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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
MICHIGAN**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	230,528	116,982	111,032	2,418	62	34	2,391,683	1,204,638	1,172,139	14,161	473	272
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	23	0	20	0	3	0	268	0	232	0	36	0
15-20	418	0	375	3	40	0	3,485	0	3,146	13	326	0
21-44	46,831	0	45,298	1,515	16	2	489,970	0	480,630	9,227	93	20
45-64	66,041	2	65,212	801	1	25	692,126	5	687,623	4,284	12	202
65-74	48,179	47,959	122	89	2	7	506,667	505,602	448	561	6	50
75-84	39,289	39,279	0	10	0	0	409,696	409,620	0	76	0	0
85 and older	29,740	29,740	0	0	0	0	289,392	289,392	0	0	0	0
Unknown	2	2	0	0	0	0	19	19	0	0	0	0
Gender												
Female	143,128	84,191	57,431	1,452	20	34	1,496,394	875,939	611,375	8,658	150	272
Male	87,400	32,791	53,601	966	42	0	895,289	328,699	560,764	5,503	323	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	157,831	80,807	75,412	1,550	39	23	1,634,318	823,161	802,126	8,579	264	188
African American	57,790	25,953	31,065	743	20	9	600,630	273,656	321,849	4,882	176	67
Other/unknown	14,907	10,222	4,555	125	3	2	156,735	107,821	48,164	700	33	17
Use of Nursing Facilities^c												
Entire year	22,941	21,427	1,514	0	0	0	239,784	222,877	16,907	0	0	0
Part year	17,706	15,829	1,872	5	0	0	163,175	144,092	19,050	33	0	0
None	189,881	79,726	107,646	2,413	62	34	1,988,724	837,669	1,136,182	14,128	473	272
Maintenance Assistance Status												
Cash	82,468	37,133	44,767	568	0	0	923,840	419,696	500,763	3,381	0	0
Medically needy	15,495	8,701	5,759	1,001	34	0	114,697	67,786	41,335	5,365	211	0
Poverty-related	81,417	40,845	40,401	130	7	34	856,817	431,454	424,171	853	67	272
Other/unknown	51,148	30,303	20,105	719	21	0	496,329	285,702	205,870	4,562	195	0
Dual Medicare Status^d												
Full dual, all year	218,947	111,780	104,674	2,397	62	34	2,268,014	1,149,052	1,104,272	13,945	473	272
Full dual, part year	11,581	5,202	6,358	21	0	0	123,669	55,586	67,867	216	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	218,382	114,627	102,179	1,500	42	34	2,320,683	1,190,387	1,119,119	10,502	403	272
FFS part year, with Rx claims	8,521	1,488	6,302	716	15	0	50,389	9,121	38,329	2,886	53	0
FFS part year, no Rx claims	3,625	867	2,551	202	5	0	20,611	5,130	14,691	773	17	0

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

- 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 2006. 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, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS \$ ^d		
All	32.6		2.8	\$86	\$30	\$7,659	1.1		230,528
Age									
5 and younger	80.0		30.4	3,586	118	26,379	13.6		5
6-14	82.6		15.5	1,233	80	4,881	25.3		23
15-20	58.9		10.8	1,534	142	8,710	17.6		418
21-44	34.8		3.4	168	49	3,762	4.5		46,831
45-64	40.3		4.0	114	29	4,395	2.6		66,041
65-74	28.1		2.3	53	23	4,883	1.1		48,179
75-84	25.9		1.7	19	11	11,244	0.2		39,289
85 and older	28.1		1.7	16	10	20,791	0.1		29,740
Unknown	0.0		0.0	0	0	393	0.0		2
Basis of Eligibility^e									
Aged	27.4		2.0	32	16	11,069	0.3		116,982
Disabled	37.7		3.6	130	36	4,175	3.1		111,032
Adults	52.2		8.7	606	70	2,587	23.4		2,418
Children	74.2		15.0	2,197	147	9,073	24.2		62
Unknown	88.2		29.9	2,072	69	10,685	19.4		34
Gender									
Female	34.3		3.0	78	26	8,415	0.9		143,128
Male	29.8		2.7	100	38	6,421	1.6		87,400
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	34.1		3.1	90	29	8,665	1.0		157,831
African American	30.5		2.4	79	33	5,351	1.5		57,790
Other/unknown	25.3		2.0	69	34	5,955	1.2		14,907
Use of Nursing Facilities^f									
Entire year	34.9		3.2	50	16	38,008	0.1		22,941
Part year	40.4		2.7	50	18	19,683	0.3		17,706
None	31.6		2.8	94	33	2,871	3.3		189,881
Maintenance Assistance Status									
Cash	32.7		3.0	88	30	3,244	2.7		82,468
Medically needy	28.9		2.5	117	46	7,420	1.6		15,495
Poverty related	32.7		2.8	85	30	7,039	1.2		81,417
Other/unknown	33.5		2.8	76	27	15,836	0.5		51,148

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	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 10 Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.3	\$8	1.1	67.4	27.9	2.5	1.3	0.5	0.3	\$738	230,528	2,391,683
Age												
5 and younger	2.5	299	13.6	20.0	20.0	20.0	20.0	20.0	0.0	2,198	5	60
6-14	1.3	106	25.3	17.4	52.2	4.3	21.7	4.3	0.0	419	23	268
15-20	1.3	184	17.6	41.1	32.5	7.7	10.3	5.5	2.9	1,045	418	3,485
21-44	0.3	16	4.5	65.2	27.8	3.2	2.1	1.0	0.7	360	46,831	489,970
45-64	0.4	11	2.6	59.7	33.3	3.7	1.9	0.8	0.5	419	66,041	692,126
65-74	0.2	5	1.1	71.9	24.6	1.9	1.0	0.4	0.2	464	48,179	506,667
75-84	0.2	2	0.2	74.1	24.1	1.4	0.4	0.1	0.0	1,078	39,289	409,696
85 and older	0.2	2	0.1	71.9	26.1	1.5	0.4	0.0	0.0	2,137	29,740	289,392
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	41	2	19
Basis of Eligibility^e												
Aged	0.2	3	0.3	72.6	24.8	1.6	0.6	0.2	0.1	1,075	116,982	1,204,638
Disabled	0.3	12	3.1	62.3	31.2	3.4	1.8	0.7	0.5	396	111,032	1,172,139
Adults	1.5	103	23.4	47.8	21.6	7.1	10.8	6.9	5.7	442	2,418	14,161
Children	2.0	288	24.2	25.8	32.3	8.1	16.1	9.7	8.1	1,189	62	473
Unknown	3.7	259	19.4	11.8	23.5	5.9	35.3	23.5	0.0	1,336	34	272
Gender												
Female	0.3	7	0.9	65.7	29.5	2.6	1.3	0.5	0.4	805	143,128	1,496,394
Male	0.3	10	1.6	70.2	25.2	2.5	1.3	0.5	0.3	627	87,400	895,289
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	9	1.0	65.9	29.0	2.7	1.4	0.6	0.4	837	157,831	1,634,318
African American	0.2	8	1.5	69.5	26.3	2.4	1.2	0.5	0.3	515	57,790	600,630
Other/unknown	0.2	7	1.2	74.7	22.3	1.7	0.8	0.4	0.2	566	14,907	156,735
Use of Nursing Facilities^f												
Entire year	0.3	5	0.1	65.1	30.2	3.1	1.2	0.3	0.1	3,636	22,941	239,784
Part year	0.3	5	0.3	59.6	36.5	2.5	0.9	0.3	0.1	2,136	17,706	163,175
None	0.3	9	3.3	68.4	26.8	2.5	1.4	0.6	0.4	274	189,881	1,988,724
Maintenance Assistance Status												
Cash	0.3	8	2.7	67.3	28.1	2.4	1.3	0.5	0.4	290	82,468	923,840
Medically needy	0.3	16	1.6	71.1	23.0	2.7	2.0	0.8	0.5	1,002	15,495	114,697
Poverty related	0.3	8	1.2	67.3	28.1	2.5	1.3	0.5	0.3	669	81,417	856,817
Other/unknown	0.3	8	0.5	66.5	28.7	2.7	1.4	0.5	0.3	1,632	51,148	496,329

