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

LIST OF TABLES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
NONDUAL 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	**780,328**	**4,806**	**65,083**	**211,349**	**497,920**	**1,170**	**3,779,024**	**30,715**	**433,785**	**845,505**	**2,458,624**	**10,395**
Age												
5 and younger	203,603	0	4,640	0	198,963	0	961,158	0	39,703	0	921,455	0
6-14	207,858	0	10,302	0	197,556	0	1,105,291	0	84,617	0	1,020,674	0
15-20	126,844	0	8,051	21,498	97,263	32	676,558	0	66,173	106,625	503,518	242
21-44	194,629	0	17,753	172,388	3,958	530	807,100	0	109,675	680,507	12,538	4,380
45-64	42,462	8	24,337	17,463	46	608	197,945	22	133,617	58,373	160	5,773
65-74	1,720	1,720	0	0	0	0	12,907	12,907	0	0	0	0
75-84	1,518	1,518	0	0	0	0	10,288	10,288	0	0	0	0
85 and older	1,560	1,560	0	0	0	0	7,498	7,498	0	0	0	0
Unknown	134	0	0	0	134	0	279	0	0	0	279	0
Gender												
Female	449,310	3,027	30,147	169,559	245,407	1,170	2,144,883	18,846	201,931	708,300	1,205,411	10,395
Male	331,018	1,779	34,936	41,790	252,513	0	1,634,141	11,869	231,854	137,205	1,253,213	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	489,033	2,920	38,881	137,894	308,417	921	2,512,192	16,923	269,624	571,225	1,646,282	8,138
African American	220,646	1,222	21,987	58,295	138,968	174	913,231	8,409	133,239	208,411	561,600	1,572
Other/unknown	70,649	664	4,215	15,160	50,535	75	353,601	5,383	30,922	65,869	250,742	685
Use of Nursing Facilities[c]												
Entire year	1,517	312	1,198	5	2	0	16,302	3,179	13,066	33	24	0
Part year	1,705	253	1,401	47	2	2	12,467	2,030	10,134	272	7	24
None	777,106	4,241	62,484	211,297	497,916	1,168	3,750,255	25,506	410,585	845,200	2,458,593	10,371
Maintenance Assistance Status												
Cash	146,272	1,235	41,280	37,906	65,851	0	713,240	11,646	313,944	145,017	242,633	0
Medically needy	83,101	474	2,979	54,101	25,547	0	300,450	1,864	12,351	186,095	100,140	0
Poverty-related	356,230	902	10,609	45,841	297,708	1,170	1,836,179	6,696	52,395	234,235	1,532,458	10,395
Other/unknown	194,725	2,195	10,215	73,501	108,814	0	929,155	10,509	55,095	280,158	583,393	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	317,150	4,611	33,917	90,336	187,134	1,152	2,277,978	29,745	314,414	472,136	1,451,409	10,274
FFS part year, with Rx claims	171,459	123	20,956	65,767	84,597	16	663,519	669	84,790	233,429	344,525	106
FFS part year, no Rx claims	291,719	72	10,210	55,246	226,189	2	837,527	301	34,581	139,940	662,690	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, MICHIGAN, 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	**40.9**	**3.9**	**$262**	**$68**	**$2,395**	**11.0**	**780,328**
Age							
5 and younger	34.4	1.5	75	51	1,800	4.2	203,603
6-14	32.7	2.7	256	94	1,356	18.9	207,858
15-20	40.3	3.5	293	84	1,863	15.7	126,844
21-44	52.3	4.8	268	56	2,843	9.4	194,629
45-64	62.3	16.5	1,006	61	9,541	10.5	42,462
65-74	54.0	21.1	1,048	50	4,550	23.0	1,720
75-84	45.7	21.3	985	46	5,107	19.3	1,518
85 and older	29.9	14.0	573	41	6,281	9.1	1,560
Unknown	0.0	0.0	0	0	0	0.0	134
Basis of Eligibility[e]							
Aged	43.5	18.9	874	46	5,285	16.5	4,806
Disabled	67.9	18.2	1,619	89	11,953	13.5	65,083
Adults	51.4	3.7	150	40	2,132	7.0	211,349
Children	32.9	1.9	125	65	1,212	10.3	497,920
Unknown	81.1	17.0	1,135	67	9,480	12.0	1,170
Gender							
Female	43.9	4.1	221	54	2,291	9.6	449,310
Male	36.9	3.6	319	88	2,534	12.6	331,018
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.6	4.6	290	64	2,359	12.3	489,033
African American	32.4	2.8	231	84	2,663	8.7	220,646
Other/unknown	35.7	2.7	170	62	1,798	9.4	70,649
Use of Nursing Facilities[f]							
Entire year	95.5	94.1	4,997	53	59,281	8.4	1,517
Part year	95.5	60.1	3,380	56	46,977	7.2	1,705
None	40.7	3.6	246	69	2,186	11.3	777,106
Maintenance Assistance Status							
Cash	47.3	7.7	633	82	4,580	13.8	146,272
Medically needy	44.1	4.0	211	53	2,317	9.1	83,101
Poverty related	36.3	2.3	135	59	1,610	8.4	356,230
Other/unknown	43.2	3.9	239	62	2,221	10.8	194,725

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 ND.3 includes beneficiaries represented by Cell K of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In 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 fost care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

