

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 ILLINOIS

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ILLINOIS, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,849,419 (A)	218,758 (E)	1,630,661 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,829,868 (B)	199,468 (F)	1,630,400 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,726,326 (C)	199,385 (G)	1,526,941 (K)
4. Benes who were all-year nursing facility residents ^f	54,998 (D)	47,822 (H)	7,176 (L)

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Illinois in 2001 was \$1,001,813,090, of which \$56,576,020 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mrccer01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 1.7 percent were restricted benefit months without a pharmacy benefit in Illinois, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
ILLINOIS, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos			Other/ Unknown	
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults		Children
All	1,726,326	105,805	279,645	359,297	981,466	113	15,982,811	990,018	2,911,083	2,779,955	9,301,289	466
Age												
5 and younger	419,503	0	3,200	68	416,235	0	3,776,216	0	34,846	476	3,740,894	0
6-14	440,145	0	15,846	109	424,190	0	4,406,809	0	178,558	721	4,227,530	0
15-20	194,226	0	14,555	40,237	139,434	0	1,790,564	0	158,130	309,694	1,322,740	0
21-44	391,168	3	94,626	294,946	1,554	39	3,276,515	27	984,655	2,281,894	9,784	155
45-64	137,524	48	113,630	23,752	21	73	1,331,314	150	1,144,928	185,730	196	310
65-74	58,324	29,217	28,943	164	0	0	578,494	264,718	312,472	1,304	0	0
75-84	49,270	41,948	7,312	9	1	0	482,338	401,416	80,830	85	7	0
85 and older	36,122	34,589	1,532	0	0	1	340,360	323,707	16,652	0	0	1
Unknown	44	0	1	12	31	0	201	0	12	51	138	0
Gender												
Female	1,030,527	76,564	150,069	319,350	484,433	111	9,419,504	724,729	1,582,210	2,516,892	4,595,214	459
Male	695,799	29,241	129,576	39,947	497,033	2	6,563,307	265,289	1,328,873	263,063	4,706,075	7
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	665,852	66,674	123,836	142,229	333,023	90	6,116,573	611,218	1,249,431	1,094,123	3,161,433	368
African American	659,987	18,155	126,607	124,443	390,765	17	6,266,704	164,945	1,352,738	1,031,734	3,717,216	71
Other/unknown	400,487	20,976	29,202	92,625	257,678	6	3,599,534	213,855	308,914	654,098	2,422,640	27
Use of Nursing Facilities^c												
Entire year	54,998	37,234	17,736	25	3	0	565,086	369,255	195,726	91	14	0
Part year	24,579	11,361	13,050	120	48	0	238,039	95,800	140,620	1,100	519	0
