16	15,802	18.3	164,524	0.7	86
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	100.0	34	0.2	1	0	0.0	0	0.0	0
15-20	1	6.7	1	1.0	6	6	40.0	46	0.2	2	0	0.0	0	0.0	0
21-44	121	11.9	961	0.5	28	704	69.4	5,529	0.5	18	21	2.1	178	0.4	181
45-64	78	20.6	607	0.7	42	280	74.1	2,273	0.5	23	14	3.7	131	0.3	172
65-74	16,301	52.4	181,407	0.7	37	20,399	65.5	228,635	0.4	13	2,207	7.1	24,319	0.6	91
75-84	12,542	42.9	137,723	0.7	33	17,572	60.1	192,289	0.5	15	6,167	21.1	64,946	0.7	85
85 and older	6,229	25.1	64,369	0.8	30	13,491	54.4	135,748	0.6	20	7,393	29.8	74,950	0.8	85
Male															
All Males	24,131	28.4	259,702	0.7	39	43,623	51.3	468,309	0.5	23	6,835	8.0	69,818	0.7	100
Male, Disabled															
All Ages	11,810	22.9	129,105	0.7	42	27,646	53.5	301,299	0.5	28	1,640	3.2	18,313	0.5	151
5 and younger	0	0.0	0	0.0	0	2	33.3	24	0.1	0	0	0.0	0	0.0	0
6-14	2	16.7	24	0.4	43	3	25.0	36	0.1	1	0	0.0	0	0.0	0
15-20	6	2.7	38	1.0	43	66	29.7	600	0.2	3	2	0.9	13	1.0	1,078
21-44	3,226	13.4	35,616	0.6	42	11,550	48.0	126,356	0.4	29	574	2.4	6,431	0.4	180
45-64	8,576	31.4	93,427	0.7	43	16,025	58.6	174,283	0.5	28	1,064	3.9	11,869	0.5	135
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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

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, 2005

	ANTIDIABETIC					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
Beneficiary Characteristics	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
Male, Other Eligibles															
All Ages	12,321	36.9	130,597	0.7	36	15,977	47.8	167,010	0.5	13	5,195	15.6	51,505	0.7	81
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	5	29.4	48	0.1	0	0	0.0	0	0.0	0
21-44	89	17.4	651	0.6	40	348	68.1	2,580	0.6	50	9	1.8	87	0.4	478
45-64	118	28.4	801	0.7	41	254	61.2	1,851	0.5	29	10	2.4	85	0.5	115
65-74	6,728	40.8	73,384	0.7	38	8,241	50.0	89,832	0.5	14	1,211	7.3	13,007	0.6	75
75-84	3,988	36.7	42,266	0.7	34	4,940	45.5	51,916	0.4	11	2,283	21.0	22,518	0.7	84
85 and older	1,398	27.3	13,495	0.8	27	2,187	42.8	20,759	0.5	13	1,682	32.9	15,808	0.8	81
Unknown	0	0.0	0	0.0	0	2	100.0	12	1.8	21	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. 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 2005. 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 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, 2005

	ANTIASTHMATIC					MISC. HEMATOLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ 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 $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**88,929**	**39.3**	**973,565**	**0.4**	**$28**	**26,879**	**11.9**	**290,456**	**0.6**	**$70**	**226,056**	**2,321,665**
Female												
All Females	61,145	43.4	672,116	0.4	27	18,276	13.0	198,787	0.6	66	141,010	1,459,303
Female, Disabled												
All Ages	26,260	48.2	292,548	0.4	27	3,728	6.8	41,006	0.6	63	54,478	573,955
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	69
15-20	32	22.2	325	0.3	20	0	0.0	0	0.0	0	144	1,094
21-44	7,674	37.2	85,585	0.3	22	374	1.8	4,129	0.5	58	20,654	216,911
45-64	18,554	55.1	206,638	0.4	30	3,354	10.0	36,877	0.6	64	33,673	355,869
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	34,885	40.3	379,568	0.4	28	14,548	16.8	157,781	0.6	66	86,532	885,348
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	3	35
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	104
21-44	262	25.8	2,036	0.3	21	11	1.1	66	0.4	40	1,014	6,037
45-64	141	37.3	1,171	0.4	28	22	5.8	180	0.6	72	378	2,383
65-74	15,350	49.3	171,122	0.4	31	4,962	15.9	55,282	0.6	67	31,120	329,253
75-84	11,410	39.1	126,007	0.4	27	5,432	18.6	59,964	0.6	67	29,214	306,218
85 and older	7,722	31.2	79,232	0.4	20	4,121	16.6	42,289	0.7	65	24,788	241,318
Male												
All Males	27,784	32.7	301,449	0.4	28	8,603	10.1	91,669	0.6	80	85,044	862,353
Male, Disabled												
All Ages	13,654	26.4	150,768	0.4	27	2,774	5.4	29,791	0.6	101	51,638	535,610
5 and younger	2	33.3	24	0.1	1	0	0.0	0	0.0	0	6	49
6-14	5	41.7	60	0.5	44	0	0.0	0	0.0	0	12	144
15-20	28	12.6	293	0.4	40	0	0.0	0	0.0	0	222	1,715
21-44	4,534	18.8	50,453	0.3	21	397	1.7	4,308	0.5	251	24,060	250,569
45-64	9,085	33.2	99,938	0.4	29	2,377	8.7	25,483	0.6	75	27,338	283,133
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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, 2005