| Beneficiary Characteristics | Mean Number of Rx | Mean Rx $ | Rx $ as a Percentage of All Medicaid FFS $[c] | Number of Rx, Percentage with: | | | | | | Mean $, All Medicaid FFS $[d] | Number | |
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	**0.8**	**$54**	**11.0**	**59.1**	**27.9**	**4.9**	**4.8**	**2.1**	**1.3**	**$494**	**780,328**	**3,779,024**
Age												
5 and younger	0.3	16	4.2	65.6	30.6	2.5	1.1	0.2	0.0	381	203,603	961,158
6-14	0.5	48	18.9	67.3	23.8	3.6	3.4	1.2	0.8	255	207,858	1,105,291
15-20	0.7	55	15.7	59.7	29.3	4.9	4.2	1.2	0.6	349	126,844	676,558
21-44	1.1	65	9.4	47.7	31.2	7.8	7.8	3.3	2.2	686	194,629	807,100
45-64	3.5	216	10.5	37.7	17.6	9.2	16.0	11.5	7.9	2,047	42,462	197,945
65-74	2.8	140	23.0	46.0	15.6	7.3	15.7	11.6	3.8	606	1,720	12,907
75-84	3.1	145	19.3	54.3	10.5	6.3	13.0	12.6	3.1	754	1,518	10,288
85 and older	2.9	119	9.1	70.1	4.5	3.6	10.6	9.2	2.1	1,307	1,560	7,498
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	134	279
Basis of Eligibility[e]												
Aged	3.0	137	16.5	56.5	10.4	5.8	13.2	11.2	3.0	827	4,806	30,715
Disabled	2.7	243	13.5	32.1	23.9	9.6	16.2	10.5	7.6	1,793	65,083	433,785
Adults	0.9	37	7.0	48.6	32.5	7.5	7.1	2.7	1.6	533	211,349	845,505
Children	0.4	25	10.3	67.1	26.6	3.1	2.2	0.6	0.4	246	497,920	2,458,624
Unknown	1.9	128	12.0	18.9	40.7	16.2	16.9	6.7	0.6	1,067	1,170	10,395
Gender												
Female	0.9	46	9.6	56.1	29.9	5.3	5.0	2.2	1.4	480	449,310	2,144,883
Male	0.7	65	12.6	63.1	25.1	4.3	4.4	1.9	1.2	513	331,018	1,634,141
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	56	12.3	54.4	30.4	5.4	5.6	2.5	1.6	459	489,033	2,512,192
African American	0.7	56	8.7	67.6	22.4	4.1	3.6	1.5	0.9	644	220,646	913,231
Other/unknown	0.5	34	9.4	64.3	27.3	3.6	3.1	1.1	0.6	359	70,649	353,601
Use of Nursing Facilities[f]												
Entire year	8.8	465	8.4	4.5	2.1	4.0	18.7	38.8	32.0	5,517	1,517	16,302
Part year	8.2	462	7.2	4.5	4.6	5.7	22.9	32.3	30.0	6,425	1,705	12,467
None	0.7	51	11.3	59.3	28.0	4.9	4.7	1.9	1.2	453	777,106	3,750,255
Maintenance Assistance Status												
Cash	1.6	130	13.8	52.7	25.8	6.3	7.8	4.3	3.1	939	146,272	713,240
Medically needy	1.1	58	9.1	55.9	23.6	7.3	8.1	3.4	1.7	641	83,101	300,450
Poverty related	0.4	26	8.4	63.7	29.4	3.2	2.3	0.8	0.5	312	356,230	1,836,179
Other/unknown	0.8	50	10.8	56.8	28.4	5.8	5.6	2.2	1.2	465	194,725	929,155

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In 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.

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

NONDUAL BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.8**	**$54**	**$68**	**0.3**	**$45**	**$147**	**0.0**	**$2**	**$91**	**0.5**	**$7**	**$15**
Age												
5 and younger	0.3	16	51	0.1	13	127	0.0	0	55	0.2	3	12
6-14	0.5	48	94	0.3	43	148	0.0	1	99	0.2	3	17
15-20	0.7	55	84	0.3	47	166	0.0	2	85	0.3	6	16
21-44	1.1	65	56	0.4	51	146	0.0	2	84	0.8	11	14
45-64	3.5	216	61	1.1	167	146	0.1	9	115	2.3	40	17
65-74	2.8	140	50	1.1	117	108	0.0	3	75	1.7	20	12
75-84	3.1	145	46	1.2	118	97	0.1	5	54	1.8	23	13
85 and older	2.9	119	41	1.0	93	91	0.1	4	38	1.8	23	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.0	137	46	1.1	111	100	0.1	4	54	1.8	22	12
Disabled	2.7	243	89	1.1	204	191	0.1	9	121	1.6	30	19
Adults	0.9	37	40	0.2	28	113	0.0	1	64	0.7	8	12
Children	0.4	25	65	0.2	22	120	0.0	1	75	0.2	3	14
Unknown	1.9	128	67	0.6	110	188	0.0	2	51	1.3	16	13
Gender												
Female	0.9	46	54	0.3	37	126	0.0	2	82	0.5	8	14
Male	0.7	65	88	0.3	56	171	0.0	2	105	0.4	7	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	56	64	0.3	47	134	0.0	2	89	0.5	8	15
African American	0.7	56	84	0.2	48	202	0.0	2	95	0.4	6	15
Other/unknown	0.5	34	62	0.2	28	141	0.0	1	93	0.3	5	14
Use of Nursing Facilities[e]												
Entire year	8.8	465	53	2.9	349	122	0.3	18	61	5.6	98	18
Part year	8.2	462	56	2.5	341	138	0.3	21	82	5.5	100	18
None	0.7	51	69	0.3	43	148	0.0	2	93	0.4	7	15
Maintenance Assistance Status												
Cash	1.6	130	82	0.6	109	180	0.0	5	113	0.9	16	17
Medically needy	1.1	58	53	0.4	46	128	0.0	2	83	0.7	10	14
Poverty related	0.4	26	59	0.2	22	125	0.0	1	66	0.3	4	14
Other/unknown	0.8	50	62	0.3	42	129	0.0	2	83	0.5	7	15

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$13	$9	$1	$3	$48	$167	$61	$13	353,634	$16,858,528	166,036	21.3	1,263,988
Biologicals	0.5	0.3	0.0	0.2	740	310	83	347	1531	1,206	2,656	1,781	1,037	1,587,983	253	0.0	2,146
Antineoplastic Agents	0.5	0.2	0.0	0.4	124	104	1	19	229	662	217	50	9,347	2,136,161	1,979	0.3	17,166
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	31	23	3	5	66	138	91	19	224,895	14,896,469	64,272	8.2	479,885
Cardiovascular Agents	1.0	0.3	0.0	0.7	32	24	0	8	32	83	32	11	257,552	8,163,662	36,237	4.6	253,159
Respiratory Agents	0.5	0.3	0.0	0.2	31	29	0	2	65	107	56	10	261,979	16,989,738	70,398	9.0	545,258
Gastrointestinal Agents	0.5	0.3	0.0	0.2	41	37	0	3	80	138	68	14	146,889	11,793,442	37,029	4.7	286,648
Genitourinary Agents	0.3	0.1	0.0	0.2	11	7	1	3	41	75	58	18	37,789	1,560,551	17,902	2.3	139,153
CNS Drugs	1.3	0.6	0.0	0.6	100	92	0	7	80	152	100	12	643,821	51,365,933	86,711	11.1	514,948
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	66	63	0	3	66	76	58	18	195,791	12,830,421	28,319	3.6	194,248
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.1	186	180	0	6	325	354	0	94	8,208	2,665,575	1,833	0.2	14,316
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	16	7	2	7	33	165	269	16	320,790	10,432,996	95,743	12.3	665,551
Neuromuscular Agents	1.0	0.5	0.0	0.5	77	62	3	12	80	135	90	26	262,006	20,994,962	41,130	5.3	273,600
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	15	16	11	86,891	961,664	39,754	5.1	285,842
Hematological Agents	0.6	0.2	0.0	0.4	338	333	1	4	563	1,466	52	12	42,148	23,717,407	9,249	1.2	70,173
Topical Products	0.2	0.1	0.0	0.2	7	4	0	3	30	77	60	17	160,558	4,843,788	82,541	10.6	655,723
Miscellaneous Products	0.4	0.2	0.0	0.1	68	48	11	9	182	262	248	61	16,094	2,922,194	4,704	0.6	43,122
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	873	18,234	356	0.0	2,739
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.	3,030,302	204,739,708	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Michigan, 0.1 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$23,798,877	21,863	2.8	191,494	0.6	$198	$124
MISC. HEMATOLOGICAL	19,057,097	2,937	0.4	22,082	0.6	1,478	863
ANTICONVULSANT	15,761,918	22,920	2.9	200,393	0.7	107	79
ANTIASTHMATIC	11,992,105	80,027	10.3	651,518	0.3	61	18
ANTIDEPRESSANTS	9,558,483	47,013	6.0	368,849	0.5	51	26
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,378,895	21,306	2.7	196,840	0.6	74	48
ULCER DRUGS	7,621,480	32,758	4.2	257,407	0.4	76	30
MISC. ENDOCRINE	7,199,631	3,914	0.5	37,493	0.5	369	192
ANALGESICS - Narcotic	5,938,311	85,639	11.0	620,289	0.3	28	10
ANTIDIABETIC	5,273,579	17,203	2.2	124,285	0.6	65	42
Total	115,580,376	335,580		2,670,650	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

