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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
MICHIGAN

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	239,232	116,870	116,917	5,340	71	34	2,552,733	1,222,735	1,274,392	54,586	667	353
Age												
5 and younger	6	0	5	0	1	0	63	0	57	0	6	0
6-14	20	0	17	0	3	0	215	0	179	0	36	0
15-20	457	0	410	7	40	0	4,972	0	4,487	60	425	0
21-44	49,274	0	46,343	2,906	25	0	541,309	0	512,094	29,020	195	0
45-64	71,928	0	69,567	2,328	1	32	777,414	0	752,358	24,722	4	330
65-74	49,949	49,278	575	93	1	2	536,427	530,448	5,217	738	1	23
75-84	38,517	38,512	0	5	0	0	405,253	405,219	0	34	0	0
85 and older	29,080	29,079	0	1	0	0	287,076	287,064	0	12	0	0
Unknown	1	1	0	0	0	0	4	4	0	0	0	0
Gender												
Female	147,642	83,577	60,971	3,031	29	34	1,585,554	881,810	672,308	30,803	280	353
Male	91,590	33,293	55,946	2,309	42	0	967,179	340,925	602,084	23,783	387	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	163,634	81,081	78,505	3,986	39	23	1,738,049	838,572	857,579	41,316	360	222
African American	60,921	26,016	33,686	1,184	28	7	657,288	279,734	365,557	11,646	268	83
Other/unknown	14,677	9,773	4,726	170	4	4	157,396	104,429	51,256	1,624	39	48
Use of Nursing Facilities^c												
Entire year	21,503	20,007	1,493	3	0	0	230,669	213,963	16,670	36	0	0
Part year	17,700	15,725	1,957	18	0	0	166,095	145,316	20,586	193	0	0
None	200,029	81,138	113,467	5,319	71	34	2,155,969	863,456	1,237,136	54,357	667	353
Maintenance Assistance Status												
Cash	85,839	36,830	47,442	1,562	5	0	991,236	424,975	550,052	16,152	57	0
Medically needy	15,507	8,443	5,962	1,066	36	0	122,944	68,908	45,102	8,623	311	0
Poverty-related	88,968	43,109	45,626	192	7	34	951,340	455,727	493,758	1,424	78	353
Other/unknown	48,918	28,488	17,887	2,520	23	0	487,213	273,125	185,480	28,387	221	0
Dual Medicare Status^d												
Full dual, all year	224,846	110,228	109,208	5,305	71	34	2,403,909	1,155,187	1,193,499	54,203	667	353
Full dual, part year	14,386	6,642	7,709	35	0	0	148,824	67,548	80,893	383	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	238,310	116,733	116,157	5,317	69	34	2,547,447	1,222,033	1,269,932	54,466	663	353
FFS part year, with Rx claims	457	29	411	15	2	0	3,022	191	2,731	96	4	0
FFS part year, no Rx claims	465	108	349	8	0	0	2,264	511	1,729	24	0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	31.8	3.0	\$104	\$35	\$8,005	1.3	239,232
Age							
5 and younger	83.3	34.2	2,805	82	14,840	18.9	6
6-14	85.0	23.5	2,637	112	8,672	30.4	20
15-20	59.5	11.7	1,631	139	10,189	16.0	457
21-44	35.2	3.8	219	58	4,178	5.2	49,274
45-64	39.2	4.1	138	34	4,984	2.8	71,928
65-74	26.3	2.3	49	22	5,208	0.9	49,949
75-84	24.6	1.7	16	9	11,613	0.1	38,517
85 and older	26.5	1.7	15	8	21,949	0.1	29,080
Unknown	0.0	0.0	0	0	12,522	0.0	1
Basis of Eligibility^e							
Aged	25.7	1.9	28	15	11,476	0.2	116,870
Disabled	36.8	3.8	157	42	4,487	3.5	116,917
Adults	56.6	8.9	576	65	8,983	6.4	5,340
Children	73.2	14.7	1,440	98	8,399	17.1	71
Unknown	91.2	45.1	4,139	92	17,347	23.9	34
Gender							
Female	33.6	3.1	94	30	8,751	1.1	147,642
Male	29.0	2.8	121	43	6,802	1.8	91,590
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	33.1	3.3	110	34	9,045	1.2	163,634
African American	30.3	2.5	96	38	5,727	1.7	60,921
Other/unknown	24.8	2.2	82	38	5,859	1.4	14,677
Use of Nursing Facilities^f							
Entire year	34.1	3.5	51	15	40,813	0.1	21,503
Part year	40.0	2.8	45	16	20,793	0.2	17,700
None	30.9	3.0	116	39	3,346	3.5	200,029
Maintenance Assistance Status							
Cash	33.4	3.3	124	38	3,846	3.2	85,839
Medically needy	27.3	2.8	133	48	8,371	1.6	15,507
Poverty related	30.8	2.8	92	32	6,806	1.3	88,968
Other/unknown	32.4	2.9	84	29	17,366	0.5	48,918

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, 2007

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 Medicaid FFS \$ ^d	Beneфициaries	Benefit Months
All	0.3	\$10	1.3	68.2	27.6	2.7	1.3	0.3	0.1	\$750	239,232	2,552,733
Age												
5 and younger	3.3	267	18.9	16.7	33.3	0.0	33.3	16.7	0.0	1,413	6	63
6-14	2.2	245	30.4	15.0	30.0	20.0	20.0	15.0	0.0	807	20	215
15-20	1.1	150	16.0	40.5	34.8	9.2	10.7	3.7	1.1	937	457	4,972
21-44	0.3	20	5.2	64.8	29.0	3.5	2.3	0.4	0.1	380	49,274	541,309
45-64	0.4	13	2.8	60.8	33.3	3.7	1.8	0.4	0.1	461	71,928	777,414
65-74	0.2	5	0.9	73.7	23.6	1.8	0.7	0.1	0.0	485	49,949	536,427
75-84	0.2	2	0.1	75.4	22.6	1.5	0.4	0.1	0.0	1,104	38,517	405,253
85 and older	0.2	2	0.1	73.5	24.3	1.6	0.5	0.1	0.0	2,223	29,080	287,076
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,131	1	4
Basis of Eligibility^e												
Aged	0.2	3	0.2	74.3	23.4	1.6	0.5	0.1	0.0	1,097	116,870	1,222,735
Disabled	0.3	14	3.5	63.2	31.3	3.4	1.7	0.3	0.1	412	116,917	1,274,392
Adults	0.9	56	6.4	43.4	37.4	8.9	8.1	2.0	0.2	879	5,340	54,586
Children	1.6	153	17.1	26.8	39.4	9.9	14.1	9.9	0.0	894	71	667
Unknown	4.3	399	23.9	8.8	14.7	5.9	50.0	14.7	5.9	1,671	34	353
Gender												
Female	0.3	9	1.1	66.4	29.2	2.8	1.3	0.2	0.1	815	147,642	1,585,554
Male	0.3	11	1.8	71.0	25.0	2.5	1.2	0.3	0.0	644	91,590	967,179
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	10	1.2	66.9	28.4	2.9	1.5	0.3	0.1	852	163,634	1,738,049
African American	0.2	9	1.7	69.7	26.8	2.3	0.9	0.1	0.0	531	60,921	657,288
Other/unknown	0.2	8	1.4	75.2	21.8	1.8	1.0	0.2	0.0	546	14,677	157,396
Use of Nursing Facilities^f												
Entire year	0.3	5	0.1	65.9	28.6	3.5	1.5	0.3	0.2	3,805	21,503	230,669
Part year	0.3	5	0.2	60.0	36.2	2.5	0.9	0.3	0.1	2,216	17,700	166,095
None	0.3	11	3.5	69.1	26.7	2.6	1.3	0.2	0.0	311	200,029	2,155,969
Maintenance Assistance Status												
Cash	0.3	11	3.2	66.6	29.2	2.7	1.3	0.2	0.0	333	85,839	991,236
Medically needy	0.4	17	1.6	72.7	22.1	2.6	1.9	0.7	0.1	1,056	15,507	122,944
Poverty related	0.3	9	1.3	69.2	26.9	2.5	1.1	0.2	0.0	637	88,968	951,340
Other/unknown	0.3	8	0.5	67.6	27.9	2.8	1.4	0.3	0.1	1,744	48,918	487,213