	ANTIASTHMATIC					MISC. HEMATOLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ 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 $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	14,130	42.3	150,681	0.5	29	5,829	17.4	61,878	0.6	71	33,406	326,743
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	48
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	110
21-44	84	16.4	678	0.3	22	14	2.7	83	0.3	29	511	2,883
45-64	94	22.7	732	0.4	27	39	9.4	290	0.6	80	415	2,216
65-74	7,417	45.0	81,527	0.5	32	2,752	16.7	30,257	0.6	77	16,480	168,284
75-84	4,537	41.8	48,055	0.5	28	2,102	19.4	22,317	0.7	66	10,863	107,464
85 and older	1,997	39.0	19,677	0.5	21	922	18.0	8,931	0.7	60	5,114	45,715
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	9

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. 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 2005. 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 D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2005

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	**$325**	**7.5**	**23,697**	**244,705**
Age				
0-64	491	8.8	1,539	17,095
65-74	421	8.5	2,730	29,010
75-84	346	7.8	7,702	79,347
85 and older	264	6.7	11,726	119,253
Unknown	0	0.0	0	0
Gender				
Female	320	7.4	17,850	185,960
Male	342	7.5	5,847	58,745
Unknown	0	0.0	0	0
Race				
White	323	7.5	19,628	201,059
African American	340	6.9	2,855	30,956
Other/unknown	325	7.3	1,214	12,690
Basis of Eligibility[c]				
Aged	313	7.3	22,158	227,610
Disabled	491	8.8	1,539	17,095
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 ebecause 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, 2005

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Users			
Therapeutic Category	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 of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$13	$5	$4	$4	$38	$104	$80	$17	57,531	$2,179,085	15,344	64.8	167,046
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	61	30	0	31	118	393	0	70	8,138	959,835	1,537	6.5	15,811
Endocrine/Metabolic Drugs	1.3	0.4	0.3	0.6	43	31	8	4	33	74	26	8	176,867	5,916,710	12,915	54.5	137,270
Cardiovascular Agents	2.3	0.5	0.0	1.8	47	32	0	15	20	60	16	8	453,704	9,165,004	18,419	77.7	193,705
Respiratory Agents	0.8	0.3	0.0	0.4	34	29	0	4	44	88	59	10	59,118	2,578,597	7,064	29.8	76,667
Gastrointestinal Agents	1.0	0.5	0.0	0.5	64	59	0	5	62	112	31	10	143,584	8,946,882	12,988	54.8	139,420
Genitourinary Agents	0.7	0.5	0.0	0.2	36	33	0	3	56	68	43	19	38,341	2,128,167	5,411	22.8	58,761
CNS Drugs	1.5	0.8	0.0	0.7	92	82	0	9	60	100	38	13	265,392	16,000,832	16,444	69.4	174,263
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	38	36	0	2	53	94	0	7	543	28,517	70	0.3	752
Miscellaneous Psychological/ Neurological Agents	1.1	1.1	0.0	0.0	128	128	0	0	117	117	0	47	88,495	10,365,605	7,691	32.5	81,137
Analgesics and Anesthetics	1.2	0.2	0.1	0.9	47	16	6	25	38	77	93	26	161,410	6,196,849	12,504	52.8	132,304
Neuromuscular Agents	1.3	0.4	0.0	0.9	64	35	1	28	49	97	58	30	113,793	5,543,194	7,980	33.7	86,626
Nutritional Products	0.8	0.0	0.1	0.7	10	0	1	9	12	8	11	12	59,682	726,402	7,179	30.3	75,916
Hematological Agents	1.1	0.4	0.0	0.7	58	53	0	5	52	129	13	8	94,632	4,935,192	8,052	34.0	84,868
Topical Products	0.6	0.2	0.0	0.4	24	17	1	7	38	69	55	18	97,233	3,736,857	14,088	59.5	154,104
Miscellaneous Products	0.2	0.0	0.0	0.2	9	5	0	4	38	123	155	18	4,451	168,971	1,749	7.4	18,826
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	13	0	0	0	706	9,481	227	1.0	2,460
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,823,620	79,586,180	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 2005. 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, 0.1 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, 2005