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

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	0.3	\$8	\$30	0.0	\$6	\$172	0.0	\$0	\$74	0.2	\$2	\$8
Age												
5 and younger	2.5	299	118	1.1	140	130	0.1	47	565	1.4	111	82
6-14	1.3	106	80	0.9	101	111	0.0	1	27	0.4	5	11
15-20	1.3	184	142	0.6	165	292	0.1	5	102	0.7	14	20
21-44	0.3	16	49	0.1	13	206	0.0	1	100	0.3	3	10
45-64	0.4	11	29	0.0	8	170	0.0	1	78	0.3	3	9
65-74	0.2	5	23	0.0	3	130	0.0	0	57	0.2	2	8
75-84	0.2	2	11	0.0	1	87	0.0	0	30	0.2	1	6
85 and older	0.2	2	10	0.0	1	73	0.0	0	28	0.2	1	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	3	16	0.0	2	113	0.0	0	44	0.2	1	7
Disabled	0.3	12	36	0.0	9	191	0.0	1	86	0.3	3	9
Adults	1.5	103	70	0.4	81	183	0.0	5	112	1.0	17	17
Children	2.0	288	147	0.9	259	300	0.1	13	128	1.0	16	16
Unknown	3.7	259	69	1.3	215	168	0.1	10	96	2.4	34	15
Gender												
Female	0.3	7	26	0.0	5	153	0.0	0	75	0.2	2	8
Male	0.3	10	38	0.0	7	200	0.0	0	73	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	9	29	0.0	6	160	0.0	1	83	0.3	2	9
African American	0.2	8	33	0.0	6	212	0.0	0	47	0.2	2	8
Other/unknown	0.2	7	34	0.0	5	188	0.0	0	60	0.2	1	8
Use of Nursing Facilities^e												
Entire year	0.3	5	16	0.0	3	99	0.0	0	50	0.3	2	6
Part year	0.3	5	18	0.0	3	111	0.0	0	38	0.3	2	7
None	0.3	9	33	0.0	7	183	0.0	0	84	0.2	2	9
Maintenance Assistance Status												
Cash	0.3	8	30	0.0	6	177	0.0	0	82	0.2	2	8
Medically needy	0.3	16	46	0.1	12	197	0.0	1	68	0.3	3	11
Poverty related	0.3	8	30	0.0	6	169	0.0	0	71	0.2	2	8
Other/unknown	0.3	8	27	0.0	6	159	0.0	0	70	0.2	2	8

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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.medi-span.com/master-drug-database.aspx>.
 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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$33	\$28	\$0	\$4	\$123	\$453	\$149	\$21	8,321	\$1,026,930	3,445	1.5	30,921
Biologicals	1.2	1.0	0.2	0.0	733	667	66	0	635	694	344	0	60	38,126	6	0.0	52
Antineoplastic Agents	0.3	0.1	0.0	0.1	81	72	0	8	288	506	83	60	802	230,697	310	0.1	2,860
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	18	15	1	3	50	118	63	11	13,369	668,158	3,994	1.7	36,409
Cardiovascular Agents	0.6	0.2	0.0	0.4	26	20	2	4	47	124	105	11	34,081	1,598,474	6,778	2.9	61,287
Respiratory Agents	0.3	0.2	0.0	0.2	26	23	0	3	75	129	37	19	8,362	626,789	2,617	1.1	23,940
Gastrointestinal Agents	0.3	0.2	0.0	0.2	28	23	3	2	86	145	347	11	9,658	830,888	3,220	1.4	29,906
Genitourinary Agents	0.3	0.1	0.0	0.1	13	10	1	2	53	77	69	21	2,030	107,680	840	0.4	8,085
CNS Drugs	0.6	0.1	0.0	0.6	14	9	1	4	23	172	82	7	336,080	7,564,648	51,770	22.5	541,724
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	51	48	0	3	91	124	65	18	1,153	104,491	273	0.1	2,042
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.0	54	53	0	2	208	217	65	92	1,642	341,210	647	0.3	6,288
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	15	7	1	8	37	164	256	21	27,938	1,041,149	7,495	3.3	67,965
Neuromuscular Agents	0.7	0.1	0.0	0.6	18	13	1	5	28	169	96	9	98,080	2,714,589	15,040	6.5	150,679
Nutritional Products	0.4	0.0	0.0	0.4	3	0	0	3	8	13	13	7	41,794	326,043	8,643	3.7	93,883
Hematological Agents	0.5	0.0	0.0	0.5	11	9	0	2	23	496	30	5	60,413	1,376,388	11,460	5.0	123,985
Topical Products	0.2	0.1	0.0	0.2	12	8	1	3	49	108	62	21	5,329	260,723	2,254	1.0	21,568
Miscellaneous Products	0.6	0.4	0.1	0.1	78	67	4	7	139	168	80	60	7,218	1,000,055	1,167	0.5	12,882
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	26	0	0	0	259	6,750	125	0.1	1,228
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.	656,589	19,863,788	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Michigan, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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, 2006