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, 2007

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	\$10	\$35	0.0	\$8	\$195	0.0	\$0	\$78	0.2	\$2	\$8
Age												
5 and younger	3.3	267	82	1.2	194	160	0.1	3	27	1.9	71	37
6-14	2.2	245	112	1.2	221	178	0.1	6	80	0.9	18	21
15-20	1.1	150	139	0.5	136	262	0.0	4	109	0.5	10	18
21-44	0.3	20	58	0.1	17	221	0.0	1	115	0.3	3	10
45-64	0.4	13	34	0.0	10	193	0.0	0	85	0.3	3	9
65-74	0.2	5	22	0.0	3	147	0.0	0	52	0.2	1	8
75-84	0.2	2	9	0.0	1	86	0.0	0	28	0.2	1	6
85 and older	0.2	2	8	0.0	1	69	0.0	0	24	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	15	0.0	2	122	0.0	0	40	0.2	1	6
Disabled	0.3	14	42	0.1	11	214	0.0	0	92	0.3	3	9
Adults	0.9	56	65	0.3	47	182	0.0	2	147	0.6	7	11
Children	1.6	153	98	0.7	133	178	0.1	6	112	0.8	15	19
Unknown	4.3	399	92	1.8	326	179	0.1	6	97	2.5	67	27
Gender												
Female	0.3	9	30	0.0	7	172	0.0	0	79	0.2	2	8
Male	0.3	11	43	0.0	9	230	0.0	0	78	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	10	34	0.0	8	186	0.0	0	90	0.3	2	8
African American	0.2	9	38	0.0	7	230	0.0	0	49	0.2	2	8
Other/unknown	0.2	8	38	0.0	6	189	0.0	0	73	0.2	2	9
Use of Nursing Facilities^e												
Entire year	0.3	5	15	0.0	3	107	0.0	0	32	0.3	2	6
Part year	0.3	5	16	0.0	3	118	0.0	0	39	0.3	2	7
None	0.3	11	39	0.0	8	204	0.0	0	97	0.2	2	9
Maintenance Assistance Status												
Cash	0.3	11	38	0.0	9	207	0.0	0	89	0.2	2	8
Medically needy	0.4	17	48	0.1	13	197	0.0	1	84	0.3	3	12
Poverty related	0.3	9	32	0.0	7	190	0.0	0	80	0.2	2	8
Other/unknown	0.3	8	29	0.0	6	174	0.0	0	59	0.2	2	8

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$62	\$57	\$0	\$4	\$219	\$640	\$128	\$21	8,204	\$1,798,537	2,751	1.1	29,080
Biologicals	0.7	0.7	0.0	0.0	1,136	1,136	0	0	1531	1,531	0	0	49	75,004	6	0.0	66
Antineoplastic Agents	0.3	0.2	0.0	0.1	101	95	0	6	326	510	72	49	830	270,868	252	0.1	2,686
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	22	19	0	2	53	123	43	10	12,526	665,684	2,919	1.2	30,608
Cardiovascular Agents	0.6	0.1	0.0	0.5	29	20	3	6	45	169	75	12	29,959	1,335,508	4,441	1.9	46,094
Respiratory Agents	0.3	0.2	0.0	0.2	25	21	1	3	74	118	91	22	8,058	596,952	2,217	0.9	23,622
Gastrointestinal Agents	0.3	0.2	0.0	0.2	29	25	1	4	84	157	227	19	8,124	679,239	2,213	0.9	23,246
Genitourinary Agents	0.3	0.2	0.0	0.1	17	14	0	3	57	82	110	22	1,729	98,959	566	0.2	5,960
CNS Drugs	0.6	0.1	0.0	0.6	18	14	0	4	28	202	99	7	383,617	10,784,359	53,179	22.2	591,897
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	44	41	0	3	93	124	22	19	2,104	195,672	408	0.2	4,495
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	62	61	0	1	219	226	10	60	1,763	386,751	591	0.2	6,239
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	13	3	2	8	33	214	278	22	25,598	845,115	6,066	2.5	64,918
Neuromuscular Agents	0.6	0.1	0.0	0.5	22	16	1	4	34	150	124	8	119,497	4,034,138	16,567	6.9	185,484
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	3	9	19	14	8	43,255	372,364	9,231	3.9	104,003
Hematological Agents	0.5	0.0	0.0	0.5	13	11	0	2	27	450	192	4	61,351	1,631,036	11,277	4.7	125,638
Topical Products	0.2	0.1	0.0	0.2	12	8	1	3	49	111	64	19	4,302	209,844	1,642	0.7	17,699
Miscellaneous Products	0.6	0.4	0.1	0.1	76	68	4	4	133	158	69	49	7,488	998,178	1,141	0.5	13,098
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	38	0	0	0	141	5,309	85	0.0	944
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.	718,595	24,983,517	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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, 2007