		Users					Among Users
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	$10,366,190	9,541	40.3	100,740	0.9	$117	$103
ANTIPSYCHOTICS	9,462,663	7,889	33.3	85,509	0.8	134	111
ULCER DRUGS	7,513,088	11,968	50.5	129,368	0.8	76	58
ANTIDEPRESSANTS	6,137,225	16,310	68.8	175,065	0.9	40	35
ANALGESICS - Narcotic	4,078,081	12,648	53.4	133,548	0.9	35	31
ANTICONVULSANT	3,952,767	6,968	29.4	76,445	1.0	51	52
ANTIDIABETIC	3,470,493	8,803	37.1	94,516	1.0	38	37
ANTIHYPERLIPIDEMIC	3,168,155	5,124	21.6	55,018	0.9	67	58
MISC. HEMATOLOGICAL	3,163,177	4,029	17.0	42,500	0.8	88	74
DERMATOLOGICAL	2,520,359	21,792	92.0	243,759	0.3	37	10
Total	53,832,198	105,072		1,136,468	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 2005. 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 2005 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.

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, 2005

	All Top 10 Drug Groups		MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIPSYCHOTICS				
Beneficiary Characteristics	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	**849,043**	**$53,832,198**	**9,541**	**40.3**	**100,740**	**0.9**	**$103**	**7,889**	**33.3**	**85,509**	**0.8**	**$111**
Female												
All Females	636,221	40,122,474	7,206	40.4	76,942	0.9	103	5,699	31.9	62,249	0.8	107
Female, Disabled												
All Ages	42,010	3,234,923	117	15.3	1,334	0.9	439	319	41.6	3,667	1.0	168
64 or younger	42,010	3,234,923	117	15.3	1,334	0.9	439	319	41.6	3,667	1.0	168
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	594,211	36,887,551	7,089	41.5	75,608	0.9	97	5,380	31.5	58,582	0.8	104
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	82,491	5,559,340	503	30.6	5,420	0.9	110	834	50.7	9,241	1.0	146
75-84	224,515	14,178,330	2,633	47.0	28,212	0.9	99	2,062	36.8	22,470	0.8	110
85 and older	287,205	17,149,881	3,953	40.2	41,976	0.9	95	2,484	25.3	26,871	0.7	83
Male												
All Males	212,822	13,709,724	2,335	39.9	23,798	0.9	102	2,190	37.5	23,260	0.9	120
Male, Disabled												
All Ages	39,398	2,805,462	118	15.3	1,322	0.8	215	358	46.3	4,101	0.9	157
64 or younger	39,398	2,805,462	118	15.3	1,322	0.8	215	358	46.3	4,101	0.9	157
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	173,424	10,904,262	2,217	43.7	22,476	0.9	95	1,832	36.1	19,159	0.8	112
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	45,229	3,036,986	343	31.6	3,655	0.8	97	489	45.0	5,383	0.9	144
75-84	76,278	4,808,492	998	47.5	10,002	0.9	97	810	38.6	8,339	0.8	111
85 and older	51,917	3,058,784	876	46.4	8,819	0.9	92	533	28.2	5,437	0.7	82
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 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.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, 2005