	All Top 10 Drug Groups			ANTIPSYCHOTICS					MISC. HEMATOLOGICAL				
Beneficiary Characteristics	Number of Rx	Rx $	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,201,703**	**$115,580,376**	**21,863**	**2.8**	**191,494**	**0.6**	**$124**	**2,937**	**0.4**	**22,082**	**0.6**	**$863**
Female												
All Females	662,205	48,183,244	10,640	2.4	89,774	0.6	111	1,417	0.3	10,944	0.6	64
Female, Disabled												
All Ages	275,549	23,828,150	4,695	15.6	40,770	0.7	139	921	3.1	7,076	0.6	63
5 and younger	8,116	854,386	28	1.4	306	0.7	105	0	0.0	0	0.0	0
6-14	24,055	2,939,958	368	10.1	3,858	0.6	125	1	0.0	12	0.8	466
15-20	21,479	2,341,503	498	15.9	5,100	0.6	134	2	0.1	18	0.2	41
21-44	68,748	6,471,396	1,832	21.6	14,808	0.6	138	86	1.0	658	0.5	49
45-64	153,151	11,220,907	1,969	15.2	16,698	0.7	144	832	6.4	6,388	0.6	64
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	386,656	24,355,094	5,945	1.4	49,004	0.5	88	496	0.1	3,868	0.5	66
5 and younger	24,213	1,595,684	65	0.1	597	0.4	89	3	0.0	23	0.3	526
6-14	75,500	6,559,907	1,248	1.3	12,151	0.6	106	4	0.0	37	0.3	319
15-20	73,339	5,667,900	1,788	2.6	17,275	0.5	105	7	0.0	47	0.3	56
21-44	165,816	7,624,677	2,232	1.6	13,966	0.4	60	131	0.1	723	0.4	46
45-64	29,269	1,692,661	383	3.3	2,708	0.4	46	142	1.2	833	0.5	57
65-74	8,210	568,150	80	8.1	820	0.6	108	86	8.7	916	0.6	71
75-84	5,982	397,459	68	7.4	662	0.7	85	73	8.0	820	0.6	68
85 and older	4,327	248,656	81	7.2	825	0.6	75	50	4.4	469	0.6	57
Male												
All Males	539,498	67,397,132	11,223	3.4	101,720	0.7	136	1,520	0.5	11,138	0.6	1,648
Male, Disabled												
All Ages	241,491	37,520,185	5,494	15.7	49,062	0.7	152	995	2.8	7,459	0.6	1,847
5 and younger	11,442	2,629,302	78	2.9	856	0.5	86	7	0.3	77	2.9	20,253
6-14	50,147	13,083,198	1,120	16.8	11,290	0.7	138	24	0.4	279	0.7	25,812
15-20	37,496	8,162,235	1,086	22.1	11,083	0.7	157	20	0.4	226	0.6	14,655
21-44	54,105	6,529,700	1,791	19.3	14,283	0.7	155	118	1.3	832	0.5	1,253
45-64	88,301	7,115,750	1,419	12.5	11,550	0.8	161	826	7.3	6,045	0.6	109
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

Nondual Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC. HEMATOLOGICAL				
	Number of Rx	Rx $	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles												
All Ages	298,007	29,876,947	5,729	1.9	52,658	0.6	121	525	0.2	3,679	0.6	1,246
5 and younger	36,746	3,556,092	176	0.2	1,668	0.5	83	19	0.0	168	0.5	6,363
6-14	137,170	14,370,629	2,734	2.7	27,052	0.6	119	27	0.0	286	0.7	7,332
15-20	66,589	8,498,161	2,049	4.1	19,506	0.6	135	8	0.0	87	0.6	12,094
21-44	33,523	1,969,079	522	1.5	2,506	0.5	96	133	0.4	691	0.5	291
45-64	11,892	725,438	115	1.7	628	0.5	96	198	3.0	977	0.5	68
65-74	4,621	283,346	45	6.1	428	0.7	95	53	7.2	537	0.6	65
75-84	4,546	298,070	58	9.6	566	0.5	66	53	8.8	569	0.7	72
85 and older	2,920	176,132	30	6.9	304	0.7	79	34	7.8	364	0.8	57
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Michigan, released by CMS in 10/2008. This table was produced on 04/23/2009.
a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**22,920**	**2.9**	**200,393**	**0.7**	**$79**	**80,027**	**10.3**	**651,518**	**0.3**	**$18**	**47,013**	**6.0**	**368,849**	**0.5**	**$26**
Female															
All Females	12,881	2.9	108,909	0.7	75	42,662	9.5	336,533	0.3	18	32,484	7.2	247,137	0.5	26
Female, Disabled															
All Ages	6,280	20.8	58,793	0.8	86	9,324	30.9	82,640	0.4	26	8,820	29.3	75,830	0.6	31
5 and younger	236	12.1	2,628	0.7	115	1,027	52.5	11,262	0.3	26	19	1.0	213	0.4	3
6-14	780	21.5	8,571	0.8	112	1,104	30.4	11,955	0.4	28	343	9.4	3,568	0.6	24
15-20	709	22.6	7,463	0.8	105	656	20.9	7,082	0.4	26	641	20.4	6,612	0.5	25
21-44	2,005	23.7	17,792	0.8	89	1,824	21.5	14,989	0.4	21	2,852	33.7	23,766	0.6	31
45-64	2,550	19.7	22,339	0.8	63	4,713	36.4	37,352	0.5	29	4,965	38.3	41,671	0.7	33
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	6,601	1.6	50,116	0.6	62	33,338	8.0	253,893	0.3	15	23,664	5.6	171,307	0.4	24
5 and younger	279	0.3	2,634	0.6	73	8,170	8.4	65,066	0.2	14	49	0.1	460	0.3	6
6-14	972	1.0	9,517	0.7	87	8,048	8.2	69,594	0.3	16	1,876	1.9	18,243	0.5	19
15-20	1,303	1.9	12,043	0.6	75	5,123	7.5	44,041	0.2	13	4,927	7.2	44,080	0.4	22
21-44	3,310	2.3	20,497	0.5	47	10,193	7.2	63,180	0.3	14	14,402	10.2	91,774	0.4	25
45-64	547	4.8	3,524	0.5	44	1,427	12.4	8,316	0.4	23	2,046	17.8	13,212	0.5	32
65-74	91	9.2	943	0.7	43	159	16.1	1,516	0.5	35	127	12.9	1,312	0.5	23
75-84	59	6.5	580	0.6	27	140	15.3	1,441	0.5	29	124	13.6	1,181	0.6	20
85 and older	40	3.6	378	0.8	38	78	6.9	739	0.4	12	113	10.0	1,045	0.7	27
Male															
All Males	10,039	3.0	91,484	0.8	83	37,365	11.3	314,985	0.3	19	14,529	4.4	121,712	0.5	26
Male, Disabled															
All Ages	6,093	17.4	58,349	0.8	93	8,318	23.8	79,355	0.4	26	5,918	16.9	51,229	0.6	28
5 and younger	313	11.7	3,473	0.7	81	1,550	57.8	16,424	0.3	25	32	1.2	353	0.4	9
6-14	1,240	18.6	13,500	0.8	109	2,152	32.3	23,349	0.4	30	776	11.6	8,081	0.6	22
15-20	973	19.8	10,432	0.9	110	1,017	20.7	11,118	0.4	28	891	18.1	9,227	0.6	30
21-44	1,832	19.7	16,107	0.9	98	961	10.3	8,042	0.4	19	1,833	19.7	14,294	0.6	28
45-64	1,735	15.2	14,837	0.8	63	2,638	23.2	20,422	0.4	26	2,386	21.0	19,274	0.6	29
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