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
ANTIPSYCHOTICS	\$6,974,583	4,757	2.0	52,898	0.5	\$276	\$132
ANTICONVULSANT	3,886,093	16,929	7.1	190,245	0.6	34	20
ANTIDEPRESSANTS	1,859,000	10,520	4.4	115,689	0.4	38	16
ANTIANSXIETY AGENTS	1,652,414	44,769	18.7	499,078	0.6	6	3
ANTIVIRAL	1,443,304	438	0.2	4,733	0.5	657	305
MISC. HEMATOLOGICAL	1,061,708	632	0.3	6,616	0.3	557	160
ASSORTED CLASSES	951,126	1,021	0.4	11,742	0.6	142	81
ULCER DRUGS	716,672	6,391	2.7	70,532	0.3	32	10
ANALGESICS - Narcotic	618,530	4,534	1.9	46,838	0.3	46	13
HEMATOPOIETIC AGENTS	541,931	21,057	8.8	236,674	0.4	5	2
Total	19,705,361	111,048	n.a.	1,235,045	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	619,705	\$19,705,361	4,757	2.0	52,898	0.5	\$132	16,929	7.1	190,245	0.6	\$20
Female												
All Females	409,151	10,743,051	2,739	1.9	30,745	0.4	119	10,673	7.2	120,363	0.6	20
Female, Disabled												
All Ages	222,649	7,394,654	1,986	3.3	22,504	0.5	123	7,345	12.0	83,375	0.6	20
5 and younger	42	2,931	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	62	4,672	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,045	140,524	38	24.1	443	0.4	138	43	27.2	503	0.6	111
21-44	75,386	3,243,603	1,007	4.6	11,452	0.4	113	2,999	13.6	34,196	0.6	24
45-64	144,427	3,908,183	916	2.4	10,323	0.5	133	4,264	11.1	48,245	0.6	16
65-74	1,687	94,741	25	7.2	286	0.7	169	39	11.3	431	0.8	51
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	186,502	3,348,397	753	0.9	8,241	0.4	108	3,328	3.8	36,988	0.6	19
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	1,142	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	164	26,017	5	23.8	58	0.9	325	10	47.6	109	0.5	47
21-44	17,130	1,351,956	388	20.6	4,223	0.4	114	684	36.2	7,546	0.6	50
45-64	8,340	463,277	80	7.0	851	0.5	149	268	23.6	2,872	0.6	45
65-74	63,364	880,756	208	0.7	2,401	0.4	101	1,350	4.2	15,443	0.6	9
75-84	50,141	325,847	38	0.1	357	0.3	27	644	2.3	7,133	0.6	5
85 and older	47,351	299,402	34	0.1	351	0.2	24	372	1.6	3,885	0.6	5
Male												
All Males	210,554	8,962,310	2,018	2.2	22,153	0.5	150	6,256	6.8	69,882	0.6	22
Male, Disabled												
All Ages	145,270	7,412,673	1,708	3.1	18,808	0.5	152	4,938	8.8	55,417	0.6	22
5 and younger	28	4,140	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	208	22,120	1	8.3	3	0.3	19	1	8.3	11	0.1	25
15-20	1,832	346,560	74	29.4	869	0.7	138	78	31.0	903	0.6	51
21-44	57,821	4,215,452	1,018	4.2	11,271	0.5	155	2,371	9.8	26,788	0.6	25
45-64	84,583	2,771,860	600	1.9	6,489	0.5	147	2,467	7.9	27,487	0.6	18
65-74	798	52,541	15	6.6	176	0.7	184	21	9.2	228	0.7	29
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	65,284	1,549,637	310	0.9	3,345	0.5	137	1,318	3.7	14,465	0.6	21
5 and younger	1	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	50	15,145	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	233	23,651	5	19.2	57	0.8	176	11	42.3	124	0.7	45
21-44	7,095	574,699	124	11.9	1,295	0.7	183	290	27.8	3,042	0.6	45
45-64	6,468	264,556	60	4.9	620	0.6	155	220	18.0	2,410	0.7	30
65-74	27,964	513,619	98	0.6	1,125	0.4	98	536	3.1	6,091	0.6	12
75-84	15,067	103,067	14	0.1	150	0.2	32	188	1.7	2,058	0.5	5
85 and older	8,406	54,891	9	0.2	98	0.3	9	73	1.4	740	0.6	6
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 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.
 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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIANKXIETY AGENTS					ANTIVIRAL				
	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	10,520	4.4	115,689	0.4	\$16	44,769	18.7	499,078	0.6	\$3	438	0.2	4,733	0.5	\$305
Female															
All Females	7,133	4.8	79,088	0.4	16	30,283	20.5	338,353	0.6	3	185	0.1	2,041	0.4	250
Female, Disabled															
All Ages	4,794	7.9	53,431	0.4	16	15,682	25.7	179,530	0.6	4	124	0.2	1,373	0.5	280
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	1	20.0	12	0.7	5
15-20	36	22.8	425	0.4	15	23	14.6	265	0.3	2	1	0.6	12	0.1	1
21-44	1,908	8.7	21,452	0.4	16	5,150	23.4	59,032	0.5	3	76	0.3	856	0.4	260
45-64	2,787	7.3	30,815	0.4	16	10,430	27.1	119,360	0.6	4	45	0.1	481	0.5	333
65-74	63	18.2	739	0.5	14	79	22.8	873	0.5	3	1	0.3	12	0.1	143
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	2,339	2.7	25,657	0.4	17	14,601	16.8	158,823	0.5	3	61	0.1	668	0.3	188
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	5	23.8	54	0.4	21	3	14.3	31	0.5	3	0	0.0	0	0.0	0
21-44	1,092	57.9	11,846	0.5	21	535	28.4	5,885	0.5	3	35	1.9	366	0.5	296
45-64	420	37.0	4,529	0.5	22	366	32.2	4,139	0.5	3	4	0.4	46	0.4	45
65-74	655	2.0	7,504	0.4	9	4,969	15.5	56,322	0.5	3	18	0.1	211	0.2	72
75-84	82	0.3	820	0.3	8	4,422	16.0	48,189	0.5	3	3	0.0	36	0.1	6
85 and older	85	0.4	904	0.4	9	4,306	18.0	44,257	0.5	3	1	0.0	9	0.1	1
Male															
All Males	3,387	3.7	36,601	0.4	15	14,486	15.8	160,725	0.6	3	253	0.3	2,692	0.5	347
Male, Disabled															
All Ages	2,545	4.5	27,545	0.4	15	9,634	17.2	108,805	0.6	4	224	0.4	2,361	0.5	348
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	8.3	12	0.1	0	0	0.0	0	0.0	0
15-20	52	20.6	597	0.4	11	28	11.1	326	0.4	2	4	1.6	45	0.3	242
21-44	1,180	4.9	12,968	0.4	15	3,613	14.9	40,976	0.6	4	147	0.6	1,533	0.5	362
45-64	1,289	4.1	13,693	0.4	16	5,965	19.2	67,202	0.6	4	73	0.2	783	0.5	328
65-74	24	10.5	287	0.6	15	27	11.8	289	0.8	3	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	842	2.4	9,056	0.4	15	4,852	13.6	51,920	0.5	3	29	0.1	331	0.5	334
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	1	50.0	12	0.5	873
15-20	7	26.9	78	0.6	25	3	11.5	36	0.1	0	0	0.0	0	0.0	0
21-44	319	30.6	3,343	0.5	19	281	26.9	3,140	0.5	3	10	1.0	118	0.8	561
45-64	213	17.4	2,242	0.5	19	321	26.2	3,618	0.5	3	1	0.1	12	0.1	0
65-74	250	1.4	2,891	0.3	8	2,096	12.1	23,376	0.5	3	16	0.1	177	0.3	192
75-84	28	0.3	246	0.3	8	1,311	12.1	13,759	0.5	3	1	0.0	12	0.1	0
85 and older	25	0.5	256	0.5	17	840	16.3	7,991	0.4	2	0	0.0	0	0.0	0
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 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.
 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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	MISC. HEMATOLOGICAL					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	632	0.3	6,616	0.3	\$161	1,021	0.4	11,742	0.6	\$81	6,391	2.7	70,532	0.3	\$10
Female															
All Females	328	0.2	3,517	0.3	28	490	0.3	5,656	0.6	81	4,289	2.9	47,578	0.3	10
Female, Disabled															
All Ages	151	0.2	1,581	0.3	29	443	0.7	5,110	0.6	83	1,851	3.0	20,743	0.3	10
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.2	10	2	66.7	24	0.5	8
6-14	0	0.0	0	0.0	0	8	160.0	94	0.3	23	0	0.0	0	0.0	0
15-20	3	1.9	36	0.1	8	15	9.5	170	0.9	84	10	6.3	114	0.3	15
21-44	12	0.1	142	0.2	17	214	1.0	2,464	0.6	86	544	2.5	6,194	0.3	9
45-64	129	0.3	1,319	0.3	29	204	0.5	2,358	0.6	82	1,270	3.3	14,144	0.3	11
65-74	7	2.0	84	0.3	49	0	0.0	0	0.0	0	25	7.2	267	0.3	11
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	177	0.2	1,936	0.3	28	47	0.1	546	0.5	71	2,438	2.8	26,835	0.4	10