	ULCER DRUGS					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
Beneficiary Characteristics	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	**11,968**	**50.5**	**129,368**	**0.8**	**$58**	**16,310**	**68.8**	**175,065**	**0.9**	**$35**	**12,648**	**53.4**	**133,548**	**0.9**	**$31**
Female															
All Females	9,008	50.5	97,666	0.8	58	12,439	69.7	134,435	0.9	35	9,987	55.9	105,852	0.9	32
Female, Disabled															
All Ages	441	57.6	5,041	0.8	53	675	88.1	7,680	0.9	43	537	70.1	6,052	1.2	51
64 or younger	441	57.6	5,041	0.8	53	675	88.1	7,680	0.9	43	537	70.1	6,052	1.2	51
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
Female, Other Eligibles															
All Ages	8,567	50.1	92,625	0.8	59	11,764	68.9	126,755	0.9	35	9,450	55.3	99,800	0.9	31
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	989	60.2	10,972	0.8	60	1,331	81.0	14,540	0.9	39	1,048	63.7	11,448	1.0	35
75-84	2,890	51.6	31,467	0.8	59	4,242	75.7	46,141	0.9	35	3,287	58.7	35,098	0.9	33
85 and older	4,688	47.7	50,186	0.8	58	6,191	62.9	66,074	0.9	33	5,115	52.0	53,254	0.8	29
Male															
All Males	2,960	50.6	31,702	0.8	57	3,871	66.2	40,630	0.9	35	2,661	45.5	27,696	0.8	24
Male, Disabled															
All Ages	454	58.7	5,131	0.8	57	586	75.8	6,745	0.9	39	431	55.8	4,858	1.1	49
64 or younger	454	58.7	5,131	0.8	57	586	75.8	6,745	0.9	39	431	55.8	4,858	1.1	49
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
Male, Other Eligibles															
All Ages	2,506	49.4	26,571	0.8	57	3,285	64.7	33,885	0.9	35	2,230	43.9	22,838	0.7	19
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	584	53.8	6,538	0.7	57	730	67.2	8,015	0.9	38	512	47.1	5,526	0.8	26
75-84	1,069	50.9	11,210	0.8	59	1,429	68.1	14,692	0.9	34	943	44.9	9,596	0.7	17
85 and older	853	45.2	8,823	0.8	55	1,126	59.6	11,178	0.9	33	775	41.0	7,716	0.7	17
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 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.10C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2005

	ANTICONVULSANT					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
Beneficiary Characteristics	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	**6,968**	**29.4**	**76,445**	**1.0**	**$52**	**8,803**	**37.1**	**94,516**	**1.0**	**$37**	**5,124**	**21.6**	**55,018**	**0.9**	**$58**
Female															
All Females	4,789	26.8	52,809	1.0	50	6,409	35.9	69,301	1.0	37	3,673	20.6	39,572	0.9	58
Female, Disabled															
All Ages	556	72.6	6,438	1.3	84	350	45.7	3,955	1.0	44	218	28.5	2,559	0.8	61
64 or younger	556	72.6	6,438	1.3	84	350	45.7	3,955	1.0	44	218	28.5	2,559	0.8	61
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
Female, Other Eligibles															
All Ages	4,233	24.8	46,371	1.0	45	6,059	35.5	65,346	1.0	36	3,455	20.2	37,013	0.9	57
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	867	52.7	9,774	1.1	64	967	58.8	10,703	1.0	43	535	32.5	5,917	0.9	60
75-84	1,685	30.1	18,385	1.0	47	2,583	46.1	27,794	1.0	36	1,558	27.8	16,563	0.9	58
85 and older	1,681	17.1	18,212	0.9	33	2,509	25.5	26,849	0.9	34	1,362	13.8	14,533	0.9	55
Male															
All Males	2,179	37.3	23,636	1.1	57	2,394	40.9	25,215	1.0	37	1,451	24.8	15,446	0.9	57
Male, Disabled															
All Ages	605	78.3	6,833	1.2	78	321	41.5	3,668	1.0	42	230	29.8	2,616	0.9	60
64 or younger	605	78.3	6,833	1.2	78	321	41.5	3,668	1.0	42	230	29.8	2,616	0.9	60
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
Male, Other Eligibles															
All Ages	1,574	31.0	16,803	1.0	48	2,073	40.9	21,547	1.0	36	1,221	24.1	12,830	0.9	57
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	519	47.8	5,754	1.1	57	503	46.3	5,514	1.0	41	342	31.5	3,741	0.9	59
75-84	696	33.2	7,470	1.0	47	976	46.5	10,181	1.0	36	602	28.7	6,316	0.9	57
85 and older	359	19.0	3,579	0.9	34	594	31.4	5,852	0.9	30	277	14.7	2,773	0.9	54
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 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.10D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2005