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	3,946	1.3	33,135	0.6	67	29,047	9.8	235,630	0.3	17	8,611	2.9	70,483	0.5	24
5 and younger	345	0.3	3,366	0.6	69	12,189	12.0	96,561	0.2	15	92	0.1	894	0.3	10
6-14	1,390	1.4	13,648	0.6	71	10,743	10.8	92,840	0.3	18	2,835	2.8	27,633	0.5	20
15-20	1,041	2.1	9,164	0.7	78	3,670	7.3	31,677	0.3	16	2,734	5.4	24,669	0.5	28
21-44	847	2.4	4,590	0.5	45	1,572	4.4	8,071	0.3	18	2,154	6.0	11,971	0.4	26
45-64	214	3.2	1,288	0.6	39	514	7.7	2,744	0.4	27	586	8.8	3,283	0.5	32
65-74	46	6.3	454	0.8	32	153	20.8	1,484	0.4	31	75	10.2	678	0.6	29
75-84	38	6.3	386	0.5	26	148	24.5	1,616	0.4	28	76	12.6	751	0.7	30
85 and older	25	5.7	239	0.9	40	58	13.3	637	0.5	26	59	13.6	604	0.7	28
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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS					MISC. ENDOCRINE				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**21,306**	**2.7**	**196,840**	**0.6**	**$48**	**32,758**	**4.2**	**257,407**	**0.4**	**$30**	**3,914**	**0.5**	**37,493**	**0.5**	**$192**
Female															
All Females	6,475	1.4	60,139	0.6	46	20,933	4.7	162,963	0.4	28	2,139	0.5	20,013	0.5	136
Female, Disabled															
All Ages	956	3.2	9,785	0.6	54	6,462	21.4	57,286	0.5	41	1,019	3.4	9,777	0.6	139
5 and younger	28	1.4	281	0.3	39	427	21.8	4,662	0.4	26	43	2.2	503	0.6	187
6-14	498	13.7	5,219	0.7	48	399	11.0	4,456	0.5	45	117	3.2	1,275	0.6	438
15-20	224	7.1	2,323	0.7	54	353	11.2	3,870	0.4	35	58	1.8	606	0.5	269
21-44	130	1.5	1,220	0.6	69	1,491	17.6	12,916	0.5	39	163	1.9	1,631	0.6	144
45-64	76	0.6	742	0.6	69	3,792	29.3	31,382	0.6	45	638	4.9	5,762	0.6	54
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	5,519	1.3	50,354	0.6	44	14,471	3.5	105,677	0.3	20	1,120	0.3	10,236	0.5	133
5 and younger	152	0.2	1,350	0.4	58	2,001	2.1	14,107	0.3	15	53	0.1	537	0.5	152
6-14	3,668	3.8	33,683	0.6	42	1,247	1.3	11,661	0.3	20	455	0.5	4,290	0.4	201
15-20	1,227	1.8	11,924	0.6	44	2,365	3.4	20,913	0.2	13	105	0.2	1,040	0.4	195
21-44	423	0.3	2,991	0.5	59	7,072	5.0	45,361	0.3	20	134	0.1	905	0.4	68
45-64	49	0.4	406	0.5	44	1,197	10.4	7,492	0.4	35	175	1.5	1,253	0.5	39
65-74	0	0.0	0	0.0	0	259	26.3	2,729	0.5	42	99	10.0	1,116	0.7	50
75-84	0	0.0	0	0.0	0	189	20.7	2,036	0.5	41	65	7.1	740	0.6	53
85 and older	0	0.0	0	0.0	0	141	12.5	1,378	0.6	42	34	3.0	355	0.6	38
Male															
All Males	14,831	4.5	136,701	0.7	49	11,825	3.6	94,444	0.4	33	1,775	0.5	17,480	0.5	256
Male, Disabled															
All Ages	2,581	7.4	25,690	0.7	55	4,880	14.0	43,920	0.5	42	615	1.8	6,485	0.6	264
5 and younger	84	3.1	829	0.4	33	530	19.8	5,575	0.4	31	48	1.8	525	0.7	197
6-14	1,636	24.5	16,231	0.7	54	503	7.5	5,717	0.5	47	207	3.1	2,233	0.6	349
15-20	673	13.7	6,972	0.7	60	451	9.2	4,988	0.5	43	127	2.6	1,419	0.6	444
21-44	156	1.7	1,381	0.8	52	1,112	12.0	9,261	0.5	42	126	1.4	1,290	0.7	96
45-64	32	0.3	277	0.6	37	2,284	20.1	18,379	0.5	43	107	0.9	1,018	0.6	73
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