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	1	100.0	12	0.3	26
15-20	0	0.0	0	0.0	0	2	9.5	24	0.1	9	3	14.3	33	0.4	19
21-44	3	0.2	36	0.3	23	6	0.3	66	0.2	73	111	5.9	1,153	0.4	29
45-64	7	0.6	81	0.2	25	3	0.3	36	0.7	354	75	6.6	804	0.4	26
65-74	116	0.4	1,297	0.2	26	29	0.1	348	0.6	44	1,005	3.1	11,451	0.3	8
75-84	27	0.1	271	0.4	35	3	0.0	33	0.4	162	615	2.2	6,721	0.4	9
85 and older	24	0.1	251	0.3	28	4	0.0	39	0.1	1	628	2.6	6,661	0.4	8
Male															
All Males	304	0.3	3,099	0.3	311	531	0.6	6,086	0.5	81	2,102	2.3	22,954	0.3	11
Male, Disabled															
All Ages	152	0.3	1,529	0.3	553	471	0.8	5,483	0.5	81	1,210	2.2	13,313	0.3	11
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	21	0.8	50
6-14	0	0.0	0	0.0	0	13	108.3	156	0.9	137	4	33.3	30	0.9	10
15-20	1	0.4	12	0.8	10,323	22	8.7	248	0.5	123	22	8.7	257	0.3	20
21-44	34	0.1	346	0.4	1,505	254	1.0	2,956	0.5	79	455	1.9	5,036	0.3	11
45-64	110	0.4	1,087	0.3	184	180	0.6	2,099	0.5	73	715	2.3	7,831	0.3	11
65-74	7	3.1	84	0.1	14	2	0.9	24	0.3	117	12	5.2	138	0.2	3
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	152	0.4	1,570	0.3	75	60	0.2	603	0.6	80	892	2.5	9,641	0.3	10
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	6	0.2	2
6-14	0	0.0	0	0.0	0	4	200.0	48	0.9	97	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	15.4	42	1.0	143	2	7.7	24	0.3	2
21-44	5	0.5	44	0.3	50	12	1.1	86	0.7	148	58	5.6	613	0.3	20
45-64	14	1.1	126	0.4	50	11	0.9	118	0.7	81	47	3.8	510	0.4	23
65-74	105	0.6	1,144	0.3	87	27	0.2	285	0.5	54	450	2.6	4,985	0.3	9
75-84	19	0.2	167	0.4	39	1	0.0	12	0.1	7	206	1.9	2,164	0.3	9
85 and older	9	0.2	89	0.4	31	1	0.0	12	0.1	12	128	2.5	1,339	0.4	8
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 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.
 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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS						
	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 Beneficiaries	Number of Benefit Months
All	4,534	1.9	46,838	0.3	\$13	21,057	8.8	236,674	0.4	\$2	239,232	2,552,733
Female												
All Females	2,722	1.8	28,374	0.3	14	14,856	10.1	167,490	0.4	2	147,641	1,585,550
Female, Disabled												
All Ages	1,710	2.8	17,846	0.3	15	4,937	8.1	57,362	0.4	2	60,971	672,308
5 and younger	0	0.0	0	0.0	0	4	133.3	48	0.5	52	3	36
6-14	1	20.0	12	0.1	0	5	100.0	59	0.5	42	5	48
15-20	20	12.7	230	0.2	1	18	11.4	211	0.4	3	158	1,779
21-44	636	2.9	6,787	0.2	10	1,573	7.1	18,447	0.3	1	22,036	245,479
45-64	1,022	2.7	10,486	0.3	19	3,317	8.6	38,386	0.4	3	38,423	421,677
65-74	31	9.0	331	0.4	9	20	5.8	211	0.3	1	346	3,289
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,012	1.2	10,528	0.3	13	9,919	11.4	110,128	0.5	2	86,670	913,242
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	2	200.0	24	0.4	35	1	12
15-20	2	9.5	21	0.1	0	2	9.5	24	0.1	1	21	215
21-44	330	17.5	3,307	0.4	18	106	5.6	1,065	0.3	23	1,887	18,621
45-64	162	14.3	1,613	0.4	20	111	9.8	1,311	0.7	22	1,136	12,169
65-74	372	1.2	4,063	0.2	8	3,081	9.6	35,336	0.4	2	31,991	347,882
75-84	76	0.3	763	0.3	7	3,200	11.6	35,758	0.5	2	27,700	294,808
85 and older	70	0.3	761	0.4	12	3,417	14.3	36,610	0.5	2	23,934	239,535
Male												
All Males	1,812	2.0	18,464	0.3	12	6,201	6.8	69,184	0.5	3	91,590	967,179
Male, Disabled												
All Ages	1,241	2.2	12,607	0.3	12	2,517	4.5	28,681	0.4	4	55,946	602,084
5 and younger	0	0.0	0	0.0	0	3	150.0	33	0.4	94	2	21
6-14	1	8.3	12	0.1	0	8	66.7	86	0.5	2	12	131
15-20	19	7.5	220	0.2	1	13	5.2	149	0.4	21	252	2,708
21-44	531	2.2	5,420	0.2	10	627	2.6	7,178	0.4	3	24,307	266,615
45-64	680	2.2	6,840	0.3	14	1,859	6.0	21,151	0.5	3	31,144	330,681
65-74	10	4.4	115	0.2	32	7	3.1	84	0.4	2	229	1,928
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	571	1.6	5,857	0.3	10	3,684	10.3	40,503	0.5	2	35,644	365,095
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
6-14	1	50.0	12	0.1	1	0	0.0	0	0.0	0	2	24
15-20	2	7.7	17	0.1	1	3	11.5	33	0.3	1	26	270
21-44	164	15.7	1,636	0.4	22	37	3.5	422	0.7	2	1,044	10,594
45-64	110	9.0	1,014	0.3	12	92	7.5	1,077	0.6	2	1,225	12,887
65-74	255	1.5	2,839	0.2	3	1,554	8.9	17,600	0.5	2	17,383	183,328
75-84	21	0.2	164	0.2	1	1,261	11.7	13,812	0.5	2	10,817	110,445
85 and older	18	0.3	175	0.3	2	737	14.3	7,559	0.5	2	5,146	47,541
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.
 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 2007. 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 2007. 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.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$5	0.3	21,503	230,669
Age				
0-64	23	0.8	1,470	16,455
65-74	12	0.5	2,622	28,635
75-84	2	0.3	6,695	71,740
85 and older	2	0.2	10,715	113,835
Unknown	0	0.0	1	4
Gender				
Female	4	0.3	16,070	173,710
Male	8	0.4	5,433	56,959
Unknown	0	0.0	0	0
Race				
White	4	0.3	17,705	188,909
African American	9	0.3	2,799	31,140
Other/unknown	4	0.3	999	10,620
Basis of Eligibility^c				
Aged	3	0.3	20,007	213,963
Disabled	24	0.8	1,493	16,670
Adults	37	1.2	3	36
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx				Users	
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.3	0.0	0.0	0.3	\$22	\$11	\$1	\$10	\$73	\$287	\$165	\$39	513	\$37,393	148	0.7	1,692	
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	0.2	0.0	0.0	0.2	16	5	0	11	74	220	0	58	40	2,961	17	0.1	183	
Endocrine/Metabolic Drugs	0.8	0.4	0.0	0.4	37	33	1	3	47	92	34	8	1,594	74,768	184	0.9	2,011	
Cardiovascular Agents	1.3	0.2	0.1	1.0	27	13	4	10	21	76	56	10	3,843	81,093	276	1.3	3,035	
Respiratory Agents	0.4	0.2	0.0	0.3	19	17	0	2	46	106	84	9	750	34,464	158	0.7	1,784	
Gastrointestinal Agents	0.7	0.2	0.0	0.4	32	28	0	4	47	116	0	9	1,247	58,181	165	0.8	1,840	
Genitourinary Agents	0.4	0.3	0.0	0.1	26	24	0	3	64	80	3	23	258	16,555	57	0.3	631	
CNS Drugs	0.7	0.0	0.0	0.6	6	3	0	3	9	98	51	5	36,648	327,578	5,053	23.5	54,874	
Stimulants/Anti-obesity/Anorexia	0.9	0.9	0.0	0.0	118	118	0	0	138	138	0	0	6	827	1	0.0	7	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	73	73	0	0	146	147	10	36	524	76,245	96	0.4	1,041	
Analgesics and Anesthetics	0.8	0.0	0.1	0.7	23	2	9	12	30	104	154	17	1,627	48,809	188	0.9	2,124	
Neuromuscular Agents	0.9	0.1	0.0	0.8	17	11	0	6	18	123	80	7	6,874	126,385	654	3.0	7,305	
Nutritional Products	0.5	0.0	0.2	0.3	6	0	2	3	11	12	13	10	3,495	38,581	644	3.0	7,007	
Hematological Agents	0.7	0.0	0.0	0.6	5	3	0	3	8	158	0	4	16,560	136,831	2,267	10.5	25,143	
Topical Products	0.4	0.1	0.0	0.2	16	10	2	4	42	87	66	16	643	27,219	149	0.7	1,698	
Miscellaneous Products	0.2	0.1	0.0	0.1	6	5	0	0	35	76	0	5	43	1,494	25	0.1	268	
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	1	0	0	0	11	0	0	0	6	67	4	0.0	46	
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.	74,671	1,089,451	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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 2007. 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, 2007