	MISC. HEMATOLOGICAL					DERMATOLOGICAL						
Beneficiary Characteristics	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**4,029**	**17.0**	**42,500**	**0.8**	**$74**	**21,792**	**92.0**	**243,759**	**0.3**	**$10**	**23,697**	**244,705**
Female												
All Females	2,909	16.3	30,966	0.8	74	15,996	89.6	179,735	0.3	11	17,850	185,960
Female, Disabled												
All Ages	98	12.8	1,118	0.8	85	1,067	139.3	12,422	0.3	13	766	8,559
64 or younger	98	12.8	1,118	0.8	85	1,067	139.3	12,422	0.3	13	766	8,559
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	2,811	16.5	29,848	0.8	74	14,929	87.4	167,313	0.3	11	17,084	177,401
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	323	19.6	3,511	0.8	78	1,842	112.0	21,067	0.3	13	1,644	17,506
75-84	1,007	18.0	10,850	0.8	73	5,150	91.9	57,787	0.3	12	5,603	58,643
85 and older	1,481	15.1	15,487	0.8	73	7,937	80.7	88,459	0.3	10	9,837	101,252
Male												
All Males	1,120	19.2	11,534	0.9	76	5,796	99.1	64,024	0.3	9	5,847	58,745
Male, Disabled												
All Ages	133	17.2	1,497	0.9	84	1,026	132.7	11,843	0.3	10	773	8,536
64 or younger	133	17.2	1,497	0.9	84	1,026	132.7	11,843	0.3	10	773	8,536
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	987	19.5	10,037	0.9	75	4,770	94.0	52,181	0.3	9	5,074	50,209
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	220	20.3	2,385	0.9	81	1,136	104.6	12,873	0.3	10	1,086	11,504
75-84	430	20.5	4,358	0.9	75	1,993	94.9	21,699	0.3	9	2,099	20,704
85 and older	337	17.8	3,294	0.8	69	1,641	86.9	17,609	0.3	8	1,889	18,001
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 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A total of 17,649 beneficiaries who were in nursing facilities for part of their enrollment and their 159,072 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC[a,b]
MICHIGAN, 2005

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	**122,740**	**54.3**	**5.5**	**1,245,276**	**$49**	**$11,053,066**	**$9**	**1.8**	**226,056**
Age									
5 and younger	8	88.9	13.0	117	372	3,350	29	5.4	9
6-14	24	96.0	22.8	570	355	8,864	16	2.4	25
15-20	132	33.2	2.8	1,128	37	14,764	13	1.7	398
21-44	20,501	44.3	3.8	176,747	49	2,269,639	13	1.7	46,239
45-64	35,957	58.2	6.6	409,938	62	3,819,715	9	1.8	61,804
65-74	25,745	54.1	5.8	277,103	42	2,012,599	7	1.7	47,600
75-84	22,541	56.2	5.7	226,535	42	1,674,426	7	1.7	40,077
85 and older	17,831	59.6	5.1	153,128	42	1,249,650	8	2.0	29,902
Unknown	1	50.0	5.0	10	30	59	6	3.4	2
Basis of Eligibility[c]									
Aged	66,118	56.2	5.6	656,776	42	4,936,734	8	1.7	117,582
Disabled	55,592	52.4	5.5	582,165	57	6,066,381	10	1.8	106,116
Adults	989	43.3	2.6	5,934	19	43,393	7	1.4	2,284
Children	25	51.0	6.2	304	123	6,024	20	2.4	49
Unknown	16	64.0	3.9	97	21	534	6	0.7	25
Gender									
Female	82,833	58.7	6.0	847,452	54	7,609,664	9	1.9	141,012
Male	39,907	46.9	4.7	397,824	40	3,443,402	9	1.5	85,044
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	85,406	55.0	5.7	888,747	53	8,164,464	9	1.7	155,290
African American	30,389	54.5	5.2	292,177	41	2,313,690	8	1.8	55,778
Other/unknown	6,945	46.3	4.3	64,352	38	574,912	9	1.7	14,988
Use of Nursing Facilities[d]									
Entire year	15,731	66.4	6.7	157,968	60	1,412,729	9	1.8	23,697
Part year	12,279	69.6	5.4	94,961	44	775,827	8	1.7	17,649
None	94,730	51.3	5.4	992,347	48	8,864,510	9	1.8	184,710
Maintenance Assistance Status									
Cash	45,397	55.6	6.3	515,796	52	4,263,971	8	1.8	81,631
Medically needy	7,887	48.5	4.4	72,006	38	620,829	9	1.7	16,252
Poverty related	40,280	52.5	5.0	381,348	46	3,562,811	9	1.6	76,674
Other/unknown	29,176	56.7	5.4	276,126	51	2,605,455	9	1.9	51,499

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

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**	**$9**	**$0**	**$1**	**2,321,665**
Age						
5 and younger	1.4	40	29	0	0	84
6-14	1.9	30	16	0	0	296
15-20	0.4	5	13	0	0	3,023
21-44	0.4	5	13	0	2	476,400
45-64	0.6	6	9	0	2	643,601
65-74	0.6	4	7	0	1	497,537
75-84	0.5	4	7	0	1	413,682
85 and older	0.5	4	8	0	0	287,033
Unknown	1.1	7	6	0	0	9
Basis of Eligibility[c]						
Aged	0.5	4	8	0	1	1,198,264
Disabled	0.5	5	10	0	2	1,109,565
Adults	0.4	3	7	0	2	13,229
Children	0.8	16	20	0	0	366
Unknown	0.4	2	6	0	1	241
Gender						
Female	0.6	5	9	0	1	1,459,312
Male	0.5	4	9	0	1	862,353
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	5	9	0	1	1,592,798
African American	0.5	4	8	0	1	572,986
Other/unknown	0.4	4	9	0	1	155,881
Use of Nursing Facilities[d]						
Entire year	0.6	6	9	0	1	244,705
Part year	0.6	5	8	0	1	159,072
None	0.5	5	9	0	1	1,917,888
Maintenance Assistance Status						
Cash	0.6	5	8	0	1	909,332
Medically needy	0.6	5	9	0	1	123,517
Poverty related	0.5	4	9	0	1	799,700
Other/unknown	0.6	5	9	0	1	489,116

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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.