Nondual Beneficiaries

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

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

NONDUAL BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS					MISC. ENDOCRINE				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	12,250	4.1	111,011	0.7	47	6,945	2.3	50,524	0.3	25	1,160	0.4	10,995	0.5	251
5 and younger	356	0.3	3,173	0.4	33	2,576	2.5	18,152	0.3	18	72	0.1	682	0.5	202
6-14	9,128	9.1	82,484	0.7	46	1,002	1.0	9,711	0.3	29	787	0.8	7,358	0.4	185
15-20	2,590	5.2	24,443	0.6	51	961	1.9	8,397	0.3	18	196	0.4	1,977	0.5	615
21-44	163	0.5	814	0.6	61	1,508	4.2	7,589	0.4	34	15	0.0	62	0.6	120
45-64	13	0.2	97	0.6	69	534	8.1	2,984	0.5	41	10	0.2	48	0.5	34
65-74	0	0.0	0	0.0	0	159	21.7	1,595	0.4	28	27	3.7	292	0.5	53
75-84	0	0.0	0	0.0	0	131	21.7	1,347	0.5	49	28	4.6	307	0.6	43
85 and older	0	0.0	0	0.0	0	74	17.0	749	0.6	53	25	5.7	269	0.5	35
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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**85,639**	**11.0**	**620,289**	**0.3**	**$10**	**17,203**	**2.2**	**124,285**	**0.6**	**$42**	**780,328**	**3,779,024**
Female												
All Females	61,340	13.7	443,577	0.3	9	10,893	2.4	79,384	0.6	41	449,246	2,144,750
Female, Disabled												
All Ages	11,593	38.5	95,888	0.5	26	4,725	15.7	37,049	0.7	40	30,147	201,931
5 and younger	186	9.5	2,162	0.1	1	8	0.4	82	0.6	50	1,958	17,615
6-14	446	12.3	5,053	0.2	2	86	2.4	993	0.7	53	3,630	31,637
15-20	716	22.8	7,723	0.2	3	132	4.2	1,445	0.6	53	3,140	26,029
21-44	3,567	42.1	28,402	0.5	26	763	9.0	6,066	0.6	36	8,466	52,818
45-64	6,678	51.6	52,548	0.6	32	3,736	28.8	28,463	0.7	40	12,953	73,832
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	49,747	11.9	347,689	0.3	4	6,168	1.5	42,335	0.6	42	419,099	1,942,819
5 and younger	977	1.0	8,982	0.1	1	71	0.1	698	0.9	61	97,086	448,012
6-14	2,255	2.3	21,413	0.1	1	600	0.6	5,998	0.8	72	97,680	501,404
15-20	8,663	12.6	71,764	0.2	1	697	1.0	6,295	0.6	58	68,602	350,083
21-44	34,067	24.1	220,496	0.3	4	3,140	2.2	17,830	0.5	32	141,215	582,282
45-64	3,190	27.8	19,116	0.4	12	1,140	9.9	6,063	0.6	31	11,492	42,195
65-74	255	25.9	2,581	0.3	8	286	29.0	3,023	0.7	33	986	7,748
75-84	189	20.7	1,941	0.4	14	150	16.4	1,614	0.7	34	913	6,060
85 and older	151	13.4	1,396	0.4	12	84	7.5	814	0.7	25	1,125	5,035
Male												
All Males	24,299	7.3	176,712	0.4	12	6,310	1.9	44,901	0.7	45	330,948	1,633,995
Male, Disabled												
All Ages	8,582	24.6	68,434	0.5	23	3,021	8.6	22,356	0.6	39	34,936	231,854
5 and younger	254	9.5	2,882	0.1	1	10	0.4	103	0.7	36	2,682	22,088
6-14	597	8.9	6,743	0.2	2	80	1.2	914	0.7	58	6,672	52,980
15-20	751	15.3	8,139	0.2	4	122	2.5	1,334	0.6	50	4,911	40,144
21-44	2,322	25.0	16,930	0.5	24	589	6.3	4,273	0.6	38	9,287	56,857
45-64	4,658	40.9	33,740	0.7	33	2,220	19.5	15,732	0.7	37	11,384	59,785
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

Nondual Beneficiaries

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

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

NONDUAL BENEFICIARIES, MICHIGAN, 2005

	ANALGESICS - Narcotic					ANTIDIABETIC						
Beneficiary Characteristics	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	15,717	5.3	108,278	0.3	6	3,289	1.1	22,545	0.7	51	296,012	1,402,141
5 and younger	1,434	1.4	13,203	0.1	1	113	0.1	1,058	0.9	64	101,877	473,443
6-14	2,271	2.3	21,410	0.1	1	591	0.6	6,039	0.8	67	99,876	519,270
15-20	3,507	7.0	28,819	0.2	1	402	0.8	3,686	0.7	74	50,191	260,302
21-44	6,650	18.6	33,211	0.5	11	1,054	3.0	4,610	0.6	38	35,661	115,143
45-64	1,456	22.0	7,534	0.5	16	791	11.9	3,684	0.6	33	6,633	22,133
65-74	173	23.6	1,757	0.4	7	185	25.2	1,825	0.7	30	734	5,159
75-84	146	24.1	1,583	0.4	14	110	18.2	1,209	0.7	35	605	4,228
85 and older	80	18.4	761	0.7	30	43	9.9	434	0.7	38	435	2,463
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	134	279

