

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 ILLINOIS

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>169,092</b>	<b>82,102</b>	<b>83,862</b>	<b>3,046</b>	<b>82</b>	<b>0</b>	<b>1,726,514</b>	<b>794,531</b>	<b>905,105</b>	<b>26,096</b>	<b>782</b>	<b>0</b>		
<b>Age</b>														
5 and younger	10	0	5	0	5	0	110	0	60	0	50	0		
6-14	35	0	24	0	11	0	403	0	276	0	127	0		
15-20	310	0	251	13	46	0	3,158	0	2,604	88	466	0		
21-44	28,986	0	26,892	2,077	17	0	309,424	0	290,985	18,321	118	0		
45-64	31,373	11	30,552	808	2	0	325,374	49	318,862	6,454	9	0		
65-74	36,247	17,524	18,584	139	0	0	376,713	167,983	207,574	1,156	0	0		
75-84	37,981	31,855	6,117	8	1	0	384,691	315,632	68,977	70	12	0		
85 and older	34,150	32,712	1,437	1	0	0	326,641	310,867	15,767	7	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	110,282	60,921	47,425	1,900	36	0	1,135,272	598,886	518,853	17,182	351	0		
Male	58,810	21,181	36,437	1,146	46	0	591,242	195,645	386,252	8,914	431	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	111,409	58,625	51,056	1,683	45	0	1,118,456	553,804	549,961	14,294	397	0		
African American	40,318	13,074	26,251	967	26	0	420,919	128,195	283,819	8,651	254	0		
Other/unknown	17,365	10,403	6,555	396	11	0	187,139	112,532	71,325	3,151	131	0		
<b>Use of Nursing Facilities</b>														
All year	52,291	38,555	13,735	1	0	0	538,670	383,792	154,875	3	0	0		
Part year	14,323	10,418	3,889	13	3	0	129,714	88,820	40,746	119	29	0		
None	102,478	33,129	66,238	3,032	79	0	1,058,130	321,919	709,484	25,974	753	0		
<b>Maintenance Assistance Status</b>														
Cash	33,657	15,517	17,827	310	3	0	382,248	176,198	203,563	2,467	20	0		
Medically needy	124,076	63,223	58,460	2,391	2	0	1,224,418	584,060	619,772	20,570	16	0		
Poverty-related	9,378	3,044	6,143	160	31	0	99,011	31,201	66,206	1,307	297	0		
Other/unknown	1,981	318	1,432	185	46	0	20,837	3,072	15,564	1,752	449	0		
<b>Dual Medicare Status<sup>c</sup></b>														
Full dual, all year	151,261	75,896	72,817	2,466	82	0	1,531,954	728,013	783,235	19,924	782	0		
Full dual, part year	17,831	6,206	11,045	580	0	0	194,560	66,518	121,870	6,172	0	0		
<b>Managed Care Status</b>														
FFS all year	168,889	82,020	83,790	2,998	81	0	1,725,279	793,992	904,671	25,840	776	0		
FFS part year, with Rx claims	156	65	58	32	1	0	965	412	358	189	6	0		
FFS part year, no Rx claims	47	17	14	16	0	0	270	127	76	67	0	0		

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 1999. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12

**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999**

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benes
All	85.0 %	41.3	\$1,850	\$45	\$13,887	13.3 %	\$114	169,092
<b>Age</b>								
5 and younger	80.0	43.6	3,326	76	41,107	8.1	103	10
6-14	97.1	41.3	6,503	158	13,461	48.3	53	35
15-20	70.6	16.6	1,530	92	12,730	12.0	37	310
21-44	78.6	30.9	2,261	73	14,391	15.7	54	28,986
45-64	82.6	44.6	2,359	53	15,464	15.3	119	31,373
65-74	83.3	41.6	1,692	41	10,074	16.8	132	36,247
75-84	87.8	44.6	1,665	37	13,472	12.4	128	37,981
85 and older	91.6	43.1	1,405	33	16,519	8.5	126	34,150
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	86.8	41.3	1,476	36	13,362	11.0	119	82,102
Disabled	83.7	42.0	2,236	53	14,769	15.1	111	83,862
Adults	73.2	22.1	1,283	58	3,777	34.0	56	3,046
Children	76.8	24.4	2,403	99	11,563	20.8	59	82
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	87.5	43.8	1,783	41	13,149	13.6	127	110,282
Male	80.4	36.5	1,975	54	15,270	12.9	89	58,810
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	87.5	45.9	2,034	44	15,998	12.7	115	111,409
African American	79.5	33.2	1,549	47	11,278	13.7	117	40,318
Other/unknown	82.0	30.6	1,372	45	6,397	21.4	100	17,365
<b>Use of Nursing Facilities</b>								
Entire year	92.7	54.9	2,173	40	26,413	8.2	154	52,291
Part year	92.8	44.5	1,843	41	17,055	10.8	127	14,323
None	80.1	33.8	1,686	50	7,052	23.9	91	102,478
<b>Maintenance Assistance Status</b>								
Cash	88.1	41.4	1,811	44	7,335	24.7	127	33,657
Medically needy	84.9	42.6	1,895	45	16,437	11.5	114	124,076
Poverty related	75.1	21.1	1,074	51	3,199	33.6	53	9,378
Other/unknown	86.1	49.6	3,360	68	16,029	21.0	144	1,981