None	1,646,749	57,210	248,859	359,152	981,415	113	15,179,686	524,963	2,574,737	2,778,764	9,300,756	466
Maintenance Assistance Status												
Cash	314,019	22,935	152,619	32,768	105,697	0	3,252,508	262,348	1,728,849	277,467	983,844	0
Medically needy	421,205	68,362	101,689	242,821	8,333	0	3,538,712	603,190	944,126	1,970,454	20,942	0
Poverty-related	820,745	1,375	2,335	64,136	752,788	111	7,600,189	12,133	18,432	376,003	7,193,157	464
Other/unknown	170,357	13,133	23,002	19,572	114,648	2	1,591,402	112,347	219,676	156,031	1,103,346	2
Dual Medicare Status^d												
Full dual, all year	190,564	89,462	98,240	2,762	98	2	1,842,231	834,945	983,015	23,303	965	3
Full dual, part year	8,821	3,458	4,910	453	0	0	76,095	30,101	41,087	4,907	0	0
Non-dual, all year	1,526,941	12,885	176,495	356,082	981,368	111	14,064,485	124,972	1,886,981	2,751,745	9,300,324	463
Managed Care Status												
FFS all year	1,613,048	105,692	278,759	334,362	894,122	113	15,294,106	989,477	2,905,631	2,628,049	8,770,483	466
FFS part year, with Rx claims	62,836	65	557	17,217	44,997	0	430,320	340	3,801	116,119	310,060	0
FFS part year, no Rx claims	50,394	48	311	7,705	42,330	0	258,320	201	1,633	35,771	220,715	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C 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 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 ILLINOIS, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	62.2 %	10.9	\$548	\$50	\$4,248	12.9 %	1,726,326
Age							
5 and younger	59.9	3.0	94	32	1,802	5.2	419,503
6-14	50.8	3.1	156	51	1,067	14.6	440,145
15-20	55.2	4.0	198	49	2,258	8.7	194,226
21-44	67.4	10.9	653	60	5,194	12.6	391,168
45-64	79.1	37.1	2,029	55	12,850	15.8	137,524
65-74	80.0	39.8	1,846	46	10,129	18.2	58,324
75-84	83.3	44.3	1,908	43	13,167	14.5	49,270
85 and older	89.5	45.5	1,732	38	17,472	9.9	36,122
Unknown	34.1	0.9	14	15	1,216	1.2	44
Basis of Eligibility^c							
Aged	81.8	39.9	1,663	42	12,721	13.1	105,805
Disabled	78.6	34.0	2,027	60	13,705	14.8	279,645
Adults	65.2	6.3	246	39	2,339	10.5	359,297
Children	54.4	3.0	116	39	1,339	8.7	981,466
Unknown	55.8	5.4	316	58	3,990	7.9	113
Gender							
Female	65.2	12.2	562	46	4,117	13.7	1,030,527
Male	57.8	9.0	526	58	4,443	11.8	695,799
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	68.4	16.3	827	51	5,661	14.6	665,852
African American	57.5	8.3	419	50	3,906	10.7	659,987
Other/unknown	59.7	6.3	295	47	2,463	12.0	400,487
Use of Nursing Facilities^d							
Entire year	96.7	64.5	3,093	48	29,054	10.6	54,998
Part year	83.6	47.2	2,562	54	39,355	6.5	24,579
None	60.8	8.6	433	50	2,896	14.9	1,646,749