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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL 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	**$465**	**8.8**	**1,517**	**16,302**
Age				
0-64	508	9.3	1,205	13,123
65-74	408	7.2	43	398
75-84	322	6.9	101	1,017
85 and older	241	6.1	168	1,764
Unknown	0	0.0	0	0
Gender				
Female	485	9.2	846	9,330
Male	439	8.1	671	6,972
Unknown	0	0.0	0	0
Race				
White	484	9.1	831	8,806
African American	445	8.4	603	6,598
Other/unknown	428	8.3	83	898
Basis of Eligibility[c]				
Aged	288	6.5	312	3,179
Disabled	508	9.3	1,198	13,066
Adults	520	10.9	5	33
Children	442	12.1	2	24
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.5	0.1	0.0	0.3	$47	$31	$6	$9	$96	$323	$140	$27	5,356	$512,367	983	64.8	10,871
Biologicals	0.3	0.0	0.3	0.0	290	0	290	0	871	0	871	0	4	3,483	1	0.1	12
Antineoplastic Agents	0.5	0.1	0.0	0.5	88	52	0	36	166	874	0	76	637	105,852	109	7.2	1,202
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.7	60	48	5	7	42	86	24	11	10,872	457,152	694	45.7	7,659
Cardiovascular Agents	2.4	0.6	0.0	1.8	60	42	0	19	25	70	58	10	28,841	717,005	1,102	72.6	11,872
Respiratory Agents	0.9	0.3	0.0	0.6	33	28	0	6	38	91	51	10	5,019	190,018	519	34.2	5,683
Gastrointestinal Agents	1.3	0.6	0.0	0.7	70	63	0	7	55	112	45	9	12,654	693,294	916	60.4	9,868
Genitourinary Agents	0.6	0.3	0.0	0.2	31	27	0	4	53	79	44	16	2,434	128,647	373	24.6	4,171
CNS Drugs	1.8	0.9	0.0	0.9	144	132	0	11	79	141	38	13	23,080	1,823,708	1,155	76.1	12,657
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	51	48	0	4	63	175	0	7	57	3,600	6	0.4	70
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	204	203	0	1	198	199	0	132	2,844	563,860	253	16.7	2,764
Analgesics and Anesthetics	1.7	0.2	0.1	1.5	68	16	10	41	40	103	103	28	15,764	624,525	846	55.8	9,171
Neuromuscular Agents	1.8	0.4	0.0	1.3	93	51	3	39	53	124	90	30	16,168	858,188	832	54.8	9,189
Nutritional Products	0.7	0.0	0.1	0.6	9	0	1	8	13	11	11	13	3,479	43,798	449	29.6	4,837
Hematological Agents	1.1	0.4	0.0	0.7	72	66	0	6	66	177	13	9	7,572	501,738	648	42.7	6,933
Topical Products	0.7	0.3	0.1	0.4	32	19	4	9	44	73	70	21	7,277	318,859	898	59.2	9,983
Miscellaneous Products	0.3	0.1	0.0	0.2	15	11	0	4	49	203	77	16	685	33,780	202	13.3	2,276
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	12	0	0	0	33	392	12	0.8	124
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.	142,776	7,580,266	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP[a, b, c, d]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users					Among Users
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$1,286,941	711	46.9	7,985	0.9	$179	$161
ANTICONVULSANT	742,119	922	60.8	10,311	1.2	61	72
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	563,869	309	20.4	3,342	0.9	198	169
ULCER DRUGS	522,409	922	60.8	10,102	0.7	72	52
ANTIDEPRESSANTS	496,056	1,149	75.7	12,752	0.9	44	39
ANALGESICS - Narcotic	476,435	999	65.9	10,918	1.2	37	44
ANTIDIABETIC	373,162	697	45.9	7,630	1.1	45	49
ANTIHYPERLIPIDEMIC	291,224	427	28.1	4,684	0.8	74	62
DERMATOLOGICAL	267,979	1,747	115.2	19,819	0.3	42	14
MISC. HEMATOLOGICAL	249,866	282	18.6	3,092	0.8	98	81
Total	5,270,060	8,165		90,635	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 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.

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**74,541**	**$5,270,060**	**711**	**46.9**	**7,985**	**0.9**	**$161**	**922**	**60.8**	**10,311**	**1.2**	**$72**
Female												
All Females	45,228	3,213,209	405	47.9	4,626	0.9	165	534	63.1	6,054	1.2	70
Female, Disabled												
All Ages	39,339	2,810,413	323	49.2	3,722	1.0	179	482	73.5	5,529	1.2	72
64 or younger	39,339	2,810,413	323	49.2	3,722	1.0	179	482	73.5	5,529	1.2	72
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	5,889	402,796	82	43.2	904	0.8	105	52	27.4	525	1.0	52
64 or younger	129	3,369	1	33.3	12	0.1	0	2	66.7	24	1.1	27
65-74	1,225	100,932	17	63.0	192	0.8	172	17	63.0	176	0.9	73
75-84	1,921	138,952	22	37.3	224	1.0	123	12	20.3	116	0.9	30
85 and older	2,614	159,543	42	41.6	476	0.7	72	21	20.8	209	1.0	49
Male												
All Males	29,313	2,056,851	306	45.6	3,359	0.9	157	388	57.8	4,257	1.2	75
Male, Disabled												
All Ages	25,315	1,785,265	263	48.5	2,918	0.9	165	363	67.0	4,010	1.2	77
64 or younger	25,315	1,785,265	263	48.5	2,918	0.9	165	363	67.0	4,010	1.2	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
Male, Other Eligibles												
All Ages	3,998	271,586	43	33.3	441	0.8	100	25	19.4	247	0.8	39
64 or younger	104	4,729	0	0.0	0	0.0	0	2	50.0	16	1.4	17
65-74	335	24,621	6	37.5	32	1.3	227	5	31.3	44	0.8	27
75-84	1,539	106,324	21	50.0	235	0.7	81	9	21.4	94	0.6	17
85 and older	2,020	135,912	16	23.9	174	0.8	103	9	13.4	93	1.0	70
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 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 ND.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, MICHIGAN, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTIDEPRESSANTS				
	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	**309**	**20.4**	**3,342**	**0.9**	**$169**	**922**	**60.8**	**10,102**	**0.7**	**$52**	**1,149**	**75.7**	**12,752**	**0.9**	**$39**
Female															
All Females	192	22.7	2,091	0.9	198	538	63.6	6,024	0.7	52	713	84.3	8,012	0.9	39
Female, Disabled															
All Ages	120	18.3	1,322	0.8	255	446	68.0	5,074	0.7	53	593	90.4	6,760	0.9	41
64 or younger	120	18.3	1,322	0.8	255	446	68.0	5,074	0.7	53	593	90.4	6,760	0.9	41
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	72	37.9	769	0.9	101	92	48.4	950	0.7	47	120	63.2	1,252	0.8	27
64 or younger	0	0.0	0	0.0	0	4	133.3	40	0.9	24	2	66.7	16	0.5	5
65-74	9	33.3	98	0.9	117	17	63.0	178	0.8	57	20	74.1	220	0.7	24
75-84	24	40.7	239	1.0	110	26	44.1	262	0.6	54	44	74.6	439	0.8	25
85 and older	39	38.6	432	0.9	92	45	44.6	470	0.7	42	54	53.5	577	0.8	31
Male															
All Males	117	17.4	1,251	0.8	119	384	57.2	4,078	0.7	51	436	65.0	4,740	0.9	39
Male, Disabled															
All Ages	61	11.3	665	0.9	144	333	61.4	3,544	0.7	50	358	66.1	3,915	0.9	41
64 or younger	61	11.3	665	0.9	144	333	61.4	3,544	0.7	50	358	66.1	3,915	0.9	41
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	56	43.4	586	0.8	91	51	39.5	534	0.7	60	78	60.5	825	0.9	34
64 or younger	0	0.0	0	0.0	0	3	75.0	31	0.9	30	1	25.0	9	2.0	143
65-74	4	25.0	24	0.5	69	3	18.8	16	0.8	92	7	43.8	37	0.9	34
75-84	27	64.3	282	0.9	87	16	38.1	161	0.8	70	30	71.4	329	1.0	37
85 and older	25	37.3	280	0.8	97	29	43.3	326	0.7	57	40	59.7	450	0.8	29
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 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.