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	4.0	\$181	13.3 %	15.0 %	16.7 %	11.1 %	29.0 %	22.3 %	5.9 %	\$1,360	169,092	1,726,514
<b>Age</b>												
5 and younger	4.0	302	8.1	20.0	30.0	10.0	30.0	0.0	10.0	3,737	10	110
6-14	3.6	565	48.3	2.9	31.4	2.9	37.1	25.7	0.0	1,169	35	403
15-20	1.6	150	12.0	29.4	37.1	11.0	17.1	4.8	0.6	1,250	310	3,158
21-44	2.9	212	15.7	21.4	26.4	12.0	23.2	13.5	3.5	1,348	28,986	309,424
45-64	4.3	228	15.3	17.4	15.7	10.3	26.3	22.8	7.5	1,491	31,373	325,374
65-74	4.0	163	16.8	16.7	16.5	11.1	28.0	21.7	6.1	969	36,247	376,713
75-84	4.4	164	12.4	12.2	14.0	10.9	30.9	25.3	6.8	1,330	37,981	384,691
85 and older	4.5	147	8.5	8.4	12.3	11.2	35.6	27.0	5.4	1,727	34,150	326,641
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility</b>												
Aged	4.3	153	11.0	13.2	14.2	11.1	31.3	24.3	6.0	1,381	82,102	794,531
Disabled	3.9	207	15.1	16.3	18.7	11.1	27.1	20.9	6.0	1,368	83,862	905,105
Adults	2.6	150	34.0	26.8	29.3	11.2	19.7	10.3	2.7	441	3,046	26,096
Children	2.6	252	20.8	23.2	31.7	14.6	20.7	7.3	2.4	1,213	82	782
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.3	173	13.6	12.5	15.8	11.3	30.2	23.8	6.4	1,277	110,282	1,135,272
Male	3.6	197	12.9	19.6	18.3	10.6	26.8	19.7	5.0	1,519	58,810	591,242
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.6	203	12.7	12.5	13.8	10.4	30.0	25.9	7.5	1,594	111,409	1,118,456
African American	3.2	148	13.7	20.5	21.1	11.6	27.0	16.5	3.3	1,080	40,318	420,919
Other/unknown	2.8	127	21.4	18.0	25.2	14.2	27.4	13.1	2.1	594	17,365	187,139
<b>Use of Nursing Facilities</b>												
Entire year	5.3	211	8.2	7.3	8.2	9.0	33.3	32.9	9.2	2,564	52,291	538,670
Part year	4.9	204	10.8	7.2	12.2	11.0	33.0	28.6	7.9	1,883	14,323	129,714
None	3.3	163	23.9	19.9	21.6	12.1	26.3	16.1	4.0	683	102,478	1,058,130
<b>Maintenance Assistance Status</b>												
Cash	3.6	160	24.7	11.9	20.2	13.2	31.3	19.4	4.0	646	33,657	382,248
Medically needy	4.3	192	11.5	15.1	14.4	10.4	29.2	24.2	6.7	1,666	124,076	1,224,418
Poverty related	2.0	102	33.6	24.9	34.3	13.4	18.2	7.7	1.7	303	9,378	99,011
Other/unknown	4.7	319	21.0	13.9	16.9	9.9	27.8	22.1	9.5	1,524	1,981	20,837

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.0</b>	<b>\$181</b>	<b>\$45</b>	<b>1.3</b>	<b>\$109</b>	<b>\$82</b>	<b>0.7</b>	<b>\$33</b>	<b>\$47</b>	<b>1.8</b>	<b>\$31</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	4.0	302	76	1.1	258	236	0.2	5	22	2.0	28	15
6-14	3.6	565	158	1.4	475	339	0.7	70	99	1.5	18	13
15-20	1.6	150	92	0.6	108	170	0.3	27	94	0.7	13	20
21-44	2.9	212	73	1.1	144	132	0.5	36	78	1.2	26	21
45-64	4.3	228	53	1.5	143	93	0.7	41	59	1.9	35	19
65-74	4.0	163	41	1.4	95	69	0.7	30	44	1.8	29	17
75-84	4.4	164	37	1.4	91	66	0.8	32	40	2.0	33	16
85 and older	4.5	147	33	1.2	77	62	0.8	28	33	2.2	34	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	4.3	153	36	1.3	85	65	0.8	29	37	2.0	32	16
Disabled	3.9	207	53	1.4	130	96	0.6	37	58	1.7	32	19
Adults	2.6	150	58	1.0	102	104	0.3	23	68	1.2	21	18
Children	2.6	252	99	1.1	179	164	0.5	56	117	0.9	15	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.3	173	41	1.4	102	73	0.7	31	43	1.9	32	16
Male	3.6	197	54	1.2	122	102	0.7	37	56	1.6	31	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.6	203	44	1.5	121	81	0.8	36	46	2.1	36	18
African American	3.2	148	47	1.0	90	88	0.6	29	51	1.5	24	17
Other/unknown	2.8	127	45	1.1	79	75	0.5	23	49	1.2	19	16
<b>Use of Nursing Facilities</b>												
Entire year	5.3	211	40	1.6	117	75	1.0	41	43	2.5	44	18
Part year	4.9	204	41	1.5	119	78	0.8	34	41	2.3	42	18
None	3.3	163	50	1.2	103	87	0.5	29	53	1.4	24	17
<b>Maintenance Assistance Status</b>												
Cash	3.6	160	44	1.3	95	75	0.6	31	48	1.5	24	16
Medically needy	4.3	192	45	1.4	115	82	0.7	35	47	2.0	35	18
Poverty related	2.0	102	51	0.7	65	90	0.3	17	54	0.9	15	18
Other/unknown	4.7	319	68	1.7	227	132	0.7	44	60	2.0	39	19

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 14 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.