Top 10 Drug Groups	Users			Among Users				
	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	
ANTICONVULSANT	\$1,804,628	12,309	5.3	134,957	0.6	\$22	\$13	
ANTIPSYCHOTICS	1,703,776	2,376	1.0	22,702	0.3	229	75	
ANTIANKXIETY AGENTS	1,533,672	40,835	17.7	448,555	0.5	6	3	
ASSORTED CLASSES	901,077	1,020	0.4	11,239	0.6	143	80	
ULCER DRUGS	829,127	7,043	3.1	70,238	0.3	38	12	
MISC. HEMATOLOGICAL	776,653	878	0.4	8,065	0.3	370	96	
ANTIDEPRESSANTS	766,687	4,434	1.9	42,055	0.3	58	18	
ANTIHIAMINES	727,098	20,249	8.8	228,092	0.4	8	3	
HEMATOPOIETIC AGENTS	575,981	21,246	9.2	234,514	0.5	5	2	
ANALGESICS - Narcotic	555,027	5,646	2.4	48,198	0.3	37	12	
Total	10,173,726	116,036	n.a.	1,248,615	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per 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 per Month	Mean Rx \$ per Benefit Month
All	577,270	\$10,173,726	12,309	5.3	134,957	0.6	\$13	2,376	1.0	22,702	0.3	\$75
Female												
All Females	385,050	5,596,782	7,790	5.4	85,725	0.6	12	1,279	0.9	12,223	0.3	67
Female, Disabled												
All Ages	195,132	3,528,037	5,405	9.4	59,894	0.6	14	820	1.4	7,770	0.3	76
5 and younger	21	1,190	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	75	6,001	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	744	78,502	17	9.7	185	0.7	122	14	8.0	133	0.6	225
21-44	62,257	1,401,859	2,193	10.3	24,286	0.6	16	410	1.9	3,948	0.3	76
45-64	131,972	2,038,668	3,193	8.9	35,409	0.6	12	394	1.1	3,680	0.3	70
65-74	63	1,817	2	3.1	14	0.9	8	2	3.1	9	0.2	13
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	189,918	2,068,745	2,385	2.8	25,831	0.6	9	459	0.5	4,453	0.3	51
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	437	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	46	2,865	1	5.6	2	0.5	409	2	11.1	14	0.7	108
21-44	4,200	306,032	128	12.4	968	0.7	79	81	7.8	615	0.5	112
45-64	1,648	95,739	39	9.7	323	0.6	46	23	5.7	169	0.3	81
65-74	68,884	852,419	1,170	3.7	13,070	0.6	8	183	0.6	1,939	0.3	59
75-84	59,321	427,069	662	2.3	7,351	0.6	4	90	0.3	941	0.2	19
85 and older	55,816	384,184	385	1.6	4,117	0.6	4	80	0.3	775	0.2	15
Male												
All Males	192,220	4,576,944	4,519	5.2	49,232	0.6	15	1,097	1.3	10,479	0.3	85
Male, Disabled												
All Ages	132,432	3,607,596	3,720	6.9	40,953	0.6	16	894	1.7	8,557	0.3	88
5 and younger	47	5,846	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	212	14,854	1	6.3	12	0.3	2	0	0.0	0	0.0	0
15-20	1,021	159,434	29	14.6	309	0.7	62	29	14.6	312	0.6	198
21-44	50,103	1,881,312	1,753	7.3	19,296	0.6	20	491	2.0	4,535	0.4	97
45-64	81,035	1,545,986	1,937	6.6	21,336	0.6	13	374	1.3	3,710	0.3	67
65-74	14	164	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

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	59,788	969,348	799	2.4	8,279	0.5	9	203	0.6	1,922	0.3	72
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	40	1,987	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	169	33,903	1	4.0	12	1.3	67	2	8.0	18	0.8	145
21-44	1,836	141,802	65	13.0	427	0.5	39	35	7.0	200	0.7	141
45-64	1,375	94,629	34	8.0	226	0.6	31	10	2.4	69	0.6	130
65-74	28,351	468,520	432	2.6	4,805	0.5	8	102	0.6	1,114	0.3	74
75-84	18,182	149,619	200	1.8	2,119	0.5	5	35	0.3	337	0.2	36
85 and older	9,835	78,888	67	1.3	690	0.5	3	19	0.4	184	0.3	22
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIANKXIETY AGENTS					ASSORTED CLASSES					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	40,835	17.7	448,555	0.5	\$3	1,020	0.4	11,239	0.6	\$80	7,043	3.1	70,238	0.3	\$12
Female															
All Females	27,927	19.5	307,634	0.5	3	471	0.3	5,289	0.6	65	4,746	3.3	47,777	0.3	11
Female, Disabled															
All Ages	13,661	23.8	154,420	0.6	4	408	0.7	4,647	0.6	67	2,046	3.6	20,127	0.3	13
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.1	18	1	50.0	12	0.5	56
6-14	0	0.0	0	0.0	0	6	150.0	72	0.6	78	1	25.0	12	0.8	6
15-20	25	14.2	249	0.4	3	16	9.1	191	0.6	69	17	9.7	192	0.3	28
21-44	4,448	20.9	50,108	0.5	4	173	0.8	1,985	0.6	77	624	2.9	6,183	0.3	11
45-64	9,178	25.5	104,011	0.6	4	211	0.6	2,375	0.6	60	1,400	3.9	13,707	0.3	13
65-74	10	15.6	52	0.7	19	0	0.0	0	0.0	0	3	4.7	21	0.2	16
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	14,266	16.6	153,214	0.5	3	63	0.1	642	0.4	51	2,700	3.2	27,650	0.3	11
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	1	100.0	12	0.2	35	1	100.0	12	0.1	2
15-20	1	5.6	12	0.1	0	1	5.6	2	1.0	116	0	0.0	0	0.0	0
21-44	150	14.5	1,200	0.5	6	14	1.4	121	0.3	62	103	10.0	729	0.4	26
45-64	70	17.3	571	0.6	6	2	0.5	8	0.6	355	56	13.9	381	0.3	32
65-74	4,929	15.7	55,347	0.5	3	38	0.1	415	0.5	50	1,120	3.6	11,451	0.3	11
75-84	4,634	16.3	50,317	0.5	3	4	0.0	48	0.2	11	712	2.5	7,794	0.3	9
85 and older	4,482	18.3	45,767	0.5	3	3	0.0	36	0.1	1	708	2.9	7,283	0.4	9
Male															
All Males	12,908	14.8	140,921	0.6	4	549	0.6	5,950	0.6	94	2,297	2.6	22,461	0.3	13
Male, Disabled															
All Ages	8,725	16.3	97,423	0.6	4	493	0.9	5,387	0.6	89	1,362	2.5	13,334	0.3	13
5 and younger	0	0.0	0	0.0	0	3	100.0	36	0.6	43	1	33.3	12	0.9	126
6-14	0	0.0	0	0.0	0	16	100.0	178	0.6	71	3	18.8	29	0.6	41
15-20	17	8.5	196	0.3	3	20	10.1	240	0.6	179	19	9.5	205	0.4	9
21-44	3,310	13.8	37,120	0.6	4	250	1.0	2,735	0.6	96	541	2.2	5,300	0.3	13
45-64	5,394	18.4	60,089	0.6	4	204	0.7	2,198	0.5	72	797	2.7	7,785	0.3	13
65-74	4	6.9	18	0.4	2	0	0.0	0	0.0	0	1	1.7	3	0.7	13
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