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	\$164,240	4,745	22.1	51,362	0.6	\$5	\$3	
ANTICONVULSANT	113,951	656	3.1	7,343	0.9	17	16	
ULCER DRUGS	108,960	884	4.1	9,706	0.5	24	11	
ANTIPSYCHOTICS	104,806	121	0.6	1,351	0.5	169	78	
HEMATOPOIETIC AGENTS	97,208	3,901	18.1	43,217	0.6	4	2	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	79,369	159	0.7	1,751	0.4	117	45	
OPHTHALMIC	75,744	2,502	11.6	28,363	0.4	7	3	
ANTIDIABETIC	73,410	188	0.9	2,090	0.7	51	35	
DERMATOLOGICAL	60,007	2,282	10.6	26,214	0.2	12	2	
ANTIHISTAMINES	56,385	2,085	9.7	23,785	0.3	7	2	
Total	934,080	17,523	n.a.	195,182	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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 2007. 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 2007 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIAXIETY AGENTS				ANTICONSULSANT			
	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	94,488	\$934,080	4,745	22.1	51,362	0.6	\$3	656	3.1	7,343	0.9	\$16
Female												
All Females	70,927	620,142	3,550	22.1	38,656	0.6	3	444	2.8	4,970	0.9	11
Female, Disabled												
All Ages	5,639	111,751	245	31.5	2,777	0.7	6	74	9.5	831	1.1	16
64 or younger	5,392	100,697	238	31.2	2,718	0.7	6	69	9.0	789	1.1	14
65-74	247	11,054	7	50.0	59	0.6	3	5	35.7	42	1.0	60
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	65,288	508,391	3,305	21.6	35,879	0.6	3	370	2.4	4,139	0.9	10
64 or younger	16	1,134	0	0.0	0	0.0	0	1	100.0	12	0.2	42
65-74	9,218	131,924	413	26.8	4,567	0.7	4	111	7.2	1,279	1.0	20
75-84	20,617	139,744	1,100	23.0	11,907	0.7	3	122	2.6	1,353	0.9	7
85 and older	35,437	235,589	1,792	20.0	19,405	0.6	3	136	1.5	1,495	0.8	5
Male												
All Males	23,561	313,938	1,195	22.0	12,706	0.6	3	212	3.9	2,373	0.8	25
Male, Disabled												
All Ages	5,297	128,053	225	31.5	2,547	0.9	5	78	10.9	881	0.9	37
64 or younger	5,132	122,849	221	31.4	2,499	0.9	4	77	11.0	869	0.9	37
65-74	165	5,204	4	33.3	48	1.6	6	1	8.3	12	0.3	34
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	18,264	185,885	970	20.6	10,159	0.5	3	134	2.8	1,492	0.8	17
64 or younger	8	44	1	50.0	12	0.6	3	0	0.0	0	0.0	0
65-74	5,069	86,391	224	21.2	2,469	0.7	4	59	5.6	673	0.8	31
75-84	6,882	47,778	365	19.1	3,831	0.5	3	45	2.4	495	0.7	6
85 and older	6,305	51,672	380	21.7	3,847	0.4	2	30	1.7	324	0.6	6
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 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	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	884	4.1	9,706	0.5	\$11	121	0.6	1,351	0.5	\$78	3,901	18.1	43,217	0.6	\$2
Female															
All Females	668	4.2	7,378	0.5	11	66	0.4	748	0.5	78	2,876	17.9	31,997	0.6	2
Female, Disabled															
All Ages	45	5.8	507	0.5	19	15	1.9	169	0.8	157	111	14.3	1,265	0.5	5
64 or younger	43	5.6	483	0.5	20	13	1.7	145	0.9	173	110	14.4	1,253	0.5	5
65-74	2	14.3	24	0.6	13	2	14.3	24	0.6	60	1	7.1	12	0.9	3
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	623	4.1	6,871	0.5	10	51	0.3	579	0.4	55	2,765	18.1	30,732	0.6	2
64 or younger	0	0.0	0	0.0	0	2	200.0	24	0.3	17	0	0.0	0	0.0	0
65-74	102	6.6	1,154	0.4	13	22	1.4	262	0.5	106	273	17.7	3,092	0.6	2
75-84	201	4.2	2,157	0.5	10	13	0.3	127	0.2	15	842	17.6	9,310	0.6	2
85 and older	320	3.6	3,560	0.5	10	14	0.2	166	0.3	11	1,650	18.4	18,330	0.6	2
Male															
All Males	216	4.0	2,328	0.4	13	55	1.0	603	0.4	77	1,025	18.9	11,220	0.6	2
Male, Disabled															
All Ages	48	6.7	557	0.5	23	26	3.6	268	0.5	83	106	14.8	1,209	0.5	2
64 or younger	47	6.7	545	0.5	24	25	3.6	256	0.5	87	105	14.9	1,197	0.5	2
65-74	1	8.3	12	0.9	5	1	8.3	12	0.1	0	1	8.3	12	0.8	3
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	168	3.6	1,771	0.4	9	29	0.6	335	0.4	72	919	19.5	10,011	0.6	2
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	44	4.2	460	0.4	12	19	1.8	222	0.5	103	211	20.0	2,376	0.6	2
75-84	67	3.5	708	0.4	9	6	0.3	65	0.3	14	365	19.1	3,951	0.6	2
85 and older	57	3.3	603	0.5	8	4	0.2	48	0.3	8	343	19.6	3,684	0.6	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 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					OPHTHALMIC					ANTIDIABETIC				
	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	159	0.7	1,751	0.4	\$45	2,502	11.6	28,363	0.4	\$3	188	0.9	2,090	0.7	\$35
Female															
All Females	91	0.6	1,050	0.4	36	1,957	12.2	22,269	0.4	3	112	0.7	1,295	0.7	35
Female, Disabled															
All Ages	11	1.4	132	0.4	48	80	10.3	933	0.5	5	26	3.3	301	1.1	66
64 or younger	11	1.4	132	0.4	48	77	10.1	897	0.5	4	20	2.6	229	1.0	63
65-74	0	0.0	0	0.0	0	3	21.4	36	0.3	24	6	42.9	72	1.4	76
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	80	0.5	918	0.4	34	1,877	12.3	21,336	0.4	3	86	0.6	994	0.6	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.5	18
65-74	15	1.0	176	0.3	37	158	10.3	1,830	0.4	4	43	2.8	510	0.6	32
75-84	26	0.5	281	0.3	27	527	11.0	5,999	0.4	2	21	0.4	232	0.6	22
85 and older	39	0.4	461	0.4	37	1,192	13.3	13,507	0.4	3	21	0.2	240	0.5	19
Male															
All Males	68	1.3	701	0.4	59	545	10.0	6,094	0.4	3	76	1.4	795	0.7	35
Male, Disabled															
All Ages	14	2.0	168	0.4	104	68	9.5	816	0.3	5	39	5.5	431	0.8	43
64 or younger	12	1.7	144	0.3	102	67	9.5	804	0.3	5	37	5.3	407	0.7	42
65-74	2	16.7	24	0.9	115	1	8.3	12	0.3	2	2	16.7	24	1.2	52
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	54	1.1	533	0.5	46	477	10.1	5,278	0.4	2	37	0.8	364	0.6	26
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	18	1.7	181	0.5	46	82	7.8	927	0.4	3	20	1.9	223	0.8	30
75-84	20	1.0	185	0.4	18	170	8.9	1,932	0.3	2	12	0.6	81	0.4	10
85 and older	16	0.9	167	0.5	76	225	12.9	2,419	0.4	2	5	0.3	60	0.4	30
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	DERMATOLOGICAL					ANTIHISTAMINES						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	2,282	10.6	26,214	0.2	\$2	2,085	9.7	23,785	0.3	\$2	21,503	230,669
Female												
All Females	1,586	9.9	18,368	0.2	2	1,569	9.8	17,932	0.3	2	16,069	173,706
Female, Disabled												
All Ages	134	17.2	1,589	0.2	4	120	15.4	1,398	0.3	2	778	8,770
64 or younger	131	17.1	1,553	0.2	4	118	15.4	1,374	0.3	2	764	8,653
65-74	3	21.4	36	0.3	5	2	14.3	24	0.3	3	14	117
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,452	9.5	16,779	0.2	2	1,449	9.5	16,534	0.3	2	15,291	164,936
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	208	13.5	2,429	0.2	3	193	12.5	2,233	0.3	3	1,540	16,991
75-84	440	9.2	5,054	0.2	2	482	10.1	5,511	0.3	2	4,783	51,588
85 and older	804	9.0	9,296	0.2	2	774	8.6	8,790	0.4	2	8,967	96,345
Male												
All Males	696	12.8	7,846	0.2	2	516	9.5	5,853	0.4	2	5,433	56,959
Male, Disabled												
All Ages	122	17.1	1,412	0.2	3	76	10.6	852	0.4	2	715	7,900
64 or younger	117	16.6	1,352	0.2	3	75	10.7	840	0.4	2	703	7,766
65-74	5	41.7	60	0.1	6	1	8.3	12	0.2	1	12	134
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	574	12.2	6,434	0.2	2	440	9.3	5,001	0.3	2	4,718	49,059
64 or younger	0	0.0	0	0.0	0	1	50.0	12	0.1	0	2	24
65-74	149	14.1	1,715	0.2	2	99	9.4	1,152	0.3	2	1,056	11,393
75-84	219	11.5	2,462	0.2	2	188	9.8	2,159	0.4	3	1,912	20,152
85 and older	206	11.8	2,257	0.2	2	152	8.7	1,678	0.3	2	1,748	17,490
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 17,700 beneficiaries who were in nursing facilities for part of their enrollment and their 166,095 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 2007. 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 2007 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, 2007