Table 14

Dual Eligible Beneficiaries



c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Illinois, 4.8 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos		
																Generic	Patented Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.2	\$25	\$22	\$0	\$3	\$73	\$117	\$67	\$18	330,776	\$24,152,516	87,903	52.0 %	954,657
Biologics	0.1	0.0	0.0	0.1	7	1	1	6	75	61	3,013	70	3,476	260,034	3,224	1.9	35,844
Antineoplastic Agents	0.5	0.2	0.2	0.2	101	66	26	8	190	361	141	50	25,216	4,779,064	4,591	2.7	47,477
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	27	19	3	4	30	50	17	12	546,449	16,171,266	56,688	33.5	608,912
Cardiovascular Agents	1.6	0.5	0.4	0.8	48	22	16	10	29	48	37	14	1,660,170	48,947,677	95,320	56.4	1,009,906
Respiratory Agents	0.8	0.4	0.0	0.4	25	18	0	7	34	51	29	17	413,347	13,903,024	50,256	29.7	548,051
Gastrointestinal Agents	0.7	0.3	0.1	0.4	45	27	8	9	61	106	78	25	497,319	30,507,141	63,095	37.3	677,850
Genitourinary Agents	0.5	0.2	0.0	0.3	14	8	0	6	31	54	30	19	122,650	3,836,600	24,778	14.7	267,106
CNS Drugs	1.3	0.5	0.2	0.5	90	59	19	11	70	109	94	21	1,100,631	76,548,179	79,452	47.0	852,305
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	19	2	5	11	33	88	60	24	6,926	226,288	1,138	0.7	12,023
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	71	68	0	2	114	125	37	28	31,471	3,579,833	4,795	2.8	50,734
Analgesics and Anesthetics	0.7	0.2	0.1	0.4	26	15	5	6	38	82	75	13	484,170	18,596,751	67,184	39.7	728,189
Neuromuscular Agents	1.1	0.3	0.2	0.5	52	33	8	11	49	94	39	22	477,169	23,245,520	41,017	24.3	447,252
Nutritional Products	0.7	0.0	0.3	0.4	14	1	6	7	22	41	23	19	256,416	5,551,711	37,571	22.2	392,094
Hematological Agents	0.8	0.1	0.3	0.4	35	22	7	7	45	235	25	16	251,608	11,278,843	30,480	18.0	319,685
Topical Products	0.5	0.2	0.1	0.2	16	10	3	3	30	45	38	13	397,557	11,896,501	68,679	40.6	754,245
Miscellaneous Products	0.4	0.1	0.1	0.2	76	53	17	6	177	359	273	27	33,368	5,904,563	7,414	4.4	77,299
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	40	0	0	0	338,600	13,444,592	63,468	37.5	690,794
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,977,319	312,830,103	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 15 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 therapeutic category during 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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 Illinois, 4.8 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$45,811,743	49,740	29.4 %	546,166	0.8	\$107	\$84
ULCER DRUGS	25,462,566	59,875	35.4	648,838	0.5	76	39
ANTIDEPRESSANTS	21,927,432	56,052	33.1	603,758	0.6	58	36
ANTICONVULSANT	18,626,024	34,412	20.4	379,070	0.9	57	49
ANTIHYPERTENSIVE	13,657,856	56,760	33.6	611,444	0.6	34	22
CALCIUM BLOCKERS	12,190,629	34,788	20.6	377,567	0.7	46	32
ANTIDIABETIC	11,744,937	42,283	25.0	453,552	0.7	37	26
DERMATOLOGICAL	10,895,726	133,582	79.0	1,458,390	0.3	26	7
ANALGESICS - ANTI-INFLAMMATORY	9,610,699	52,726	31.2	594,570	0.4	46	16
ANTIASTHMATIC	9,431,620	51,187	30.3	548,700	0.5	34	17

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>3,361,313</b>	<b>\$179,359,232</b>	<b>49,740</b>	<b>29.4 %</b>	<b>546,166</b>	<b>0.8</b>	<b>\$84</b>	<b>59,875</b>	<b>35.4 %</b>	<b>648,838</b>	<b>0.5</b>	<b>\$39</b>
<b>Female</b>	2,234,311	112,012,873	28,844	26.2	315,927	0.7	68	42,332	38.4	460,616	0.5	39
<b>Disabled</b>	1,083,626	62,047,544	15,356	32.4	174,611	0.8	90	18,671	39.4	212,065	0.5	38
5 and younger	3	88	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	79	3,518	0	0.0	0	0.0	0	3	42.9	29	0.1	4
15-20	1,114	72,429	22	19.0	242	0.3	59	26	22.4	295	0.2	20
21-44	203,510	14,571,226	4,810	42.2	54,895	0.8	102	2,985	26.2	34,096	0.4	36
45-64	415,921	24,930,994	5,864	34.3	66,041	0.9	97	7,044	41.2	78,897	0.5	41
65-74	321,436	15,926,937	2,950	23.3	33,921	0.8	75	5,948	46.9	68,365	0.5	37
75-84	116,761	5,471,255	1,396	28.7	16,047	0.7	62	2,154	44.3	24,653	0.5	38
85 and older	24,802	1,071,097	314	25.3	3,465	0.6	46	511	41.1	5,730	0.5	38
<b>Other Eligibles</b>	1,150,685	49,965,329	13,488	21.5	141,316	0.5	41	23,661	37.6	248,551	0.6	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	482	0	0.0	0	0.0	0	3	75.0	32	0.1	8
15-20	391	26,350	5	14.7	58	0.5	107	5	14.7	56	0.3	14
21-44	15,546	899,592	271	18.2	2,803	0.4	50	363	24.4	3,980	0.3	27
45-64	5,255	289,665	42	11.4	430	0.4	29	117	31.9	1,235	0.4	38
65-74	182,700	8,551,179	1,823	16.3	19,122	0.6	52	4,012	35.9	43,301	0.4	34
75-84	457,285	20,331,781	5,266	23.2	55,709	0.6	46	8,960	39.5	96,090	0.5	39
85 and older	489,494	19,866,280	6,081	22.4	63,194	0.5	33	10,201	37.6	103,857	0.6	43
<b>Male</b>	1,127,002	67,346,359	20,896	35.5	230,239	0.9	106	17,543	29.8	188,222	0.5	40
<b>Disabled</b>	732,812	50,076,400	15,851	43.5	180,015	1.0	122	9,674	26.5	108,379	0.5	40
5 and younger	70	761	0	0.0	0	0.0	0	1	25.0	12	0.4	11
6-14	182	6,766	0	0.0	0	0.0	0	3	17.6	36	1.1	32
15-20	924	83,282	32	23.7	345	0.6	77	14	10.4	148	0.3	23
21-44	263,212	21,818,389	7,707	49.8	87,472	1.0	131	3,017	19.5	34,339	0.5	38
45-64	298,350	19,843,126	5,938	44.2	67,150	1.1	126	3,871	28.8	42,347	0.5	42
65-74	136,786	6,732,595	1,638	27.7	18,946	0.9	81	2,193	37.2	24,955	0.5	38
75-84	29,119	1,402,842	469	37.4	5,354	0.8	72	498	39.7	5,659	0.6	41
85 and older	4,169	188,639	67	34.5	748	0.8	62	77	39.7	883	0.6	38
<b>Other Eligibles</b>	394,190	17,269,959	5,045	22.5	50,224	0.6	47	7,869	35.2	79,843	0.5	39
5 and younger	18	544	0	0.0	0	0.0	0	1	20.0	12	0.5	19
6-14	70	4,707	0	0.0	0	0.0	0	6	85.7	72	0.5	40
15-20	171	10,925	3	12.0	36	0.6	88	5	20.0	56	0.3	15
21-44	5,159	319,815	80	13.2	801	0.5	64	136	22.4	1,365	0.4	33
45-64	4,211	206,345	32	7.0	288	0.4	24	123	27.1	1,101	0.4	31
65-74	106,498	4,887,100	1,239	19.1	12,491	0.6	59	2,104	32.4	21,912	0.5	37
75-84	180,321	7,909,923	2,284	24.9	23,054	0.6	49	3,408	37.1	35,023	0.5	40
85 and older	97,742	3,930,600	1,407	25.1	13,554	0.5	34	2,086	37.2	20,302	0.6	41
<b>Unknown</b>	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 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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