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIANKXIETY AGENTS					ASSORTED CLASSES					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	4,183	12.4	43,498	0.5	3	56	0.2	563	0.6	137	935	2.8	9,127	0.3	12
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	4	200.0	48	0.8	39	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	6	24.0	66	0.5	375	8	32.0	90	0.3	29
21-44	59	11.8	461	0.6	4	9	1.8	82	0.4	159	52	10.4	359	0.3	32
45-64	51	12.0	389	0.7	4	9	2.1	83	0.6	81	48	11.3	286	0.4	31
65-74	1,885	11.3	20,827	0.5	3	24	0.1	260	0.6	119	465	2.8	4,698	0.3	10
75-84	1,365	12.5	14,115	0.4	3	3	0.0	20	0.2	2	238	2.2	2,528	0.3	10
85 and older	823	15.7	7,706	0.4	2	1	0.0	4	0.3	3	124	2.4	1,166	0.4	9
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ANTIHISTAMINES				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	878	0.4	8,065	0.3	\$96	4,434	1.9	42,055	0.3	\$18	20,249	8.8	228,092	0.4	\$3
Female															
All Females	500	0.3	4,572	0.2	27	2,946	2.1	28,202	0.3	18	13,820	9.7	155,638	0.4	3
Female, Disabled															
All Ages	196	0.3	1,648	0.3	37	1,811	3.2	17,183	0.3	19	7,028	12.2	79,494	0.4	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	29	16.5	272	0.4	15	13	7.4	119	0.2	3
21-44	21	0.1	167	0.3	23	713	3.4	6,849	0.3	20	2,313	10.9	26,023	0.3	3
45-64	174	0.5	1,478	0.3	39	1,066	3.0	10,049	0.3	19	4,702	13.1	53,352	0.4	3
65-74	1	1.6	3	0.3	10	3	4.7	13	0.2	14	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	304	0.4	2,924	0.2	22	1,135	1.3	11,019	0.3	17	6,792	7.9	76,144	0.4	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	11.1	4	1.3	39	3	16.7	36	0.1	1
21-44	8	0.8	41	0.4	42	222	21.5	1,761	0.5	36	84	8.1	627	0.3	4
45-64	6	1.5	27	0.2	19	87	21.5	648	0.5	43	39	9.7	291	0.3	3
65-74	172	0.5	1,663	0.2	25	381	1.2	3,993	0.3	15	2,697	8.6	30,685	0.4	3
75-84	58	0.2	611	0.2	19	216	0.8	2,315	0.2	7	2,150	7.6	24,459	0.4	4
85 and older	60	0.2	582	0.2	14	227	0.9	2,298	0.2	6	1,819	7.4	20,046	0.4	4
Male															
All Males	378	0.4	3,493	0.3	187	1,488	1.7	13,853	0.3	18	6,429	7.4	72,454	0.4	3
Male, Disabled															
All Ages	192	0.4	1,677	0.3	323	1,080	2.0	10,076	0.3	19	4,311	8.0	49,107	0.4	3
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	2	12.5	24	0.7	26	1	6.3	12	0.1	1
15-20	0	0.0	0	0.0	0	28	14.1	312	0.5	32	16	8.0	163	0.3	6
21-44	40	0.2	380	0.4	907	510	2.1	4,745	0.3	19	1,691	7.0	19,172	0.4	3
45-64	152	0.5	1,297	0.3	152	539	1.8	4,988	0.3	18	2,602	8.9	29,755	0.4	3
65-74	0	0.0	0	0.0	0	1	1.7	7	0.1	10	1	1.7	5	0.2	1
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

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ANTIHISTAMINES				
	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	186	0.6	1,816	0.2	61	408	1.2	3,777	0.3	17	2,118	6.3	23,347	0.4	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	5	20.0	46	0.5	16	3	12.0	18	0.4	2
21-44	6	1.2	55	0.4	58	75	15.0	602	0.5	36	34	6.8	293	0.2	2
45-64	11	2.6	80	0.5	63	62	14.6	435	0.4	29	28	6.6	248	0.3	4
65-74	110	0.7	1,093	0.2	82	136	0.8	1,373	0.3	13	1,016	6.1	11,484	0.4	3
75-84	39	0.4	405	0.2	24	69	0.6	742	0.2	7	669	6.1	7,492	0.4	3
85 and older	20	0.4	183	0.2	18	61	1.2	579	0.2	9	368	7.0	3,812	0.4	4
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month		
All	21,246	9.2	234,514	0.5	\$3	5,646	2.4	48,198	0.3	\$12	230,528	2,391,683
Female												
All Females	15,098	10.5	167,233	0.4	2	3,457	2.4	30,140	0.3	11	143,126	1,496,375
Female, Disabled												
All Ages	4,786	8.3	54,442	0.4	3	2,129	3.7	18,585	0.3	10	57,431	611,375
5 and younger	2	100.0	24	0.5	4	0	0.0	0	0.0	0	2	24
6-14	3	75.0	36	0.6	8	0	0.0	0	0.0	0	4	48
15-20	20	11.4	226	0.3	7	29	16.5	328	0.2	3	176	1,428
21-44	1,619	7.6	18,319	0.3	2	820	3.9	7,100	0.3	10	21,252	226,904
45-64	3,140	8.7	35,821	0.4	3	1,279	3.6	11,152	0.3	11	35,933	382,724
65-74	2	3.1	16	0.1	0	1	1.6	5	0.2	5	64	247
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	10,312	12.0	112,791	0.5	2	1,328	1.5	11,555	0.3	11	85,695	885,000
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	2	11.1	24	0.7	3	3	16.7	26	0.3	2	18	122
21-44	54	5.2	453	0.2	1	339	32.8	2,286	0.5	26	1,034	6,381
45-64	26	6.4	169	0.4	41	126	31.2	854	0.5	14	404	2,222
65-74	3,084	9.8	34,909	0.4	2	546	1.7	5,231	0.2	8	31,339	334,049
75-84	3,350	11.8	37,084	0.5	2	144	0.5	1,469	0.2	4	28,395	299,901
85 and older	3,796	15.5	40,152	0.5	2	170	0.7	1,689	0.2	5	24,504	242,313
Male												
All Males	6,148	7.0	67,281	0.5	3	2,189	2.5	18,058	0.3	13	87,400	895,289
Male, Disabled												
All Ages	2,555	4.8	28,506	0.4	5	1,532	2.9	12,850	0.3	9	53,601	560,764
5 and younger	2	66.7	24	0.6	117	0	0.0	0	0.0	0	3	36
6-14	12	75.0	144	0.5	3	0	0.0	0	0.0	0	16	184
15-20	16	8.0	177	0.3	118	25	12.6	281	0.2	5	199	1,718
21-44	666	2.8	7,448	0.4	6	654	2.7	5,561	0.3	9	24,046	253,726
45-64	1,858	6.3	20,711	0.5	4	851	2.9	6,999	0.3	9	29,279	304,899
65-74	1	1.7	2	0.5	2	2	3.4	9	0.2	1	58	201
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