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	95,271	39.8	3.5	846,938	\$19	\$4,603,960	\$5	18.4	239,232	
Age										
5 and younger	6	100.0	13.2	79	414	2,481	31	14.7	6	
6-14	16	80.0	13.6	271	141	2,822	10	5.4	20	
15-20	148	32.4	2.7	1,219	24	11,001	9	1.5	457	
21-44	17,495	35.5	2.8	139,826	18	866,197	6	8.0	49,274	
45-64	32,203	44.8	4.4	316,895	25	1,776,883	6	18.0	71,928	
65-74	18,870	37.8	3.6	179,437	18	883,413	5	36.0	49,949	
75-84	14,667	38.1	3.3	128,436	16	619,618	5	98.7	38,517	
85 and older	11,866	40.8	2.8	80,775	15	441,545	5	105.1	29,080	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	45,178	38.7	3.3	386,942	17	1,935,563	5	58.8	116,870	
Disabled	47,334	40.5	3.7	428,511	21	2,504,545	6	13.6	116,917	
Adults	2,706	50.7	5.8	31,140	30	160,055	5	5.2	5,340	
Children	32	45.1	3.3	234	38	2,680	11	2.6	71	
Unknown	21	61.8	3.3	111	33	1,117	10	0.8	34	
Gender										
Female	62,629	42.4	3.7	551,122	20	3,017,129	5	21.6	147,642	
Male	32,642	35.6	3.2	295,816	17	1,586,831	5	14.4	91,590	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	65,924	40.3	3.7	608,178	21	3,403,989	6	18.9	163,634	
African American	24,602	40.4	3.3	199,233	16	992,411	5	17.1	60,921	
Other/unknown	4,745	32.3	2.7	39,527	14	207,560	5	17.3	14,677	
Use of Nursing Facilities^d										
Entire year	10,797	50.2	3.9	83,794	24	508,494	6	46.7	21,503	
Part year	9,241	52.2	3.2	57,215	19	334,873	6	42.3	17,700	
None	75,233	37.6	3.5	705,929	19	3,760,593	5	16.3	200,029	
Maintenance Assistance Status										
Cash	37,311	43.5	4.4	381,841	23	1,952,117	5	18.3	85,839	
Medically needy	5,165	33.3	2.6	39,964	14	217,227	5	10.5	15,507	
Poverty related	32,306	36.3	2.9	258,740	17	1,491,744	6	18.3	88,968	
Other/unknown	20,489	41.9	3.4	166,393	19	942,872	6	23.1	48,918	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	\$5	\$0	\$1	2,552,733
Age						
5 and younger	1.3	39	31	0	0	63
6-14	1.3	13	10	0	0	215
15-20	0.2	2	9	0	0	4,972
21-44	0.3	2	6	0	1	541,309
45-64	0.4	2	6	0	1	777,414
65-74	0.3	2	5	0	1	536,427
75-84	0.3	2	5	0	0	405,253
85 and older	0.3	2	5	0	0	287,076
Unknown	0.0	0	0	0	0	4
Basis of Eligibility^c						
Aged	0.3	2	5	0	1	1,222,735
Disabled	0.3	2	6	0	1	1,274,392
Adults	0.6	3	5	0	1	54,586
Children	0.4	4	11	0	1	667
Unknown	0.3	3	10	0	1	353
Gender						
Female	0.3	2	5	0	1	1,585,554
Male	0.3	2	5	0	1	967,179
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	2	6	0	1	1,738,049
African American	0.3	2	5	0	1	657,288
Other/unknown	0.3	1	5	0	0	157,396
Use of Nursing Facilities^d						
Entire year	0.4	2	6	0	1	230,669
Part year	0.3	2	6	0	1	166,095
None	0.3	2	5	0	1	2,155,969
Maintenance Assistance Status						
Cash	0.4	2	5	0	1	991,236
Medically needy	0.3	2	5	0	1	122,944
Poverty related	0.3	2	6	0	1	951,340
Other/unknown	0.3	2	6	0	1	487,213