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, 2005

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	**179,734**	**$61**	**$11,053,066**	**100.0**	**1,245,276**	**$9**	**100.0**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	1,974	3,948	0.0	16	247	0.0
Drugs for cosmetic purposes	82	19	1,579	0.0	140	11	0.0
Cough and cold medications	604	204	123,306	1.1	2,477	50	0.2
Vitamins and minerals	41,954	76	3,171,272	28.7	265,552	12	21.3
Non-prescription drugs	77,525	47	3,679,892	33.3	570,940	6	45.8
Barbiturates	2,105	40	83,263	0.8	21,021	4	1.7
Benzodiazepines	54,195	50	2,697,533	24.4	372,427	7	29.9
Other Part D Excl Rx Drugs	3,267	396	1,292,273	11.7	12,703	102	1.0

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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, 2005

Total Number of Dual Eligible Beneficiaries: 226,056
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: $630,416,115
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: $2,788

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	28,340	12.5	$0	0.0
1-500	46,102	20.4	8,836,156	1.4
501-1,000	23,376	10.3	17,291,676	2.7
1,001-1,500	18,155	8.0	22,538,485	3.6
1,501-2,000	15,023	6.6	26,181,815	4.2
2,001-2,500	12,676	5.6	28,435,146	4.5
2,501-3,000	10,926	4.8	29,970,839	4.8
3,001-3,500	9,371	4.1	30,427,644	4.8
3,501-4,000	8,438	3.7	31,616,817	5.0
4,001-4,500	7,162	3.2	30,411,039	4.8
4,501-5,000	6,062	2.7	28,751,997	4.6
5,001-5,500	5,267	2.3	27,628,273	4.4
5,501-6,000	4,553	2.0	26,154,260	4.1
6,001-6,500	3,895	1.7	24,324,821	3.9
6,501-7,000	3,278	1.5	22,103,953	3.5
7,001-7,500	2,898	1.3	20,980,361	3.3
7,501-8,000	2,549	1.1	19,742,046	3.1
8,001-8,500	2,160	1.0	17,801,836	2.8
8,501-9,000	1,815	0.8	15,890,287	2.5
9,001-9,500	1,576	0.7	14,565,189	2.3
9,501-10,000	1,377	0.6	13,425,870	2.1
10,001+	11,057	4.9	173,337,605	27.5

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 106,116
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: $344,681,760
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: $3,248

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	13,628	12.8	0	0.0
1-500	23,729	22.4	4,179,013	1.2
501-1,000	9,947	9.4	7,313,500	2.1
1,001-1,500	7,247	6.8	9,004,552	2.6
1,501-2,000	5,871	5.5	10,230,523	3.0
2,001-2,500	5,125	4.8	11,492,833	3.3
2,501-3,000	4,292	4.0	11,767,452	3.4
3,001-3,500	3,770	3.6	12,242,988	3.6
3,501-4,000	3,353	3.2	12,563,759	3.6
4,001-4,500	3,062	2.9	12,999,653	3.8
4,501-5,000	2,623	2.5	12,444,136	3.6
5,001-5,500	2,399	2.3	12,587,293	3.7
5,501-6,000	2,153	2.0	12,371,748	3.6
6,001-6,500	1,899	1.8	11,856,305	3.4
6,501-7,000	1,659	1.6	11,191,737	3.2
7,001-7,500	1,573	1.5	11,388,628	3.3
7,501-8,000	1,386	1.3	10,735,100	3.1
8,001-8,500	1,229	1.2	10,125,392	2.9
8,501-9,000	1,062	1.0	9,300,907	2.7
9,001-9,500	947	0.9	8,758,195	2.5
9,501-10,000	872	0.8	8,503,236	2.5
10,001+	8,290	7.8	133,624,810	38.8

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 117,579
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: $282,195,933
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: $2,400