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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	3,593	10.6	38,775	0.5	2	657	1.9	5,208	0.4	23	33,799	334,525	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	1	50.0	12	0.3	11	0	0.0	0	0.0	0	2	24	
15-20	10	40.0	105	0.4	21	7	28.0	63	0.2	1	25	217	
21-44	9	1.8	67	0.2	12	164	32.9	1,028	0.6	44	499	2,959	
45-64	12	2.8	67	0.5	38	105	24.7	639	0.7	64	425	2,281	
65-74	1,452	8.7	16,242	0.5	2	294	1.8	2,662	0.3	12	16,718	172,170	
75-84	1,335	12.3	14,487	0.5	2	56	0.5	548	0.2	2	10,894	109,795	
85 and older	774	14.8	7,795	0.5	3	31	0.6	268	0.2	6	5,236	47,079	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19	

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2006

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	\$5	0.3	22,941	239,784
Age				
0-64	25	0.8	1,510	16,895
65-74	11	0.5	2,690	28,837
75-84	3	0.3	7,208	75,208
85 and older	2	0.2	11,533	118,844
Unknown	0	0.0	0	0
Gender				
Female	4	0.3	17,306	181,878
Male	6	0.3	5,635	57,906
Unknown	0	0.0	0	0
Race				
White	4	0.3	18,922	196,302
African American	7	0.3	2,850	31,315
Other/unknown	5	0.3	1,169	12,167
Basis of Eligibility^c				
Aged	3	0.3	21,427	222,877
Disabled	25	0.8	1,514	16,907
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.2	0.0	0.0	0.2	\$8	\$4	\$0	\$3	\$38	\$155	\$28	\$19	475	\$18,066	212	0.9	2,349
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	0.3	0.1	0.0	0.2	59	47	0	12	215	568	0	63	83	17,827	26	0.1	303
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	13	10	1	2	34	84	46	8	1,479	49,994	337	1.5	3,827
Cardiovascular Agents	0.6	0.2	0.0	0.4	16	11	1	4	26	65	56	10	3,910	103,245	580	2.5	6,544
Respiratory Agents	0.4	0.2	0.0	0.2	39	36	0	2	103	199	0	12	472	48,712	109	0.5	1,255
Gastrointestinal Agents	0.4	0.2	0.0	0.2	36	21	13	2	83	115	568	9	1,381	114,474	278	1.2	3,172
Genitourinary Agents	0.3	0.1	0.0	0.1	12	10	0	2	46	66	133	18	277	12,621	95	0.4	1,073
CNS Drugs	0.6	0.0	0.0	0.5	6	3	0	3	11	93	59	5	33,725	359,854	5,412	23.6	58,713
Stimulants/Anti-obesity/Anorexia	0.2	0.0	0.0	0.2	1	0	0	1	6	0	0	6	2	12	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	26	26	0	0	110	111	0	72	582	64,252	219	1.0	2,471
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	18	4	1	13	35	65	196	29	1,772	61,158	299	1.3	3,349
Neuromuscular Agents	0.8	0.1	0.0	0.7	15	8	0	6	18	143	20	8	7,041	127,777	797	3.5	8,799
Nutritional Products	0.4	0.0	0.2	0.2	4	0	2	2	11	10	11	10	2,695	28,865	610	2.7	6,807
Hematological Agents	0.7	0.0	0.0	0.6	4	1	0	3	6	125	9	4	17,499	97,906	2,431	10.6	26,699
Topical Products	0.3	0.1	0.1	0.1	13	7	4	3	47	90	61	18	942	44,170	289	1.3	3,314
Miscellaneous Products	0.2	0.0	0.0	0.1	10	6	0	4	68	184	0	35	40	2,726	24	0.1	265
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	34	0	0	0	25	860	10	0.0	106
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.	72,400	1,152,519	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 In Michigan, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIANKXIETY AGENTS	\$157,344	4,895	21.3	52,960	0.5	\$6	\$3	
ULCER DRUGS	136,074	934	4.1	10,239	0.5	28	13	
ANTIPSYCHOTICS	126,218	210	0.9	2,364	0.3	165	53	
ANTICONVULSANT	113,347	778	3.4	8,614	0.8	17	13	
ANTI-HISTAMINES	110,568	2,674	11.7	30,323	0.4	9	4	
HEMATOPOIETIC AGENTS	101,069	4,347	18.9	47,980	0.6	4	2	
OPHTHALMIC	78,620	2,742	12.0	31,062	0.4	7	3	
DERMATOLOGICAL	76,895	2,667	11.6	30,358	0.2	15	3	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	66,894	295	1.3	3,305	0.2	97	20	
ANTIDEPRESSANTS	59,862	444	1.9	5,005	0.3	41	12	
Total	1,026,891	19,986	n.a.	222,210	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ULCER DRUGS				
	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	99,350	\$1,026,891	4,895	21.3	52,960	0.5	\$3	934	4.1	10,239	0.5	\$13
Female												
All Females	75,319	737,106	3,716	21.5	40,358	0.5	3	696	4.0	7,653	0.5	13
Female, Disabled												
All Ages	6,417	140,352	241	30.6	2,780	0.7	5	49	6.2	569	0.6	32
64 or younger	6,417	140,352	241	30.7	2,780	0.7	5	49	6.2	569	0.6	32
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	68,902	596,754	3,475	21.0	37,578	0.5	3	647	3.9	7,084	0.5	11
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,096	159,881	402	25.1	4,498	0.6	3	106	6.6	1,187	0.4	13
75-84	21,853	174,123	1,128	21.7	12,093	0.6	3	203	3.9	2,232	0.5	11
85 and older	37,953	262,750	1,945	20.0	20,987	0.5	3	338	3.5	3,665	0.5	11
Male												
All Males	24,031	289,785	1,179	20.9	12,602	0.5	3	238	4.2	2,586	0.4	15
Male, Disabled												
All Ages	5,149	91,613	222	30.5	2,542	0.7	4	65	8.9	730	0.5	23
64 or younger	5,145	91,560	222	30.7	2,542	0.7	4	64	8.8	727	0.5	23
65-74	4	53	0	0.0	0	0.0	0	1	33.3	3	0.7	13
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	18,882	198,172	957	19.5	10,060	0.5	3	173	3.5	1,856	0.4	12
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,145	84,118	227	20.9	2,501	0.6	4	49	4.5	560	0.4	16
75-84	7,488	64,513	404	20.1	4,297	0.4	2	78	3.9	849	0.4	10
85 and older	6,249	49,541	326	18.0	3,262	0.5	3	46	2.5	447	0.5	11
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONSULSANT					ANTIHIAMINES				
	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	210	0.9	2,364	0.3	\$53	778	3.4	8,614	0.8	\$13	2,674	11.7	30,323	0.4	\$4
Female															
All Females	145	0.8	1,622	0.3	52	568	3.3	6,284	0.8	13	2,050	11.8	23,267	0.4	4
Female, Disabled															
All Ages	25	3.2	288	0.5	104	98	12.5	1,134	0.9	28	179	22.7	2,077	0.4	4
64 or younger	25	3.2	288	0.5	104	98	12.5	1,134	0.9	28	179	22.8	2,077	0.4	4
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	120	0.7	1,334	0.3	41	470	2.8	5,150	0.7	10	1,871	11.3	21,190	0.4	4
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	47	2.9	545	0.5	79	140	8.7	1,568	0.8	19	219	13.7	2,532	0.4	4
75-84	37	0.7	404	0.2	18	160	3.1	1,745	0.7	6	628	12.1	7,122	0.4	4
85 and older	36	0.4	385	0.2	12	170	1.7	1,837	0.7	5	1,024	10.5	11,536	0.4	4
Male															
All Males	65	1.2	742	0.3	56	210	3.7	2,330	0.7	14	624	11.1	7,056	0.4	4
Male, Disabled															
All Ages	18	2.5	214	0.3	53	84	11.6	951	0.9	23	110	15.1	1,277	0.4	4
64 or younger	18	2.5	214	0.3	53	84	11.6	951	0.9	23	110	15.2	1,277	0.4	4
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	47	1.0	528	0.3	58	126	2.6	1,379	0.6	8	514	10.5	5,779	0.4	4
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	24	2.2	281	0.4	92	46	4.2	521	0.7	12	119	11.0	1,386	0.3	3
75-84	15	0.7	166	0.1	15	58	2.9	621	0.6	5	202	10.0	2,307	0.4	4
85 and older	8	0.4	81	0.2	23	22	1.2	237	0.6	3	193	10.7	2,086	0.4	4
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					OPHTHALMIC					DERMATOLOGICAL				
	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	4,347	18.9	47,980	0.6	\$2	2,742	12.0	31,062	0.4	\$3	2,667	11.6	30,358	0.2	\$3
Female															
All Females	3,230	18.7	35,665	0.6	2	2,189	12.6	24,860	0.4	3	1,854	10.7	21,238	0.2	3
Female, Disabled															
All Ages	121	15.4	1,422	0.6	5	83	10.5	987	0.5	4	195	24.8	2,266	0.2	3
64 or younger	121	15.4	1,422	0.6	5	83	10.6	987	0.5	4	195	24.8	2,266	0.2	3
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	3,109	18.8	34,243	0.6	2	2,106	12.7	23,873	0.4	2	1,659	10.0	18,972	0.2	3
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	282	17.6	3,208	0.6	2	167	10.4	1,951	0.3	3	211	13.2	2,400	0.2	5
75-84	925	17.8	10,093	0.6	2	581	11.2	6,622	0.4	2	523	10.1	5,992	0.2	3
85 and older	1,902	19.6	20,942	0.6	2	1,358	14.0	15,300	0.4	2	925	9.5	10,580	0.2	2
Male															
All Males	1,117	19.8	12,315	0.6	2	553	9.8	6,202	0.3	3	813	14.4	9,120	0.2	3
Male, Disabled															
All Ages	117	16.1	1,347	0.5	2	68	9.4	795	0.3	3	149	20.5	1,704	0.2	3
64 or younger	117	16.2	1,347	0.5	2	67	9.3	791	0.3	3	149	20.6	1,704	0.2	3
65-74	0	0.0	0	0.0	0	1	33.3	4	0.5	4	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	1,000	20.4	10,968	0.6	2	485	9.9	5,407	0.3	3	664	13.5	7,416	0.2	3
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	225	20.8	2,601	0.6	2	107	9.9	1,236	0.3	4	193	17.8	2,234	0.2	3
75-84	423	21.0	4,613	0.6	2	173	8.6	1,968	0.3	2	289	14.3	3,212	0.2	2
85 and older	352	19.4	3,754	0.6	2	205	11.3	2,203	0.3	2	182	10.1	1,970	0.2	2
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS					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	295	1.3	3,305	0.2	\$20	444	1.9	5,005	0.3	\$12	22,941	239,784
Female												
All Females	206	1.2	2,310	0.2	17	311	1.8	3,534	0.3	12	17,306	181,878
Female, Disabled												
All Ages	14	1.8	157	0.3	45	48	6.1	554	0.6	25	787	8,796
64 or younger	14	1.8	157	0.3	45	48	6.1	554	0.6	25	786	8,794
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
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	192	1.2	2,153	0.2	15	263	1.6	2,980	0.2	9	16,519	173,082
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	30	1.9	349	0.3	29	70	4.4	805	0.4	17	1,602	17,208
75-84	76	1.5	841	0.1	12	94	1.8	1,077	0.2	7	5,194	54,423
85 and older	86	0.9	963	0.1	11	99	1.0	1,098	0.2	6	9,723	101,451
Male												
All Males	89	1.6	995	0.3	29	133	2.4	1,471	0.3	13	5,635	57,906
Male, Disabled												
All Ages	10	1.4	120	0.5	38	35	4.8	414	0.5	29	727	8,111
64 or younger	10	1.4	120	0.5	38	35	4.8	414	0.5	29	724	8,101
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	10
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	79	1.6	875	0.3	28	98	2.0	1,057	0.2	7	4,908	49,795
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	23	2.1	273	0.3	33	32	3.0	368	0.3	8	1,084	11,617
75-84	36	1.8	392	0.3	23	33	1.6	356	0.2	6	2,014	20,785
85 and older	20	1.1	210	0.2	29	33	1.8	333	0.2	7	1,810	17,393
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 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 17,706 beneficiaries who were in nursing facilities for part of their enrollment and their 163,175 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