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D			Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx	
All	122,579	\$38	\$4,603,960	100.0	846,938	\$5	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	6	13	79	0.0	7	11	0.0	
Cough and cold medications	192	29	5,546	0.1	351	16	0.0	
Vitamins and minerals	8,522	38	326,944	7.1	39,795	8	4.7	
Non-prescription drugs	57,861	35	1,996,895	43.4	423,697	5	50.0	
Barbiturates	1,752	36	63,768	1.4	16,401	4	1.9	
Benzodiazepines	52,850	40	2,116,406	46.0	360,994	6	42.6	
Other Part D Excl Rx Drugs	1,396	68	94,322	2.0	5,693	17	0.7	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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, 2007

Total Number of Dual Eligible Beneficiaries: 239,232
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$24,983,517
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$104

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	163,066	68.2	\$0	0.0
1-500	69,175	28.9	3,856,112	15.4
501-1,000	2,239	0.9	1,599,928	6.4
1,001-1,500	1,134	0.5	1,391,827	5.6
1,501-2,000	721	0.3	1,254,242	5.0
2,001-2,500	513	0.2	1,148,138	4.6
2,501-3,000	404	0.2	1,105,574	4.4
3,001-3,500	303	0.1	983,023	3.9
3,501-4,000	249	0.1	933,517	3.7
4,001-4,500	217	0.1	919,782	3.7
4,501-5,000	155	0.1	735,748	2.9
5,001-5,500	143	0.1	750,768	3.0
5,501-6,000	103	0.0	591,442	2.4
6,001-6,500	93	0.0	580,010	2.3
6,501-7,000	87	0.0	587,334	2.4
7,001-7,500	73	0.0	527,572	2.1
7,501-8,000	70	0.0	542,307	2.2
8,001-8,500	51	0.0	421,136	1.7
8,501-9,000	59	0.0	514,880	2.1
9,001-9,500	36	0.0	332,546	1.3
9,501-10,000	29	0.0	282,298	1.1
10,001+	312	0.1	5,925,333	23.7

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 116,342
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$18,173,800
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$156

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	73,562	63.2	\$0	0.0	
1-500	37,795	32.5	2,347,586	12.9	
501-1,000	1,519	1.3	1,086,833	6.0	
1,001-1,500	811	0.7	995,648	5.5	
1,501-2,000	509	0.4	884,673	4.9	
2,001-2,500	371	0.3	831,182	4.6	
2,501-3,000	301	0.3	822,592	4.5	
3,001-3,500	227	0.2	736,216	4.1	
3,501-4,000	184	0.2	690,361	3.8	
4,001-4,500	164	0.1	696,368	3.8	
4,501-5,000	119	0.1	564,708	3.1	
5,001-5,500	91	0.1	477,515	2.6	
5,501-6,000	80	0.1	460,130	2.5	
6,001-6,500	66	0.1	413,104	2.3	
6,501-7,000	66	0.1	445,201	2.4	
7,001-7,500	55	0.0	397,126	2.2	
7,501-8,000	47	0.0	364,068	2.0	
8,001-8,500	41	0.0	338,643	1.9	
8,501-9,000	46	0.0	401,767	2.2	
9,001-9,500	26	0.0	240,019	1.3	
9,501-10,000	20	0.0	194,791	1.1	
10,001+	242	0.2	4,785,269	26.3	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.
 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 2007.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MICHIGAN, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 117,546
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$3,503,628
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$29