TABLE 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
<b>All</b>	<b>56,052</b>	<b>33.1 %</b>	<b>603,758</b>	<b>\$36</b>	<b>0.6</b>	<b>34,412</b>	<b>20.4 %</b>	<b>379,070</b>	<b>\$49</b>	<b>0.9</b>	<b>56,760</b>	<b>33.6 %</b>	<b>611,444</b>	<b>0.6</b>	<b>\$22</b>
<b>Female</b>	39,406	35.7	425,773	36	0.6	19,273	17.5	211,560	44	0.8	38,841	35.2	420,456	0.6	22
<b>Disabled</b>	19,911	42.0	223,682	35	0.6	12,555	26.5	141,766	51	0.9	16,337	34.4	185,158	0.6	22
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	3	42.9	36	0.5	10
15-20	24	20.7	250	24	0.4	37	31.9	407	46	0.6	32	27.6	380	0.5	26
21-44	5,483	48.1	61,606	38	0.6	4,412	38.7	49,936	62	0.9	1,377	12.1	15,586	0.5	19
45-64	8,669	50.7	95,986	38	0.6	5,167	30.2	57,930	52	0.9	5,775	33.8	64,164	0.6	22
65-74	4,212	33.2	48,259	29	0.6	2,126	16.8	24,251	37	0.8	6,341	50.0	72,850	0.6	22
75-84	1,273	26.2	14,743	30	0.6	689	14.2	7,908	31	0.9	2,293	47.1	26,359	0.6	23
85 and older	250	20.1	2,838	32	0.6	124	10.0	1,334	27	0.9	516	41.5	5,783	0.6	21
<b>Other Eligibles</b>	19,495	31.0	202,091	36	0.7	6,718	10.7	69,794	28	0.8	22,504	35.8	235,298	0.7	22
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	25.0	12	4	0.2	2	50.0	24	0.2	5
15-20	7	20.6	66	43	0.7	9	26.5	105	102	1.7	9	26.5	106	0.3	11
21-44	742	49.9	7,697	31	0.5	344	23.1	3,548	37	0.6	196	13.2	2,114	0.5	15
45-64	157	42.8	1,598	34	0.5	53	14.4	561	58	0.8	118	32.2	1,187	0.6	21
65-74	3,020	27.0	31,849	30	0.6	1,315	11.8	13,777	30	0.7	4,382	39.2	46,768	0.6	21
75-84	7,356	32.4	76,990	37	0.7	2,780	12.3	29,289	27	0.8	8,918	39.3	95,129	0.7	22
85 and older	8,213	30.3	83,891	38	0.7	2,216	8.2	22,502	24	0.8	8,879	32.8	89,970	0.7	22
<b>Male</b>	16,646	28.3	177,985	38	0.6	15,139	25.7	167,510	56	0.9	17,919	30.5	190,988	0.7	24
<b>Disabled</b>	10,718	29.4	119,082	40	0.6	12,163	33.4	137,411	62	0.9	9,319	25.6	103,237	0.6	23
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	2	50.0	24	2.0	8
6-14	1	5.9	12	6	1.0	2	11.8	24	44	1.3	5	29.4	60	0.7	22
15-20	18	13.3	186	50	0.6	32	23.7	361	88	0.9	10	7.4	108	0.2	6
21-44	4,858	31.4	54,482	40	0.6	5,816	37.6	65,888	68	0.9	2,095	13.5	23,332	0.6	20
45-64	4,066	30.2	44,297	41	0.7	4,784	35.6	53,749	61	1.0	4,017	29.9	43,383	0.6	23
65-74	1,453	24.6	16,491	35	0.6	1,242	21.0	14,180	40	0.9	2,591	43.9	29,509	0.7	25
75-84	286	22.8	3,214	39	0.7	254	20.3	2,831	38	1.0	524	41.8	5,960	0.7	24
85 and older	36	18.6	400	38	0.6	33	17.0	378	37	0.9	75	38.7	861	0.7	30
<b>Other Eligibles</b>	5,928	26.5	58,903	35	0.6	2,976	13.3	30,099	31	0.8	8,600	38.4	87,751	0.7	24
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	2	40.0	24	0.3	5
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	2	28.6	24	0.5	4
15-20	0	0.0	0	0	0.0	6	24.0	51	91	1.1	6	24.0	62	0.5	8
21-44	244	40.1	2,344	30	0.5	119	19.6	1,171	46	0.5	101	16.6	882	0.5	19
45-64	118	26.0	1,011	27	0.5	45	9.9	458	38	0.5	157	34.6	1,396	0.6	22
65-74	1,512	23.3	15,376	34	0.6	914	14.1	9,433	32	0.8	2,565	39.5	26,760	0.6	24
75-84	2,513	27.4	25,319	37	0.7	1,335	14.6	13,529	30	0.8	3,841	41.9	39,725	0.7	24
85 and older	1,541	27.5	14,853	37	0.7	557	9.9	5,457	26	0.8	1,926	34.3	18,878	0.7	25
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTI-DIABETIC					DERMATOLOGICAL				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>34,788</b>	<b>20.6 %</b>	<b>377,567</b>	<b>0.7</b>	<b>\$32</b>	<b>42,283</b>	<b>25.0 %</b>	<b>453,552</b>	<b>0.7</b>	<b>\$26</b>	<b>133,582</b>	<b>79.0 %</b>	<b>1,458,390</b>	<b>0.3</b>	<b>\$8</b>
<b>Female</b>	25,626	23.2	279,513	0.7	32	30,646	27.8	331,408	0.7	26	91,457	82.9	999,238	0.3	7
<b>Disabled</b>	10,783	22.7	122,687	0.7	34	14,862	31.3	167,499	0.7	29	28,617	60.3	329,866	0.3	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	7
6-14	4	57.1	48	0.6	48	0	0.0	0	0.0	0	6	85.7	72	0.2	7
15-20	17	14.7	198	0.8	61	2	1.7	24	2.0	25	35	30.2	394	0.2	5
21-44	777	6.8	8,775	0.6	31	1,297	11.4	14,633	0.7	31	5,334	46.7	62,267	0.2	6
45-64	3,597	21.0	40,088	0.7	35	5,739	33.6	63,257	0.7	31	9,548	55.8	109,648	0.3	7
65-74	4,376	34.5	50,315	0.7	34	5,852	46.1	67,086	0.7	29	8,623	68.0	100,146	0.3	7
75-84	1,634	33.6	18,909	0.7	35	1,703	35.0	19,553	0.7	25	3,772	77.5	43,047	0.3	7
85 and older	378	30.4	4,354	0.7	30	269	21.6	2,946	0.7	18	1,298	104.4	14,280	0.3	9
<b>Other Eligibles</b>	14,843	23.6	156,826	0.7	30	15,784	25.1	163,909	0.7	23	62,840	100.0	669,372	0.3	8
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	1	25.0	8	0.1	3	0	0.0	0	0.0	0	3	75.0	35	0.1	1
15-20	5	14.7	60	0.7	59	1	2.9	12	1.1	47	9	26.5	108	0.1	3
21-44	111	7.5	1,202	0.5	31	156	10.5	1,635	0.7	33	400	26.9	4,360	0.2	6
45-64	71	19.3	739	0.6	30	107	29.2	1,065	0.7	36	105	28.6	1,120	0.2	5
65-74	2,841	25.4	30,493	0.7	31	3,744	33.5	39,257	0.7	25	6,594	59.0	72,516	0.3	7
75-84	6,029	26.6	64,781	0.7	31	6,876	30.3	72,720	0.7	24	21,610	95.2	234,659	0.3	8
85 and older	5,785	21.3	59,543	0.8	30	4,900	18.1	49,220	0.7	19	34,119	125.9	356,574	0.3	8
<b>Male</b>	9,162	15.6	98,054	0.7	33	11,637	19.8	122,144	0.7	25	42,125	71.6	459,152	0.3	8
<b>Disabled</b>	4,849	13.3	53,651	0.7	35	6,200	17.0	67,861	0.7	28	19,852	54.5	227,499	0.3	8
5 and younger	2	50.0	24	0.4	14	0	0.0	0	0.0	0	3	75.0	36	0.1	2
6-14	7	41.2	79	0.5	26	1	5.9	12	0.7	15	5	29.4	60	0.2	14
15-20	14	10.4	152	0.5	45	4	3.0	44	0.7	32	30	22.2	349	0.2	6
21-44	1,045	6.7	11,641	0.6	37	1,190	7.7	13,334	0.7	28	5,967	38.5	69,253	0.2	7
45-64	2,040	15.2	21,871	0.7	36	2,890	21.5	30,674	0.7	28	7,772	57.8	88,487	0.3	8
65-74	1,464	24.8	16,733	0.7	34	1,807	30.6	20,305	0.7	27	4,592	77.8	52,601	0.3	8
75-84	236	18.8	2,690	0.7	33	284	22.7	3,209	0.7	22	1,249	99.7	14,093	0.3	8
85 and older	41	21.1	461	0.7	23	24	12.4	283	0.7	19	234	120.6	2,620	0.4	9
<b>Other Eligibles</b>	4,313	19.3	44,403	0.7	30	5,437	24.3	54,283	0.7	23	22,273	99.6	231,653	0.3	8
5 and younger	1	20.0	12	0.2	13	0	0.0	0	0.0	0	1	20.0	12	0.1	3
6-14	2	28.6	24	0.9	65	0	0.0	0	0.0	0	1	14.3	12	0.3	11
15-20	3	12.0	30	0.4	18	0	0.0	0	0.0	0	4	16.0	43	0.7	27
21-44	56	9.2	581	0.6	37	74	12.2	717	0.7	31	123	20.2	1,292	0.2	5
45-64	70	15.4	628	0.7	29	133	29.3	1,188	0.7	30	75	16.5	731	0.2	4
65-74	1,281	19.7	13,396	0.7	31	1,728	26.6	17,770	0.7	24	4,726	72.8	50,436	0.3	8
75-84	1,941	21.2	20,237	0.7	31	2,488	27.1	25,069	0.7	23	10,011	109.1	105,054	0.3	8
85 and older	959	17.1	9,495	0.7	28	1,014	18.1	9,539	0.7	20	7,332	130.7	74,073	0.3	8
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries



Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIASTHMATIC						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>52,726</b>	<b>31.2 %</b>	<b>594,570</b>	<b>0.4</b>	<b>\$16</b>	<b>51,187</b>	<b>30.3 %</b>	<b>548,700</b>	<b>0.5</b>	<b>\$17</b>	<b>169,092</b>	<b>1,726,514</b>
<b>Female</b>	38,796	35.2	439,026	0.4	18	34,991	31.7	379,436	0.5	17	110,282	1,135,272
<b>Disabled</b>	20,652	43.5	238,859	0.3	17	18,574	39.2	209,507	0.5	17	47,425	518,853
5 and younger	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12
6-14	2	28.6	24	0.3	5	4	57.1	48	0.1	2	7	77
15-20	24	20.7	286	0.2	2	28	24.1	328	0.3	7	116	1,221
21-44	3,811	33.4	43,815	0.3	10	3,095	27.1	35,208	0.4	14	11,410	124,744
45-64	7,515	43.9	85,913	0.4	19	7,411	43.3	82,613	0.5	19	17,103	181,674
65-74	6,622	52.2	77,425	0.4	18	5,868	46.3	66,732	0.5	18	12,681	142,434
75-84	2,244	46.1	26,368	0.4	18	1,806	37.1	20,483	0.5	16	4,864	55,092
85 and older	433	34.8	5,016	0.4	17	362	29.1	4,095	0.4	12	1,243	13,599
<b>Other Eligibles</b>	18,144	28.9	200,167	0.4	18	16,417	26.1	169,929	0.5	16	62,857	616,419
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	4	43
15-20	7	20.6	73	0.1	2	3	8.8	36	0.1	2	34	325
21-44	555	37.3	6,005	0.3	11	461	31.0	5,008	0.4	14	1,486	13,560
45-64	166	45.2	1,673	0.4	19	153	41.7	1,509	0.4	15	367	3,185
65-74	3,980	35.6	44,707	0.3	16	3,136	28.1	32,786	0.5	18	11,172	109,122
75-84	7,246	31.9	81,027	0.4	19	6,483	28.6	68,250	0.5	18	22,689	229,496
85 and older	6,190	22.8	66,682	0.4	20	6,181	22.8	62,340	0.5	14	27,105	260,688
<b>Male</b>	13,930	23.7	155,544	0.3	12	16,196	27.5	169,264	0.5	18	58,810	591,242
<b>Disabled</b>	8,691	23.9	98,864	0.3	11	8,582	23.6	94,080	0.5	18	36,437	386,252
5 and younger	0	0.0	0	0.0	0	2	50.0	24	0.1	2	4	48
6-14	0	0.0	0	0.0	0	4	23.5	48	0.1	2	17	199
15-20	9	6.7	105	0.1	1	13	9.6	128	0.3	11	135	1,383
21-44	3,106	20.1	35,344	0.3	7	2,282	14.7	25,762	0.4	14	15,482	166,241
45-64	3,210	33.9	35,992	0.3	13	3,259	24.2	34,650	0.6	19	13,449	137,188
65-74	1,991	33.7	23,061	0.4	14	2,516	42.6	27,891	0.6	19	5,903	65,140
75-84	339	27.1	3,952	0.4	14	445	35.5	4,889	0.6	17	1,253	13,885
85 and older	36	18.6	410	0.4	14	61	31.4	688	0.5	11	194	2,168
<b>Other Eligibles</b>	5,239	23.4	56,680	0.3	15	7,614	34.0	75,184	0.6	19	22,373	204,990
5 and younger	1	20.0	12	0.3	2	0	0.0	0	0.0	0	5	50
6-14	1	14.3	12	0.1	1	0	0.0	0	0.0	0	7	84
15-20	4	16.0	48	0.1	1	2	8.0	23	0.1	2	25	229
21-44	163	26.8	1,638	0.3	12	120	19.7	1,204	0.4	12	608	4,879
45-64	133	29.3	1,245	0.3	12	114	25.1	953	0.5	19	454	3,327
65-74	1,634	25.2	18,008	0.3	12	2,185	33.7	22,030	0.6	21	6,491	60,017
75-84	2,184	23.8	23,978	0.4	16	3,446	37.6	34,304	0.6	19	9,175	86,218
85 and older	1,119	20.0	11,739	0.4	16	1,747	31.2	16,670	0.5	17	5,608	50,186
<b>Unknown</b>	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 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$211</b>	<b>5.3</b>	<b>52,291</b>	<b>538,670</b>
<b>Age</b>				
0-64	304	4.9	7,738	87,627
65-74	252	6.1	7,180	75,666
75-84	209	5.7	15,606	158,998
85 and older	160	5.0	21,767	216,379
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	199	5.4	36,191	373,983
Male	239	5.1	16,100	164,687
Unknown	0	0.0	0	0
<b>Race</b>				
White	211	5.5	43,367	445,617
African American	208	4.7	7,766	80,876
Other/unknown	234	5.2	1,158	12,177
<b>Basis of Eligibility</b>				
Aged	185	5.3	38,555	383,792
Disabled	276	5.3	13,735	154,875
Adults	0	0.0	1	3
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 14,323 beneficiaries who were in nursing facilities for part of their enrollment and their 129,714 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.