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	96,950	42.1	3.6	830,767	\$21	\$4,822,814	\$6	24.3	230,528	
Age										
5 and younger	4	80.0	15.8	79	1,627	8,135	103	45.4	5	
6-14	21	91.3	15.1	348	130	2,979	9	10.5	23	
15-20	134	32.1	2.4	990	21	8,895	9	1.4	418	
21-44	17,171	36.7	2.9	133,518	19	907,523	7	11.5	46,831	
45-64	31,171	47.2	4.6	302,227	27	1,807,261	6	24.0	66,041	
65-74	19,491	40.5	3.7	175,888	19	906,024	5	35.4	48,179	
75-84	16,048	40.8	3.4	133,100	17	686,347	5	93.4	39,289	
85 and older	12,910	43.4	2.8	84,617	17	495,650	6	104.0	29,740	
Unknown	0	0.0	0.0	0	0	0	0	0.0	2	
Basis of Eligibility^c										
Aged	48,396	41.4	3.4	393,313	18	2,085,707	5	55.6	116,982	
Disabled	47,655	42.9	3.9	432,453	24	2,702,699	6	18.7	111,032	
Adults	856	35.4	1.9	4,672	13	31,493	7	2.2	2,418	
Children	27	43.5	3.8	234	31	1,942	8	1.4	62	
Unknown	16	47.1	2.8	95	29	973	10	1.4	34	
Gender										
Female	64,189	44.8	3.8	544,377	22	3,178,443	6	28.6	143,128	
Male	32,761	37.5	3.3	286,390	19	1,644,371	6	18.8	87,400	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	67,224	42.6	3.8	599,149	23	3,630,710	6	25.5	157,831	
African American	24,533	42.5	3.3	190,156	17	967,777	5	21.1	57,790	
Other/unknown	5,193	34.8	2.8	41,462	15	224,327	5	22.0	14,907	
Use of Nursing Facilities^d										
Entire year	12,101	52.7	4.0	91,013	26	603,735	7	52.4	22,941	
Part year	9,468	53.5	3.2	56,566	20	361,750	6	41.3	17,706	
None	75,381	39.7	3.6	683,188	20	3,857,329	6	21.6	189,881	
Maintenance Assistance Status										
Cash	37,225	45.1	4.5	369,135	24	1,978,593	5	27.2	82,468	
Medically needy	5,321	34.3	2.5	39,118	15	234,682	6	12.9	15,495	
Poverty related	31,975	39.3	3.1	249,059	19	1,536,052	6	22.3	81,417	
Other/unknown	22,429	43.9	3.4	173,455	21	1,073,487	6	27.7	51,148	