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	72.5	21.6	1,199	56	7,515	16.0	314,019
Medically needy	68.4	17.9	874	49	6,995	12.5	421,205
Poverty related	55.6	2.9	105	36	1,218	8.6	820,745
Other/unknown	60.1	12.7	675	53	6,036	11.2	170,357

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ILLINOIS, 2001

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	1.2	\$59	12.9 %	37.8 %	44.5 %	5.1 %	6.9 %	4.4 %	1.3 %	\$459	1,726,326	15,982,811
Age												
5 and younger	0.3	11	5.2	40.1	57.0	2.2	0.6	0.1	0.0	200	419,503	3,776,216
6-14	0.3	16	14.6	49.2	46.6	2.5	1.5	0.2	0.0	107	440,145	4,406,809
15-20	0.4	21	8.7	44.8	49.0	3.7	2.1	0.4	0.1	245	194,226	1,790,564
21-44	1.3	78	12.6	32.6	46.7	8.1	8.3	3.5	0.8	620	391,168	3,276,515
45-64	3.8	210	15.8	20.9	19.6	10.6	24.2	18.4	6.2	1,327	137,524	1,331,314
65-74	4.0	186	18.2	20.0	16.5	10.1	26.3	20.8	6.4	1,021	58,324	578,494
75-84	4.5	195	14.5	16.7	12.7	9.6	27.9	25.1	8.0	1,345	49,270	482,338
85 and older	4.8	184	9.9	10.5	10.7	9.9	32.5	29.3	7.1	1,854	36,122	340,360
Unknown	0.2	3	1.2	65.9	34.1	0.0	0.0	0.0	0.0	266	44	201
Basis of Eligibility^c												
Aged	4.3	178	13.1	18.2	13.9	9.9	27.8	23.5	6.7	1,360	105,805	990,018
Disabled	3.3	195	14.8	21.4	24.4	10.4	22.4	16.3	5.1	1,317	279,645	2,911,083
Adults	0.8	32	10.5	34.8	51.9	7.0	4.9	1.2	0.2	302	359,297	2,779,955
Children	0.3	12	8.7	45.6	50.8	2.4	1.0	0.1	0.0	141	981,466	9,301,289
Unknown	1.3	77	7.9	44.2	30.1	9.7	11.5	4.4	0.0	968	113	466
Gender												
Female	1.3	62	13.7	34.8	45.5	5.6	7.6	5.0	1.5	450	1,030,527	9,419,504
Male	1.0	56	11.8	42.2	43.1	4.4	5.9	3.5	0.9	471	695,799	6,563,307
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.8	90	14.6	31.6	42.3	6.4	9.8	7.4	2.5	616	665,852	6,116,573
African American	0.9	44	10.7	42.5	43.6	4.6	5.8	2.9	0.6	411	659,987	6,266,704
Other/unknown	0.7	33	12.0	40.3	49.8	3.8	4.0	1.8	0.3	274	400,487	3,599,534
Use of Nursing Facilities^d												
Entire year	6.3	301	10.6	3.3	6.4	7.7	31.2	37.5	13.8	2,828	54,998	565,086
Part year	4.9	265	6.5	16.4	8.7	8.6	27.7	28.3	10.3	4,064	24,579	238,039
None	0.9	47	14.9	39.2	46.3	5.0	5.8	2.9	0.7	314	1,646,749	15,179,686

Table 4

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				
Maintenance Assistance Status												
Cash	2.1	116	16.0	27.5	39.2	7.9	14.1	8.9	2.5	726	314,019	3,252,508
Medically needy	2.1	104	12.5	31.6	35.7	8.3	13.0	8.9	2.6	833	421,205	3,538,712
Poverty related	0.3	11	8.6	44.4	52.2	2.4	0.9	0.1	0.0	132	820,745	7,600,189
Other/unknown	1.4	72	11.2	39.9	39.3	5.3	8.0	5.6	2.0	646	170,357	1,591,402

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 ILLINOIS, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.2	\$59	0.5	\$44	0.1	\$46	0.6	\$18
Age								
5 and younger	0.3	11	0.1	8	0.0	24	0.2	3
6-14	0.3	16	0.1	13	0.0	50	0.2	3
15-20	0.4	21	0.2	17	0.0	49	0.2	4
21-44	1.3	78	0.5	60	0.1	61	0.7	12
45-64	3.8	210	1.7	156	0.3	54	1.9	38
65-74	4.0	186	1.8	138	0.3	39	1.9	35
75-84	4.5	195	2.0	142	0.4	33	2.1	39
85 and older	4.8	184	1.8	127	0.5	29	2.4	41
Unknown	0.2	3	0.0	1	0.0	0	0.2	2
Basis of Eligibility^d								
Aged	4.3	178	1.8	128	0.4	31	2.0	36
Disabled	3.3	195	1.4	148	0.2	55	1.6	33
Adults	0.8	32	0.3	23	0.0	44	0.4	7
Children	0.3	12	0.1	9	0.0	41	0.2	2
Unknown	1.3	77	0.7	65	0.0	29	0.6	10
Gender								
Female	1.3	62	0.6	46	0.1	42	0.7	12
Male	1.0	56	0.4	43	0.1	54	0.5	10
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.8	90	0.8	68	0.1	45	0.8	16
African American	0.9	44	0.3	33	0.1	49	0.5	9
Other/unknown	0.7	33	0.3	25	0.0	43	0.4	6
Use of Nursing Facilities^e								
Entire year	6.3	301	2.5	212	0.7	40	3.1	61
Part year	4.9	265	1.9	189	0.6	53	2.4	45
None	0.9	47	0.4	36	0.1	48	0.5	8