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

TABLE 18

**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999**

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.3	0.2	0.0	0.1	\$17	\$14	\$0	\$3	\$52	\$75	\$69	\$20	108,604	\$5,679,423	31,210	59.7 %	332,073
Biologics	0.1	0.0	0.0	0.1	2	0	0	2	19	8	0	20	1,980	37,630	1,926	3.7	21,270
Antineoplastic Agents	0.6	0.1	0.3	0.1	80	35	38	7	145	306	131	47	10,210	1,475,555	1,819	3.5	18,512
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.5	24	16	3	5	24	43	15	11	188,982	4,449,493	17,825	34.1	188,586
Cardiovascular Agents	1.8	0.4	0.5	0.9	43	16	14	13	24	39	29	14	635,747	15,101,182	33,677	64.4	350,462
Respiratory Agents	0.8	0.3	0.0	0.5	23	14	0	9	30	46	29	19	128,074	3,836,898	15,427	29.5	164,600
Gastrointestinal Agents	0.9	0.3	0.1	0.5	49	27	7	14	53	98	72	26	222,443	11,714,090	22,733	43.5	239,753
Genitourinary Agents	0.5	0.1	0.0	0.4	15	8	0	7	28	56	30	19	69,401	1,951,119	12,081	23.1	129,588
CNS Drugs	1.5	0.7	0.3	0.6	109	72	25	13	70	104	86	22	504,850	35,542,807	30,481	58.3	325,990
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	13	1	2	10	19	86	37	17	3,269	63,307	477	0.9	5,048
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	82	81	0	1	117	121	26	32	19,408	2,261,735	2,619	5.0	27,580
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	27	17	4	6	33	74	60	12	162,409	5,392,742	19,069	36.5	201,055
Neuromuscular Agents	1.3	0.3	0.3	0.7	54	29	11	15	43	85	40	22	208,145	8,877,162	15,090	28.9	164,348
Nutritional Products	0.8	0.0	0.3	0.4	15	1	7	8	20	29	22	18	133,447	2,694,546	17,007	32.5	176,450
Hematological Agents	1.0	0.1	0.3	0.6	31	16	7	8	32	170	21	15	135,305	4,309,348	13,449	25.7	139,725
Topical Products	0.6	0.2	0.1	0.3	18	11	4	3	29	44	39	12	193,068	5,605,205	28,883	55.2	313,278
Miscellaneous Products	0.3	0.0	0.0	0.2	7	2	1	3	23	58	138	15	9,753	226,193	3,396	6.5	34,714
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	16	0	0	0	32	0	0	0	136,643	4,422,023	24,944	47.7	268,104
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,871,738</b>	<b>113,640,458</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 14,323 beneficiaries who were in nursing facilities for part of their enrollment and their 129,714 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 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Illinois, 4.8 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.