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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, 2006

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	0.3	\$2	\$6	\$0	\$1	2,391,683
Age						
5 and younger	1.3	136	103	0	0	60
6-14	1.3	11	9	0	0	268
15-20	0.3	3	9	0	1	3,485
21-44	0.3	2	7	0	1	489,970
45-64	0.4	3	6	0	1	692,126
65-74	0.3	2	5	0	1	506,667
75-84	0.3	2	5	0	0	409,696
85 and older	0.3	2	6	0	0	289,392
Unknown	0.0	0	0	0	0	19
Basis of Eligibility^c						
Aged	0.3	2	5	0	1	1,204,638
Disabled	0.4	2	6	0	1	1,172,139
Adults	0.3	2	7	0	1	14,161
Children	0.5	4	8	0	1	473
Unknown	0.3	4	10	0	1	272
Gender						
Female	0.4	2	6	0	1	1,496,394
Male	0.3	2	6	0	1	895,289
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	2	6	0	1	1,634,318
African American	0.3	2	5	0	1	600,630
Other/unknown	0.3	1	5	0	1	156,735
Use of Nursing Facilities^d						
Entire year	0.4	3	7	0	1	239,784
Part year	0.3	2	6	0	1	163,175
None	0.3	2	6	0	1	1,988,724
Maintenance Assistance Status						
Cash	0.4	2	5	0	1	923,840
Medically needy	0.3	2	6	0	1	114,697
Poverty related	0.3	2	6	0	1	856,817
Other/unknown	0.3	2	6	0	1	496,329

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MICHIGAN, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	124,860	\$39	\$4,822,814	100.0	830,767	\$6	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	4	9	34	0.0	4	9	0.0
Cough and cold medications	18	91	1,642	0.0	50	33	0.0
Vitamins and minerals	8,161	37	298,353	6.2	39,639	8	4.8
Non-prescription drugs	62,084	36	2,256,798	46.8	432,210	5	52.0
Barbiturates	1,861	38	71,325	1.5	17,506	4	2.1
Benzodiazepines	51,441	41	2,115,442	43.9	336,565	6	40.5
Other Part D Excl Rx Drugs	1,291	61	79,220	1.6	4,793	17	0.6

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MICHIGAN, 2006

Total Number of Dual Eligible Beneficiaries: 230,528
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$19,863,788
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$86

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	155,330	67.4	\$0	0.0
1-500	68,793	29.8	4,000,754	20.1
501-1,000	2,427	1.1	1,709,286	8.6
1,001-1,500	1,151	0.5	1,413,398	7.1
1,501-2,000	683	0.3	1,181,350	5.9
2,001-2,500	454	0.2	1,019,191	5.1
2,501-3,000	348	0.2	954,005	4.8
3,001-3,500	232	0.1	753,226	3.8
3,501-4,000	171	0.1	641,511	3.2
4,001-4,500	169	0.1	716,735	3.6
4,501-5,000	102	0.0	482,789	2.4
5,001-5,500	95	0.0	498,133	2.5
5,501-6,000	75	0.0	429,659	2.2
6,001-6,500	57	0.0	356,164	1.8
6,501-7,000	56	0.0	376,642	1.9
7,001-7,500	55	0.0	399,701	2.0
7,501-8,000	37	0.0	285,547	1.4
8,001-8,500	28	0.0	230,827	1.2
8,501-9,000	27	0.0	237,051	1.2
9,001-9,500	28	0.0	259,656	1.3
9,501-10,000	19	0.0	184,492	0.9
10,001+	191	0.1	3,733,671	18.8

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MICHIGAN, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 110,910
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$14,437,433
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$130

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	69,081	62.3	\$0	0.0
1-500	37,201	33.5	2,424,239	16.8
501-1,000	1,675	1.5	1,184,992	8.2
1,001-1,500	829	0.7	1,018,720	7.1
1,501-2,000	502	0.5	868,776	6.0
2,001-2,500	350	0.3	784,747	5.4
2,501-3,000	258	0.2	707,610	4.9
3,001-3,500	177	0.2	576,881	4.0
3,501-4,000	125	0.1	468,584	3.2
4,001-4,500	129	0.1	548,635	3.8
4,501-5,000	81	0.1	383,878	2.7
5,001-5,500	64	0.1	333,665	2.3
5,501-6,000	56	0.1	321,600	2.2
6,001-6,500	40	0.0	250,094	1.7
6,501-7,000	43	0.0	289,363	2.0
7,001-7,500	46	0.0	334,758	2.3
7,501-8,000	29	0.0	223,237	1.5
8,001-8,500	25	0.0	206,376	1.4
8,501-9,000	21	0.0	184,024	1.3
9,001-9,500	19	0.0	176,266	1.2
9,501-10,000	15	0.0	146,069	1.0
10,001+	144	0.1	3,004,919	20.8

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MICHIGAN, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 117,208
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$3,771,695
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$32

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	85,147	72.6	\$0	0.0
1-500	30,818	26.3	1,483,881	39.3
501-1,000	602	0.5	418,217	11.1
1,001-1,500	216	0.2	263,842	7.0
1,501-2,000	122	0.1	209,892	5.6
2,001-2,500	66	0.1	148,243	3.9
2,501-3,000	53	0.0	144,968	3.8
3,001-3,500	33	0.0	106,237	2.8
3,501-4,000	25	0.0	94,135	2.5
4,001-4,500	27	0.0	113,498	3.0
4,501-5,000	15	0.0	70,378	1.9
5,001-5,500	18	0.0	95,970	2.5
5,501-6,000	10	0.0	57,045	1.5
6,001-6,500	12	0.0	74,739	2.0
6,501-7,000	8	0.0	53,583	1.4
7,001-7,500	2	0.0	14,659	0.4
7,501-8,000	4	0.0	31,047	0.8
8,001-8,500	3	0.0	24,451	0.6
8,501-9,000	2	0.0	17,829	0.5
9,001-9,500	5	0.0	46,421	1.2
9,501-10,000	1	0.0	9,541	0.3
10,001+	19	0.0	293,119	7.8