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	87,244	74.2	\$0	0.0
1-500	29,301	24.9	1,300,655	37.1
501-1,000	415	0.4	291,545	8.3
1,001-1,500	171	0.1	211,111	6.0
1,501-2,000	89	0.1	157,830	4.5
2,001-2,500	74	0.1	165,187	4.7
2,501-3,000	48	0.0	131,890	3.8
3,001-3,500	38	0.0	123,004	3.5
3,501-4,000	31	0.0	116,913	3.3
4,001-4,500	20	0.0	84,617	2.4
4,501-5,000	23	0.0	109,694	3.1
5,001-5,500	19	0.0	98,377	2.8
5,501-6,000	7	0.0	40,315	1.2
6,001-6,500	10	0.0	61,791	1.8
6,501-7,000	7	0.0	47,419	1.4
7,001-7,500	7	0.0	50,985	1.5
7,501-8,000	10	0.0	77,502	2.2
8,001-8,500	2	0.0	16,583	0.5
8,501-9,000	5	0.0	43,424	1.2
9,001-9,500	3	0.0	27,748	0.8
9,501-10,000	5	0.0	48,467	1.4
10,001+	17	0.0	298,571	8.5

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 49,949
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,455,666
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$49

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	36,801	73.7	\$0	0.0
1-500	12,390	24.8	681,666	27.8
501-1,000	302	0.6	213,842	8.7
1,001-1,500	136	0.3	166,828	6.8
1,501-2,000	63	0.1	111,049	4.5
2,001-2,500	55	0.1	123,420	5.0
2,501-3,000	35	0.1	97,091	4.0
3,001-3,500	32	0.1	103,154	4.2
3,501-4,000	22	0.0	82,714	3.4
4,001-4,500	16	0.0	67,318	2.7
4,501-5,000	18	0.0	85,783	3.5
5,001-5,500	14	0.0	72,201	2.9
5,501-6,000	7	0.0	40,315	1.6
6,001-6,500	7	0.0	43,097	1.8
6,501-7,000	7	0.0	47,419	1.9
7,001-7,500	6	0.0	43,722	1.8
7,501-8,000	7	0.0	54,165	2.2
8,001-8,500	2	0.0	16,583	0.7
8,501-9,000	5	0.0	43,424	1.8
9,001-9,500	3	0.0	27,748	1.1
9,501-10,000	5	0.0	48,467	2.0
10,001+	16	0.0	285,660	11.6

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 38,517
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$627,699
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$16

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	29,057	75.4	\$0	0.0
1-500	9,314	24.2	361,472	57.6
501-1,000	61	0.2	42,499	6.8
1,001-1,500	23	0.1	29,074	4.6
1,501-2,000	22	0.1	39,491	6.3
2,001-2,500	11	0.0	23,405	3.7
2,501-3,000	7	0.0	18,301	2.9
3,001-3,500	3	0.0	9,621	1.5
3,501-4,000	7	0.0	26,662	4.2
4,001-4,500	0	0.0	0	0.0
4,501-5,000	3	0.0	14,350	2.3
5,001-5,500	4	0.0	21,062	3.4
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,162	1.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,263	1.2
7,501-8,000	2	0.0	15,426	2.5
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	0	0.0	0	0.0
10,001+	1	0.0	12,911	2.1

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 29,080
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$420,263
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$14

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,386	73.5	\$0	0.0
1-500	7,597	26.1	257,517	61.3
501-1,000	52	0.2	35,204	8.4
1,001-1,500	12	0.0	15,209	3.6
1,501-2,000	4	0.0	7,290	1.7
2,001-2,500	8	0.0	18,362	4.4
2,501-3,000	6	0.0	16,498	3.9
3,001-3,500	3	0.0	10,229	2.4
3,501-4,000	2	0.0	7,537	1.8
4,001-4,500	4	0.0	17,299	4.1
4,501-5,000	2	0.0	9,561	2.3
5,001-5,500	1	0.0	5,114	1.2
5,501-6,000	0	0.0	0	0.0
6,001-6,500	2	0.0	12,532	3.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,911	1.9
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	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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, 2007

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	239,519	117,112	116,962	5,340	71	34	2,560,467	1,225,997	1,278,732	54,698	687	353
Age												
5 and younger	6	0	5	0	1	0	63	0	57	0	6	0
6-14	20	0	17	0	3	0	215	0	179	0	36	0
15-20	490	0	443	7	40	0	5,601	0	5,099	66	436	0
21-44	49,275	0	46,344	2,906	25	0	542,603	0	513,318	29,081	204	0
45-64	71,938	0	69,577	2,328	1	32	779,931	0	754,830	24,767	4	330
65-74	49,986	49,314	576	93	1	2	537,199	531,188	5,249	738	1	23
75-84	38,615	38,610	0	5	0	0	406,454	406,420	0	34	0	0
85 and older	29,188	29,187	0	1	0	0	288,397	288,385	0	12	0	0
Unknown	1	1	0	0	0	0	4	4	0	0	0	0
Gender												
Female	147,856	83,774	60,988	3,031	29	34	1,590,371	884,487	674,381	30,859	291	353
Male	91,663	33,338	55,974	2,309	42	0	970,096	341,510	604,351	23,839	396	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	163,697	81,112	78,537	3,986	39	23	1,741,675	839,236	860,451	41,386	380	222
African American	61,133	26,217	33,697	1,184	28	7	661,081	282,155	366,894	11,681	268	83
Other/unknown	14,689	9,783	4,728	170	4	4	157,711	104,606	51,387	1,631	39	48
Use of Nursing Facilities^c												
Entire year	21,503	20,007	1,493	3	0	0	230,669	213,963	16,670	36	0	0
Part year	17,700	15,725	1,957	18	0	0	166,146	145,358	20,595	193	0	0
None	200,316	81,380	113,512	5,319	71	34	2,163,652	866,676	1,241,467	54,469	687	353
Maintenance Assistance Status												
Cash	85,900	36,857	47,476	1,562	5	0	993,291	425,437	551,614	16,183	57	0
Medically needy	15,507	8,443	5,962	1,066	36	0	123,163	68,911	45,272	8,649	331	0
Poverty related	89,025	43,164	45,628	192	7	34	954,102	456,626	495,596	1,449	78	353
Other/unknown	49,087	28,648	17,896	2,520	23	0	489,911	275,023	186,250	28,417	221	0
Dual Status^d												
Full dual, all year	225,133	110,470	109,253	5,305	71	34	2,411,425	1,158,389	1,197,681	54,315	687	353
Full dual, part year	14,386	6,642	7,709	35	0	0	149,042	67,608	81,051	383	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	238,310	116,733	116,157	5,317	69	34	2,547,447	1,222,033	1,269,932	54,466	663	353
FFS part year, with Rx claims	457	29	411	15	2	0	5,092	313	4,598	157	24	0
FFS part year, no Rx claims	465	108	349	8	0	0	4,852	1,099	3,678	75	0	0
MC all year, with Rx claims	18	0	18	0	0	0	216	0	216	0	0	0
MC all year, no Rx claims	269	242	27	0	0	0	2,860	2,552	308	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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 2007. 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, 2007

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
All	239,519	2,560,467	239,232	2,552,733	0	7,734
Fee-for-service (FFS) all year	238,310	2,547,447	238,310	2,547,447	0	0
FFS part year, with Rx claims	457	5,092	457	3,022	0	2,070
FFS part year, with no Rx claims	465	4,852	465	2,264	0	2,588
Managed care (MC) all year, with Rx claims	18	216	0	0	0	216
MC all year, with no Rx claims	269	2,860	0	0	0	2,860

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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