Table 18

Dual Eligible Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>169,122</b>	<b>82,105</b>	<b>83,865</b>	<b>3,070</b>	<b>82</b>	<b>1,727,740</b>	<b>794,951</b>	<b>905,516</b>	<b>26,485</b>	<b>788</b>	<b>0</b>
<b>Age</b>											
5 and younger	10	0	5	0	5	110	0	60	0	50	0
6-14	35	0	24	0	11	403	0	276	0	127	0
15-20	310	0	251	13	46	3,168	0	2,604	98	466	0
21-44	29,001	0	26,894	2,090	17	309,750	0	291,105	18,527	118	0
45-64	31,383	11	30,552	818	2	325,634	49	318,955	6,615	15	0
65-74	36,249	17,524	18,585	140	0	376,957	168,087	207,702	1,168	0	0
75-84	37,982	31,856	6,117	8	1	384,976	315,853	69,041	70	12	0
85 and older	34,152	32,714	1,437	1	0	326,742	310,962	15,773	7	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	110,308	60,924	47,428	1,920	36	1,136,231	599,210	519,179	17,491	351	0
Male	58,814	21,181	36,437	1,150	46	591,509	195,741	386,337	8,994	437	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	111,416	58,626	51,057	1,688	45	1,118,715	553,904	550,058	14,356	397	0
African American	40,339	13,076	26,253	984	26	421,732	128,458	284,096	8,918	260	0
Other/unknown	17,367	10,403	6,555	398	11	187,293	112,589	71,362	3,211	131	0
<b>Use of Nursing Facilities</b>											
All year	52,293	38,556	13,736	1	0	538,781	383,873	154,905	3	0	0
Part year	14,323	10,418	3,889	13	3	129,747	88,838	40,761	119	29	0
None	102,506	33,131	66,240	3,056	79	1,059,212	322,240	709,850	26,363	759	0
<b>Maintenance Assistance Status</b>											
Cash	33,673	15,517	17,828	325	3	382,684	176,296	203,695	2,667	26	0
Medically needy	124,085	63,226	58,462	2,395	2	1,225,096	584,355	620,028	20,697	16	0
Poverty related	9,378	3,044	6,143	160	31	99,055	31,228	66,223	1,307	297	0
Other/unknown	1,986	318	1,432	190	46	20,905	3,072	15,570	1,814	449	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	151,291	75,899	72,820	2,490	82	1,533,047	728,369	783,600	20,290	788	0
Full dual, part year	17,831	6,206	11,045	580	0	194,693	66,582	121,916	6,195	0	0
<b>Managed Care Status</b>											
FFS all year	168,889	82,020	83,790	2,998	81	1,725,279	793,992	904,671	25,840	776	0
FFS part year, with Rx claims	156	65	58	32	1	1,780	752	676	340	12	0
FFS part year, no Rx claims	47	17	14	16	0	491	199	143	149	0	0
MC all year, with Rx claims	4	3	1	0	0	20	8	12	0	0	0
MC all year, no Rx claims	26	0	2	24	0	170	0	14	156	0	0

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>169,122</b>	<b>1,727,740</b>	<b>169,092</b>	<b>1,726,514</b>	<b>30</b>	<b>1,226</b>
FFS all year	168,889	1,725,279	168,889	1,725,279	0	0
FFS part year, with Rx claims	156	1,780	156	965	0	815
FFS part year, with no Rx claims	47	491	47	270	0	221
MC all year, with Rx claims	4	20	0	0	4	20
MC all year, with no Rx claims	26	170	0	0	26	170

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

SUPPLEMENTAL TABLE 1  
MEDIICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
ILLINOIS, 1999

Total Number of Dual Eligible Beneficiaries 169,092  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$312,830,103  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,850

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,299	15.0 %	\$0	0.0 %
1-500	36,415	21.5	7,879,360	2.5
501-1,000	22,775	13.5	16,850,215	5.4
1,001-1,500	17,709	10.5	21,973,778	7.0
1,501-2,000	13,763	8.1	23,951,134	7.7
2,001-2,500	10,966	6.5	24,599,126	7.9
2,501-3,000	8,785	5.2	24,087,966	7.7
3,001-3,500	6,592	3.9	21,363,083	6.8
3,501-4,000	5,118	3.0	19,136,492	6.1
4,001-4,500	4,063	2.4	17,232,959	5.5
4,501-5,000	3,242	1.9	15,365,542	4.9
5,001-5,500	2,573	1.5	13,487,755	4.3
5,501-6,000	2,066	1.2	11,864,812	3.8
6,001-6,500	1,668	1.0	10,413,853	3.3
6,501-7,000	1,365	0.8	9,192,063	2.9
7,001-7,500	1,070	0.6	7,750,022	2.5
7,501-8,000	887	0.5	6,864,721	2.2
8,001-8,500	689	0.4	5,677,873	1.8
8,501-9,000	631	0.4	5,514,488	1.8
9,001-9,500	458	0.3	4,230,527	1.4
9,501-10,000	411	0.2	4,004,814	1.3
10,001+	2,547	1.5	41,389,520	13.2