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.1	116	0.9	88	0.1	8	51	20
Medically needy	2.1	104	0.9	76	0.2	8	44	20
Poverty related	0.3	11	0.1	9	0.0	0	37	2
Other/unknown	1.4	72	0.6	56	0.1	4	43	12

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 5 includes the beneficiaries represented by Cell C 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 other than the original patent holder. In Illinois, 0.7 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 ILLINOIS, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes	
		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	\$11	\$0	\$2	\$50	\$93	\$55	\$11	\$98,089,743	719,899	41.7 %	7,607,000
Biologics	0.2	0.1	0.0	142	135	1	727	938	1,012	128	8,456,179	5,845	0.3	59,471
Antineoplastic Agents	0.6	0.2	0.1	127	91	24	11	227	387	64	15,686,702	12,221	0.7	123,533
Endocrine/Metabolic Drugs	0.6	0.3	0.1	24	20	2	41	60	22	14	69,193,676	278,522	16.1	2,894,925
Cardiovascular Agents	1.5	0.6	0.1	50	30	3	33	54	28	19	112,504,619	215,649	12.5	2,251,944
Respiratory Agents	0.5	0.2	0.0	19	15	0	4	42	26	20	81,146,410	391,876	22.7	4,189,300
Gastrointestinal Agents	0.6	0.3	0.0	43	35	1	73	120	84	23	78,846,689	173,855	10.1	1,832,113
Genitourinary Agents	0.3	0.2	0.0	12	10	0	40	54	31	16	12,498,270	101,644	5.9	1,044,549
CNS Drugs	1.1	0.5	0.1	84	63	9	77	117	96	25	212,983,214	241,436	14.0	2,538,829
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	31	21	2	49	64	45	30	11,097,611	32,703	1.9	360,326
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	56	53	0	112	120	51	46	9,010,029	15,453	0.9	161,503
Analgesics and Anesthetics	0.4	0.1	0.0	14	9	1	35	91	70	13	61,358,625	414,497	24.0	4,370,658
Neuromuscular Agents	0.8	0.4	0.1	47	36	3	56	100	35	20	64,384,246	128,353	7.4	1,369,922
Nutritional Products	0.4	0.0	0.1	8	1	3	19	37	25	15	10,554,171	127,788	7.4	1,242,131
Hematological Agents	0.7	0.2	0.2	75	65	3	102	347	19	18	49,459,199	63,634	3.7	657,628
Topical Products	0.3	0.1	0.0	8	5	1	28	49	42	15	35,283,482	427,194	24.7	4,561,038
Miscellaneous Products	0.2	0.1	0.0	34	27	4	137	199	265	35	13,304,148	36,753	2.1	391,715
Unknown Therapeutic Category	0.2	0.0	0.0	6	0	0	25	0	0	0	1,380,057	22,214	1.3	243,490
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.	945,237,070	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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, 0.7 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 (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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 ILLINOIS, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$126,144,988	120,551	7.0 %	1,316,087	0.7	\$132	\$96	
ULCER DRUGS	67,612,990	166,759	9.7	1,788,022	0.4	86	38	
ANTIDEPRESSANTS	66,436,200	189,567	11.0	2,015,573	0.5	61	33	
ANTICONVULSANT	54,986,858	97,928	5.7	1,065,711	0.8	67	52	
ANTIASTHMATIC	50,099,419	336,765	19.5	3,625,880	0.3	42	14	
ANTI-DIABETIC	40,239,225	111,019	6.4	1,184,609	0.7	50	34	
ANTIVIRAL	35,142,861	26,527	1.5	284,006	0.4	315	124	
ANTIHYPERTENSIVE	31,709,189	138,885	8.0	1,490,840	0.6	34	21	
ANALGESICS - ANTI-INFLAMMATORY	30,770,579	339,086	19.6	3,656,311	0.2	35	8	
ANTIHYPERLIPIDEMIC	29,993,749	59,219	3.4	645,815	0.6	76	46	
Total	533,136,058	1,586,306		17,072,854	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Illinois, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, 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.