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	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	**999**	**65.9**	**10,918**	**1.2**	**$44**	**697**	**45.9**	**7,630**	**1.1**	**$49**	**427**	**28.1**	**4,684**	**0.8**	**$62**
Female															
All Females	582	68.8	6,518	1.2	46	427	50.5	4,796	1.1	48	246	29.1	2,763	0.9	63
Female, Disabled															
All Ages	520	79.3	5,952	1.2	46	365	55.6	4,154	1.1	50	201	30.6	2,275	0.8	62
64 or younger	520	79.3	5,952	1.2	46	365	55.6	4,154	1.1	50	201	30.6	2,275	0.8	62
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	62	32.6	566	0.9	45	62	32.6	642	1.0	38	45	23.7	488	0.9	65
64 or younger	3	100.0	28	1.4	29	2	66.7	8	0.4	25	0	0.0	0	0.0	0
65-74	10	37.0	68	0.6	36	20	74.1	232	1.0	34	11	40.7	124	0.9	69
75-84	23	39.0	223	1.1	86	20	33.9	215	1.0	56	15	25.4	167	1.1	82
85 and older	26	25.7	247	0.6	12	20	19.8	187	0.8	23	19	18.8	197	0.7	50
Male															
All Males	417	62.1	4,400	1.1	41	270	40.2	2,834	1.0	50	181	27.0	1,921	0.8	61
Male, Disabled															
All Ages	347	64.0	3,691	1.2	38	234	43.2	2,463	1.0	51	159	29.3	1,708	0.8	62
64 or younger	347	64.0	3,691	1.2	38	234	43.2	2,463	1.0	51	159	29.3	1,708	0.8	62
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	70	54.3	709	0.9	54	36	27.9	371	1.0	43	22	17.1	213	0.8	53
64 or younger	4	100.0	35	0.4	4	1	25.0	7	0.1	10	0	0.0	0	0.0	0
65-74	6	37.5	50	1.9	78	6	37.5	46	1.0	68	3	18.8	25	1.0	91
75-84	23	54.8	236	0.8	68	12	28.6	131	1.4	36	9	21.4	76	0.7	43
85 and older	37	55.2	388	0.9	47	17	25.4	187	0.8	43	10	14.9	112	0.8	51
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 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.

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

Beneficiary Characteristics	DERMATOLOGICAL					MISC. HEMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	**1,747**	**115.2**	**19,819**	**0.3**	**$14**	**282**	**18.6**	**3,092**	**0.8**	**$81**	**1,517**	**16,302**
Female												
All Females	1,020	120.6	11,698	0.3	13	144	17.0	1,640	0.8	80	846	9,330
Female, Disabled												
All Ages	893	136.1	10,282	0.3	14	107	16.3	1,240	0.8	82	656	7,376
64 or younger	893	136.1	10,282	0.3	14	107	16.3	1,240	0.8	82	656	7,376
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	127	66.8	1,416	0.3	10	37	19.5	400	0.8	74	190	1,954
64 or younger	4	133.3	48	0.4	14	0	0.0	0	0.0	0	3	28
65-74	20	74.1	214	0.2	5	8	29.6	90	0.9	90	27	280
75-84	35	59.3	409	0.2	5	11	18.6	132	0.8	75	59	598
85 and older	68	67.3	745	0.4	13	18	17.8	178	0.8	64	101	1,048
Male												
All Males	727	108.3	8,121	0.3	14	138	20.6	1,452	0.8	82	671	6,972
Male, Disabled												
All Ages	630	116.2	7,042	0.3	14	109	20.1	1,127	0.8	82	542	5,690
64 or younger	630	116.2	7,042	0.3	14	109	20.1	1,127	0.8	82	542	5,690
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	97	75.2	1,079	0.3	12	29	22.5	325	0.9	81	129	1,282
64 or younger	3	75.0	21	1.1	96	0	0.0	0	0.0	0	4	29
65-74	7	43.8	66	0.3	14	1	6.3	12	1.0	126	16	118
75-84	26	61.9	288	0.3	8	12	28.6	127	0.9	93	42	419
85 and older	61	91.0	704	0.3	11	16	23.9	186	1.0	71	67	716
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,705 beneficiaries who were in nursing facilities for part of their enrollment and their 12,467 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.

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

AMONG NONDUALS, 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 $	Part D Excluded Rx $ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Nondual Rx $	Total Number of Beneficiaries
All	**85,822**	**11.0**	**0.4**	**323,270**	**$6**	**$4,525,813**	**$14**	**2.2**	**780,328**
Age									
5 and younger	15,178	7.5	0.2	32,512	3	689,080	21	4.5	203,603
6-14	12,505	6.0	0.2	41,001	5	1,139,857	28	2.1	207,858
15-20	11,632	9.2	0.3	34,241	6	734,705	21	2.0	126,844
21-44	31,955	16.4	0.6	118,510	6	1,075,425	9	2.1	194,629
45-64	13,341	31.4	2.0	85,091	19	810,341	10	1.9	42,462
65-74	520	30.2	3.3	5,590	20	35,190	6	2.0	1,720
75-84	405	26.7	2.9	4,331	17	26,322	6	1.8	1,518
85 and older	286	18.3	1.3	1,994	10	14,893	7	1.7	1,560
Unknown	0	0.0	0.0	0	0	0	0	0.0	134
Basis of Eligibility[c]									
Aged	1,212	25.2	2.5	11,944	16	76,539	6	1.8	4,806
Disabled	20,371	31.3	2.2	140,271	38	2,492,567	18	2.4	65,083
Adults	32,517	15.4	0.5	97,229	3	698,989	7	2.2	211,349
Children	31,360	6.3	0.1	72,372	3	1,248,206	17	2.0	497,920
Unknown	362	30.9	1.2	1,454	8	9,512	7	0.7	1,170
Gender									
Female	57,086	12.7	0.5	211,046	5	2,464,108	12	2.5	449,310
Male	28,736	8.7	0.3	112,224	6	2,061,705	18	2.0	331,018
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	57,597	11.8	0.5	233,571	7	3,381,255	14	2.4	489,033
African American	21,063	9.5	0.3	67,915	4	845,165	12	1.7	220,646
Other/unknown	7,162	10.1	0.3	21,784	4	299,393	14	2.5	70,649
Use of Nursing Facilities[d]									
Entire year	1,088	71.7	8.1	12,297	70	106,758	9	1.4	1,517
Part year	1,293	75.8	6.3	10,702	85	145,742	14	2.5	1,705
None	83,441	10.7	0.4	300,271	5	4,273,313	14	2.2	777,106
Maintenance Assistance Status									
Cash	25,617	17.5	0.9	138,652	15	2,191,356	16	2.4	146,272
Medically needy	10,670	12.8	0.5	37,514	3	289,798	8	1.7	83,101
Poverty related	27,161	7.6	0.2	71,216	3	1,011,169	14	2.1	356,230
Other/unknown	22,374	11.5	0.4	75,888	5	1,033,490	14	2.2	194,725