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65 +	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	14,227	12.1	0	0.0
1-500	21,506	18.3	4,519,593	1.6
501-1,000	13,169	11.2	9,786,288	3.5
1,001-1,500	10,735	9.1	13,322,937	4.7
1,501-2,000	9,058	7.7	15,788,228	5.6
2,001-2,500	7,475	6.4	16,771,814	5.9
2,501-3,000	6,573	5.6	18,035,756	6.4
3,001-3,500	5,546	4.7	18,007,447	6.4
3,501-4,000	5,042	4.3	18,891,605	6.7
4,001-4,500	4,064	3.5	17,258,960	6.1
4,501-5,000	3,413	2.9	16,184,711	5.7
5,001-5,500	2,846	2.4	14,924,219	5.3
5,501-6,000	2,382	2.0	13,679,296	4.8
6,001-6,500	1,973	1.7	12,324,311	4.4
6,501-7,000	1,597	1.4	10,762,915	3.8
7,001-7,500	1,315	1.1	9,519,477	3.4
7,501-8,000	1,150	1.0	8,906,697	3.2
8,001-8,500	923	0.8	7,611,223	2.7
8,501-9,000	748	0.6	6,546,106	2.3
9,001-9,500	624	0.5	5,760,733	2.0
9,501-10,000	499	0.4	4,864,213	1.7
10,001+	2,714	2.3	38,729,404	13.7

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 47,600
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: $120,645,094
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: $2,534

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	6,580	13.8	0	0.0
1-500	8,404	17.7	1,707,517	1.4
501-1,000	4,957	10.4	3,704,488	3.1
1,001-1,500	4,226	8.9	5,239,836	4.3
1,501-2,000	3,504	7.4	6,105,199	5.1
2,001-2,500	2,916	6.1	6,539,049	5.4
2,501-3,000	2,573	5.4	7,057,495	5.8
3,001-3,500	2,151	4.5	6,985,145	5.8
3,501-4,000	1,955	4.1	7,322,368	6.1
4,001-4,500	1,585	3.3	6,734,202	5.6
4,501-5,000	1,307	2.7	6,190,997	5.1
5,001-5,500	1,077	2.3	5,648,254	4.7
5,501-6,000	989	2.1	5,682,024	4.7
6,001-6,500	797	1.7	4,977,988	4.1
6,501-7,000	685	1.4	4,620,603	3.8
7,001-7,500	547	1.1	3,962,114	3.3
7,501-8,000	528	1.1	4,086,270	3.4
8,001-8,500	418	0.9	3,447,399	2.9
8,501-9,000	347	0.7	3,038,220	2.5
9,001-9,500	273	0.6	2,518,839	2.1
9,501-10,000	235	0.5	2,292,174	1.9
10,001+	1,546	3.2	22,784,913	18.9

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 40,077
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: $99,406,799
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: $2,480

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	4,766	11.9	0	0.0
1-500	6,653	16.6	1,417,662	1.4
501-1,000	4,323	10.8	3,212,857	3.2
1,001-1,500	3,564	8.9	4,431,437	4.5
1,501-2,000	3,187	8.0	5,557,360	5.6
2,001-2,500	2,625	6.5	5,894,706	5.9
2,501-3,000	2,329	5.8	6,387,748	6.4
3,001-3,500	2,031	5.1	6,596,623	6.6
3,501-4,000	1,831	4.6	6,863,115	6.9
4,001-4,500	1,471	3.7	6,244,548	6.3
4,501-5,000	1,251	3.1	5,937,968	6.0
5,001-5,500	1,095	2.7	5,741,201	5.8
5,501-6,000	867	2.2	4,979,552	5.0
6,001-6,500	740	1.8	4,622,360	4.6
6,501-7,000	561	1.4	3,777,805	3.8
7,001-7,500	497	1.2	3,597,272	3.6
7,501-8,000	417	1.0	3,235,121	3.3
8,001-8,500	326	0.8	2,689,860	2.7
8,501-9,000	256	0.6	2,239,966	2.3
9,001-9,500	232	0.6	2,140,401	2.2
9,501-10,000	189	0.5	1,842,125	1.9
10,001+	866	2.2	11,997,112	12.1

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 29,902
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: $62,144,040
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: $2,078