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ILLINOIS, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 57,724  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$136,278,984  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,361

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			19.0 %			0.0 %
\$0	10,979			0		
1-500	12,248		21.2	2,435,174		1.8
501-1,000	6,063		10.5	4,463,361		3.3
1,001-1,500	4,502		7.8	5,570,690		4.1
1,501-2,000	3,512		6.1	6,113,546		4.5
2,001-2,500	2,838		4.9	6,369,314		4.7
2,501-3,000	2,457		4.3	6,745,172		4.9
3,001-3,500	1,956		3.4	6,349,971		4.7
3,501-4,000	1,754		3.0	6,568,765		4.8
4,001-4,500	1,556		2.7	6,602,436		4.8
4,501-5,000	1,305		2.3	6,192,403		4.5
5,001-5,500	1,153		2.0	6,047,986		4.4
5,501-6,000	1,033		1.8	5,933,527		4.4
6,001-6,500	884		1.5	5,520,850		4.1
6,501-7,000	739		1.3	4,976,084		3.7
7,001-7,500	656		1.1	4,753,296		3.5
7,501-8,000	557		1.0	4,315,152		3.2
8,001-8,500	438		0.8	3,611,344		2.6
8,501-9,000	441		0.8	3,852,665		2.8
9,001-9,500	320		0.6	2,956,648		2.2
9,501-10,000	300		0.5	2,925,076		2.1
10,001+	2,033		3.5	33,975,524		24.9

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 10/26/2004.

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 1999.

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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 ILLINOIS, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74      36,247  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74      \$61,318,508  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74      \$1,692

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,052	16.7 %	0	0.0
1-500	7,067	19.5	1,562,964	2.5
501-1,000	4,809	13.3	3,569,817	5.8
1,001-1,500	3,866	10.7	4,806,312	7.8
1,501-2,000	3,170	8.7	5,516,787	9.0
2,001-2,500	2,464	6.8	5,532,491	9.0
2,501-3,000	2,010	5.5	5,507,264	9.0
3,001-3,500	1,496	4.1	4,855,494	7.9
3,501-4,000	1,192	3.3	4,463,052	7.3
4,001-4,500	885	2.4	3,756,822	6.1
4,501-5,000	723	2.0	3,418,290	5.6
5,001-5,500	563	1.6	2,951,942	4.8
5,501-6,000	404	1.1	2,321,434	3.8
6,001-6,500	336	0.9	2,099,499	3.4
6,501-7,000	268	0.7	1,806,807	2.9
7,001-7,500	202	0.6	1,461,380	2.4
7,501-8,000	168	0.5	1,299,060	2.1
8,001-8,500	122	0.3	1,003,515	1.6
8,501-9,000	89	0.2	776,962	1.3
9,001-9,500	66	0.2	608,227	1.0
9,501-10,000	53	0.1	514,853	0.8
10,001+	242	0.7	3,485,536	5.7

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 10/26/2004.

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 1999.

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

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SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 ILLINOIS, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 37,981  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$63,242,577  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,665

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,620	12.2%	0	0.0%
1-500	7,649	20.1	1,758,477	2.8
501-1,000	5,563	14.6	4,122,121	6.5
1,001-1,500	4,534	11.9	5,636,168	8.9
1,501-2,000	3,596	9.5	6,261,760	9.9
2,001-2,500	2,889	7.6	6,479,890	10.2
2,501-3,000	2,290	6.0	6,274,316	9.9
3,001-3,500	1,742	4.6	5,636,661	8.9
3,501-4,000	1,263	3.3	4,715,726	7.5
4,001-4,500	980	2.6	4,152,807	6.6
4,501-5,000	718	1.9	3,403,636	5.4
5,001-5,500	521	1.4	2,732,028	4.3
5,501-6,000	420	1.1	2,408,068	3.8
6,001-6,500	299	0.8	1,863,388	2.9
6,501-7,000	241	0.6	1,622,873	2.6
7,001-7,500	133	0.4	963,777	1.5
7,501-8,000	117	0.3	903,513	1.4
8,001-8,500	93	0.2	766,058	1.2
8,501-9,000	71	0.2	622,048	1.0
9,001-9,500	53	0.1	491,048	0.8
9,501-10,000	38	0.1	370,772	0.6
10,001+	151	0.4	2,057,442	3.3

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ILLINOIS, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+    34,150  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+                                \$47,974,610  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+                                \$1,405

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 8.4 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500	2,871	24.8	0	0.0 %
501-1,000	8,472	17.5	1,949,235	4.1
1,001-1,500	5,985	13.5	4,432,323	9.2
1,501-2,000	4,615	9.8	5,722,857	11.9
2,001-2,500	3,351	7.8	5,828,078	12.1
2,501-3,000	2,669	5.7	5,980,950	12.5
3,001-3,500	1,938	3.9	5,314,287	11.1
3,501-4,000	1,341	2.6	4,335,059	9.0
4,001-4,500	871	1.8	3,247,699	6.8
4,501-5,000	607	1.4	2,570,585	5.4
5,001-5,500	462	0.9	2,189,182	4.6
5,501-6,000	308	0.6	1,609,671	3.4
6,001-6,500	188	0.4	1,080,422	2.3
6,501-7,000	130	0.3	811,650	1.7
7,001-7,500	106	0.2	712,378	1.5
7,501-8,000	69	0.1	498,865	1.0
8,001-8,500	31	0.1	239,048	0.5
8,501-9,000	26	0.1	214,318	0.4
9,001-9,500	24	0.0	210,316	0.4
9,501-10,000	15	0.0	137,328	0.3
10,001+	14	0.0	135,733	0.3
	57	0.2	754,626	1.6

Source: Data for this table are from the MAX 1999 file for Illinois, released by CMS in 10/2003. This table was produced on 10/26/2004.

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 1999.

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