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
MICHIGAN, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$1**	**$14**	**$0**	**$0**	**3,779,024**
Age						
5 and younger	0.0	1	21	0	0	961,158
6-14	0.0	1	28	0	0	1,105,291
15-20	0.1	1	21	0	0	676,558
21-44	0.1	1	9	0	1	807,100
45-64	0.4	4	10	0	1	197,945
65-74	0.4	3	6	0	0	12,907
75-84	0.4	3	6	0	0	10,288
85 and older	0.3	2	7	0	0	7,498
Unknown	0.0	0	0	0	0	279
Basis of Eligibility[c]						
Aged	0.4	2	6	0	0	30,715
Disabled	0.3	6	18	0	2	433,785
Adults	0.1	1	7	0	0	845,505
Children	0.0	1	17	0	0	2,458,624
Unknown	0.1	1	7	0	0	10,395
Gender						
Female	0.1	1	12	0	0	2,144,883
Male	0.1	1	18	0	0	1,634,141
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	14	0	0	2,512,192
African American	0.1	1	12	0	0	913,231
Other/unknown	0.1	1	14	0	0	353,601
Use of Nursing Facilities[d]						
Entire year	0.8	7	9	0	2	16,302
Part year	0.9	12	14	0	2	12,467
None	0.1	1	14	0	0	3,750,255
Maintenance Assistance Status						
Cash	0.2	3	16	0	1	713,240
Medically needy	0.1	1	8	0	0	300,450
Poverty related	0.0	1	14	0	0	1,836,179
Other/unknown	0.1	1	14	0	0	929,155

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

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[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	**98,457**	**$46**	**$4,525,813**	**100.0**	**323,270**	**$14**	**100.0**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	222	14	3,149	0.1	272	12	0.1
Cough and cold medications	665	122	81,255	1.8	1,740	47	0.5
Vitamins and minerals	9,031	46	419,033	9.3	29,368	14	9.1
Non-prescription drugs	53,611	30	1,607,664	35.5	136,308	12	42.2
Barbiturates	1,654	35	57,845	1.3	11,951	5	3.7
Benzodiazepines	31,152	46	1,420,987	31.4	138,633	10	42.9
Other Part D Excl Rx Drugs	2,122	441	935,880	20.7	4,998	187	1.5

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. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.
b. Includes OTC drugs as well as prescription drugs.
c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

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

NONDUAL BENEFICIARIES, MICHIGAN, 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	**1,485,647**	**4,960**	**175,374**	**326,813**	**977,330**	**1,170**	**14,455,614**	**32,702**	**1,926,246**	**2,735,223**	**9,750,991**	**10,452**
Age												
5 and younger	362,601	0	6,293	0	356,308	0	3,504,586	0	69,163	0	3,435,423	0
6-14	445,193	0	22,555	0	422,638	0	4,675,075	0	259,340	0	4,415,735	0
15-20	235,468	0	18,705	26,389	190,342	32	2,288,940	0	211,031	222,660	1,855,002	247
21-44	333,123	0	55,107	269,650	7,836	530	2,915,290	0	611,406	2,255,496	43,991	4,397
45-64	104,176	8	72,714	30,774	72	608	1,038,774	32	775,306	257,067	561	5,808
65-74	1,856	1,856	0	0	0	0	14,649	14,649	0	0	0	0
75-84	1,533	1,533	0	0	0	0	10,493	10,493	0	0	0	0
85 and older	1,563	1,563	0	0	0	0	7,528	7,528	0	0	0	0
Unknown	134	0	0	0	134	0	279	0	0	0	279	0
Gender												
Female	839,353	3,104	87,692	264,910	482,477	1,170	8,107,958	19,836	972,796	2,276,464	4,828,410	10,452
Male	646,294	1,856	87,682	61,903	494,853	0	6,347,656	12,866	953,450	458,759	4,922,581	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	847,680	3,028	90,991	200,645	552,095	921	8,031,203	18,114	984,531	1,611,061	5,409,323	8,174
African American	513,948	1,256	74,502	104,730	333,286	174	5,263,886	8,931	834,267	957,754	3,461,346	1,588
Other/unknown	124,019	676	9,881	21,438	91,949	75	1,160,525	5,657	107,448	166,408	880,322	690
Use of Nursing Facilities[c]												
Entire year	1,518	312	1,198	6	2	0	16,332	3,180	13,094	34	24	0
Part year	1,742	253	1,437	48	2	2	16,617	2,037	14,171	369	16	24
None	1,482,387	4,395	172,739	326,759	977,326	1,168	14,422,665	27,485	1,898,981	2,734,820	9,750,951	10,428
Maintenance Assistance Status												
Cash	379,952	1,310	142,455	66,803	169,384	0	4,052,498	12,951	1,645,018	624,918	1,769,611	0
Medically needy	121,863	477	3,175	77,281	40,930	0	951,770	1,899	18,340	583,930	347,601	0
Poverty related	601,713	923	13,762	49,308	536,550	1,170	5,690,869	6,912	124,627	316,500	5,232,378	10,452
Other/unknown	382,119	2,250	15,982	133,421	230,466	0	3,760,477	10,940	138,261	1,209,875	2,401,401	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	317,150	4,611	33,917	90,336	187,134	1,152	2,277,978	29,745	314,414	472,136	1,451,409	10,274
FFS part year, with Rx claims	171,459	123	20,956	65,767	84,597	16	1,739,030	1,278	223,078	627,330	887,184	160
FFS part year, no Rx claims	291,719	72	10,210	55,246	226,189	2	2,869,296	705	103,696	483,949	2,280,928	18
MC all year, with Rx claims	120,416	48	54,337	31,107	34,924	0	1,363,510	298	639,547	333,633	390,032	0
MC all year, no Rx claims	584,903	106	55,954	84,357	444,486	0	6,205,800	676	645,511	818,175	4,741,438	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2

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

NONDUAL BENEFICIARIES, MICHIGAN, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**1,485,647**	**14,455,614**	**780,328**	**3,779,024**	**0**	**10,676,590**
Fee-for-service (FFS) all year	317,150	2,277,978	317,150	2,277,978	0	0
FFS part year, with Rx claims	171,459	1,739,030	171,459	663,519	0	1,075,511
FFS part year, with no Rx claims	291,719	2,869,296	291,719	837,527	0	2,031,769
Managed care (MC) all year, with Rx claims	120,416	1,363,510	0	0	0	1,363,510
MC all year, with no Rx claims	584,903	6,205,800	0	0	0	6,205,800

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

Nondual Beneficiaries