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85 +	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	2,881	9.6	0	0.0
1-500	6,449	21.6	1,394,414	2.2
501-1,000	3,889	13.0	2,868,943	4.6
1,001-1,500	2,945	9.8	3,651,664	5.9
1,501-2,000	2,367	7.9	4,125,669	6.6
2,001-2,500	1,934	6.5	4,338,059	7.0
2,501-3,000	1,671	5.6	4,590,513	7.4
3,001-3,500	1,364	4.6	4,425,679	7.1
3,501-4,000	1,256	4.2	4,706,122	7.6
4,001-4,500	1,008	3.4	4,280,210	6.9
4,501-5,000	855	2.9	4,055,746	6.5
5,001-5,500	674	2.3	3,534,764	5.7
5,501-6,000	526	1.8	3,017,720	4.9
6,001-6,500	436	1.5	2,723,963	4.4
6,501-7,000	351	1.2	2,364,507	3.8
7,001-7,500	271	0.9	1,960,091	3.2
7,501-8,000	205	0.7	1,585,306	2.6
8,001-8,500	179	0.6	1,473,964	2.4
8,501-9,000	145	0.5	1,267,920	2.0
9,001-9,500	119	0.4	1,101,493	1.8
9,501-10,000	75	0.3	729,914	1.2
10,001+	302	1.0	3,947,379	6.4

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005.
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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	**230,157**	**117,810**	**109,064**	**3,199**	**59**	**25**	**2,448,129**	**1,213,277**	**1,204,648**	**29,425**	**535**	**244**
Age												
5 and younger	9	0	7	0	2	0	84	0	61	0	23	0
6-14	25	0	18	0	7	0	296	0	213	0	83	0
15-20	457	0	413	9	35	0	5,050	0	4,657	76	317	0
21-44	48,474	0	46,334	2,125	14	1	538,140	0	518,058	19,979	100	3
45-64	63,383	1	62,292	1,065	1	24	691,285	3	681,659	9,370	12	241
65-74	47,651	47,651	0	0	0	0	510,534	510,534	0	0	0	0
75-84	40,174	40,174	0	0	0	0	414,796	414,796	0	0	0	0
85 and older	29,982	29,982	0	0	0	0	287,935	287,935	0	0	0	0
Unknown	2	2	0	0	0	0	9	9	0	0	0	0
Gender												
Female	143,273	85,304	55,947	1,971	26	25	1,530,271	886,916	624,221	18,665	225	244
Male	86,884	32,506	53,117	1,228	33	0	917,858	326,361	580,427	10,760	310	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	157,582	81,399	74,073	2,063	35	12	1,665,728	825,924	820,670	18,696	316	122
African American	57,395	25,994	30,386	982	22	11	620,279	277,206	333,408	9,357	195	113
Other/unknown	15,180	10,417	4,605	154	2	2	162,122	110,147	50,570	1,372	24	9
Use of Nursing Facilities[c]												
Entire year	23,697	22,158	1,539	0	0	0	244,709	227,613	17,096	0	0	0
Part year	17,649	15,908	1,737	4	0	0	159,602	141,483	18,077	42	0	0
None	188,811	79,744	105,788	3,195	59	25	2,043,818	844,181	1,169,475	29,383	535	244
Maintenance Assistance Status												
Cash	84,263	37,393	45,875	995	0	0	975,456	429,992	535,033	10,431	0	0
Medically needy	16,456	9,220	5,920	1,287	29	0	129,625	71,827	47,155	10,405	238	0
Poverty related	77,097	39,779	37,127	153	13	25	830,354	420,320	408,538	1,119	133	244
Other/unknown	52,341	31,418	20,142	764	17	0	512,694	291,138	213,922	7,470	164	0
Dual Status[d]												
Full dual, all year	219,139	112,856	103,022	3,177	59	25	2,330,443	1,161,387	1,139,072	29,205	535	244
Full dual, part year	11,018	4,954	6,042	22	0	0	117,686	51,890	65,576	220	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	210,770	114,980	94,457	1,277	32	24	2,232,473	1,181,334	1,041,258	9,362	286	233
FFS part year, with Rx claims	12,994	2,281	9,831	867	14	1	146,911	26,325	111,508	8,931	136	11
FFS part year, no Rx claims	2,292	321	1,828	140	3	0	24,124	3,384	19,421	1,295	24	0
MC all year, with Rx claims	2,211	8	1,508	692	3	0	24,774	75	17,012	7,657	30	0
MC all year, no Rx claims	1,890	220	1,440	223	7	0	19,847	2,159	15,449	2,180	59	0

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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 2005. 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, 2005

	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
Beneficiary Characteristics	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**230,157**	**2,448,129**	**226,056**	**2,321,665**	**0**	**126,464**
Fee-for-service (FFS) all year	210,770	2,232,473	210,770	2,232,473	0	0
FFS part year, with Rx claims	12,994	146,911	12,994	78,252	0	68,659
FFS part year, with no Rx claims	2,292	24,124	2,292	10,940	0	13,184
Managed care (MC) all year, with Rx claims	2,211	24,774	0	0	0	24,774
MC all year, with no Rx claims	1,890	19,847	0	0	0	19,847

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
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.