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MICHIGAN, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 48,179
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,559,953
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$53

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	34,654	71.9	\$0	0.0
1-500	12,650	26.3	738,110	28.8
501-1,000	380	0.8	266,941	10.4
1,001-1,500	149	0.3	182,742	7.1
1,501-2,000	91	0.2	157,662	6.2
2,001-2,500	52	0.1	117,288	4.6
2,501-3,000	45	0.1	123,266	4.8
3,001-3,500	26	0.1	84,063	3.3
3,501-4,000	22	0.0	83,008	3.2
4,001-4,500	23	0.0	97,026	3.8
4,501-5,000	14	0.0	65,665	2.6
5,001-5,500	14	0.0	75,002	2.9
5,501-6,000	9	0.0	51,125	2.0
6,001-6,500	10	0.0	62,354	2.4
6,501-7,000	7	0.0	47,069	1.8
7,001-7,500	2	0.0	14,659	0.6
7,501-8,000	4	0.0	31,047	1.2
8,001-8,500	2	0.0	16,081	0.6
8,501-9,000	2	0.0	17,829	0.7
9,001-9,500	5	0.0	46,421	1.8
9,501-10,000	0	0.0	0	0.0
10,001+	18	0.0	282,595	11.0

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MICHIGAN, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 39,289
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$735,138
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$18

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	29,112	74.1	\$0	0.0
1-500	9,942	25.3	425,272	57.8
501-1,000	139	0.4	94,195	12.8
1,001-1,500	40	0.1	48,311	6.6
1,501-2,000	24	0.1	40,551	5.5
2,001-2,500	8	0.0	17,546	2.4
2,501-3,000	4	0.0	10,607	1.4
3,001-3,500	5	0.0	15,719	2.1
3,501-4,000	2	0.0	7,188	1.0
4,001-4,500	3	0.0	12,275	1.7
4,501-5,000	1	0.0	4,713	0.6
5,001-5,500	4	0.0	20,968	2.9
5,501-6,000	0	0.0	0	0.0
6,001-6,500	2	0.0	12,385	1.7
6,501-7,000	1	0.0	6,514	0.9
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,370	1.1
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	10,524	1.4

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MICHIGAN, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 29,740
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$476,604
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$16

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,381	71.9	\$0	0.0
1-500	8,226	27.7	320,499	67.2
501-1,000	83	0.3	57,081	12.0
1,001-1,500	27	0.1	32,789	6.9
1,501-2,000	7	0.0	11,679	2.5
2,001-2,500	6	0.0	13,409	2.8
2,501-3,000	4	0.0	11,095	2.3
3,001-3,500	2	0.0	6,455	1.4
3,501-4,000	1	0.0	3,939	0.8
4,001-4,500	1	0.0	4,197	0.9
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,920	1.2
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,541	2.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

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	234,431	117,204	113,714	3,408	71	34	2,498,130	1,218,809	1,248,301	30,047	701	272
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	23	0	20	0	3	0	268	0	232	0	36	0
15-20	488	0	440	4	44	0	5,482	0	4,977	43	462	0
21-44	48,876	0	46,694	2,160	20	2	538,758	0	518,996	19,578	164	20
45-64	67,605	2	66,432	1,144	2	25	733,484	6	723,551	9,701	24	202
65-74	48,223	48,001	123	90	2	7	518,751	517,552	485	649	15	50
75-84	39,382	39,372	0	10	0	0	410,888	410,812	0	76	0	0
85 and older	29,827	29,827	0	0	0	0	290,420	290,420	0	0	0	0
Unknown	2	2	0	0	0	0	19	19	0	0	0	0
Gender												
Female	145,391	84,373	58,829	2,131	24	34	1,558,300	885,446	652,974	19,374	234	272
Male	89,040	32,831	54,885	1,277	47	0	939,830	333,363	595,327	10,673	467	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	159,980	80,816	76,888	2,208	45	23	1,695,754	829,744	846,523	18,876	423	188
African American	59,369	26,153	32,155	1,029	23	9	640,533	280,218	350,263	9,740	245	67
Other/unknown	15,082	10,235	4,671	171	3	2	161,843	108,847	51,515	1,431	33	17
Use of Nursing Facilities^c												
Entire year	22,941	21,427	1,514	0	0	0	239,785	222,877	16,908	0	0	0
Part year	17,706	15,829	1,872	5	0	0	163,687	144,284	19,370	33	0	0
None	193,784	79,948	110,328	3,403	71	34	2,094,658	851,648	1,212,023	30,014	701	272
Maintenance Assistance Status												
Cash	85,005	37,163	46,646	1,196	0	0	982,862	427,573	543,019	12,270	0	0
Medically needy	15,667	8,701	5,770	1,155	41	0	118,645	67,903	42,287	8,081	374	0
Poverty related	81,892	40,891	40,830	130	7	34	882,706	435,140	446,298	929	67	272
Other/unknown	51,867	30,449	20,468	927	23	0	513,917	288,193	216,697	8,767	260	0
Dual Status^d												
Full dual, all year	222,850	112,002	107,356	3,387	71	34	2,372,651	1,163,061	1,178,791	29,826	701	272
Full dual, part year	11,581	5,202	6,358	21	0	0	125,479	55,748	69,510	221	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	218,382	114,627	102,179	1,500	42	34	2,320,683	1,190,387	1,119,119	10,502	403	272
FFS part year, with Rx claims	8,521	1,488	6,302	716	15	0	95,617	17,024	71,203	7,222	168	0
FFS part year, no Rx claims	3,625	867	2,551	202	5	0	38,553	9,006	27,647	1,843	57	0
MC all year, with Rx claims	2,264	0	1,489	771	4	0	25,447	0	17,001	8,398	48	0
MC all year, no Rx claims	1,639	222	1,193	219	5	0	17,830	2,392	13,331	2,082	25	0

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F 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	234,431	2,498,130	230,528	2,391,683	0	106,447
Fee-for-service (FFS) all year	218,382	2,320,683	218,382	2,320,683	0	0
FFS part year, with Rx claims	8,521	95,617	8,521	50,389	0	45,228
FFS part year, with no Rx claims	3,625	38,553	3,625	20,611	0	17,942
Managed care (MC) all year, with Rx claims	2,264	25,447	0	0	0	25,447
MC all year, with no Rx claims	1,639	17,830	0	0	0	17,830

Source: Data for this table are from the MAX 2006 file for Michigan, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries