

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 ILLINOIS

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ILLINOIS, 2002

Inclusion Criteria (2002)	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	2,104,851 (A)	378,072 (E)	1,726,779 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,921,753 (B)	224,604 (F)	1,697,149 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,814,237 (C)	224,458 (G)	1,589,779 (K)
4. Benes who were all-year nursing facility residents ^f	52,296 (D)	44,629 (H)	7,667 (L)

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$1,176,249,164, of which \$24,930,582 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 3.1 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 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, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	1,814,237	114,950	294,935	361,715	1,042,332	305	16,681,489	1,107,055	3,112,812	2,771,175	9,688,040	2,407	16,681,489	1,107,055	3,112,812	2,771,175	9,688,040	2,407	
Age																			
5 and younger	435,816	0	2,999	31	432,786	0	3,846,087	0	32,425	167	3,813,495	0	3,846,087	0	32,425	167	3,813,495	0	
6-14	455,807	0	14,651	95	441,061	0	4,479,150	0	162,412	403	4,316,335	0	4,479,150	0	162,412	403	4,316,335	0	
15-20	202,351	0	14,288	24,916	163,147	0	1,847,781	0	151,050	170,384	1,526,347	0	1,847,781	0	151,050	170,384	1,526,347	0	
21-44	412,678	2	97,979	309,774	4,829	94	3,452,940	21	1,031,924	2,391,323	28,919	753	3,452,940	21	1,031,924	2,391,323	28,919	753	
45-64	152,747	59	125,317	26,719	448	204	1,502,252	196	1,290,370	207,532	2,556	1,598	1,502,252	196	1,290,370	207,532	2,556	1,598	
65-74	64,169	33,467	30,525	165	5	7	658,366	315,158	341,841	1,270	41	56	658,366	315,158	341,841	1,270	41	56	
75-84	53,490	45,827	7,657	6	0	0	539,784	453,432	86,301	51	0	0	539,784	453,432	86,301	51	0	0	
85 and older	37,116	35,595	1,519	2	0	0	354,749	338,248	16,489	12	0	0	354,749	338,248	16,489	12	0	0	
Unknown	63	0	0	7	56	0	380	0	0	33	347	0	380	0	0	33	347	0	
Gender																			
Female	1,080,320	82,660	157,546	318,259	521,550	305	9,825,818	808,894	1,694,277	2,470,582	4,849,658	2,407	9,825,818	808,894	1,694,277	2,470,582	4,849,658	2,407	
Male	733,917	32,290	137,389	43,456	520,782	0	6,855,671	298,161	1,418,535	300,593	4,838,382	0	6,855,671	298,161	1,418,535	300,593	4,838,382	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	709,717	71,382	134,055	145,706	358,330	244	6,594,899	683,378	1,405,749	1,136,572	3,367,261	1,939	6,594,899	683,378	1,405,749	1,136,572	3,367,261	1,939	
African American	667,892	21,282	130,297	122,036	394,230	47	6,315,230	199,037	1,384,431	1,011,958	3,719,455	349	6,315,230	199,037	1,384,431	1,011,958	3,719,455	349	
Other/unknown	436,628	22,286	30,583	93,973	289,772	14	3,771,360	224,640	322,632	622,645	2,601,324	119	3,771,360	224,640	322,632	622,645	2,601,324	119	
Use of Nursing Facilities^c																			
Entire year	52,296	34,624	17,657	11	4	0	548,652	349,974	198,600	47	31	0	548,652	349,974	198,600	47	31	0	
Part year	23,667	13,580	9,934	137	16	0	224,077	119,056	103,558	1,301	162	0	224,077	119,056	103,558	1,301	162	0	
None	1,738,274	66,746	267,344	361,567	1,042,312	305	15,908,760	638,025	2,810,654	2,769,827	9,687,847	2,407	15,908,760	638,025	2,810,654	2,769,827	9,687,847	2,407	
Maintenance Assistance Status																			
Cash	263,689	22,563	151,417	15,979	73,730	0	2,837,536	257,125	1,713,653	150,844	715,914	0	2,837,536	257,125	1,713,653	150,844	715,914	0	
Medically needy	382,050	58,090	73,628	247,220	3,112	0	3,110,179	516,261	659,838	1,925,472	8,608	0	3,110,179	516,261	659,838	1,925,472	8,608	0	
Poverty-related	989,842	20,150	52,152	55,368	861,867	305	9,070,978	216,043	572,173	302,682	7,977,673	2,407	9,070,978	216,043	572,173	302,682	7,977,673	2,407	
Other/unknown	178,656	14,147	17,738	43,148	103,623	0	1,662,796	117,626	167,148	392,177	985,845	0	1,662,796	117,626	167,148	392,177	985,845	0	
Dual Medicare Status^d																			
Full dual, all year	210,335	95,195	112,085	2,871	177	7	2,138,860	927,169	1,186,030	23,905	1,691	65	2,138,860	927,169	1,186,030	23,905	1,691	65	
Full dual, part year	14,123	6,172	7,516	411	24	0	153,980	67,544	81,805	4,351	280	0	153,980	67,544	81,805	4,351	280	0	
Non-dual, all year	1,589,779	13,583	175,334	358,433	1,042,131	298	14,388,649	112,342	1,844,977	2,742,919	9,686,069	2,342	14,388,649	112,342	1,844,977	2,742,919	9,686,069	2,342	
Managed Care Status																			
FFS all year	1,714,702	114,898	294,136	341,429	963,934	305	16,092,848	1,106,859	3,107,544	2,651,504	9,224,534	2,407	16,092,848	1,106,859	3,107,544	2,651,504	9,224,534	2,407	
FFS part year, with Rx claims	52,491	27	495	13,462	38,507	0	366,035	142	3,645	90,762	271,486	0	366,035	142	3,645	90,762	271,486	0	
FFS part year, no Rx claims	47,044	25	304	6,824	39,891	0	222,606	54	1,623	28,909	192,020	0	222,606	54	1,623	28,909	192,020	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

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	63.4 %	11.6	\$635	\$55	\$4,328	14.7 %	1,814,237
Age							
5 and younger	60.7	3.1	120	38	1,873	6.4	435,816
6-14	52.0	3.2	188	58	1,063	17.7	455,807
15-20	56.4	4.3	235	55	2,201	10.7	202,351
21-44	68.5	11.3	726	64	5,189	14.0	412,678
45-64	79.5	38.3	2,276	60	13,203	17.2	152,747
65-74	81.0	41.7	2,057	49	9,953	20.7	64,169
75-84	84.1	46.1	2,139	46	12,689	16.9	53,490
85 and older	89.3	46.7	1,945	42	16,976	11.5	37,116
Unknown	42.9	1.4	41	28	5,496	0.7	63
Basis of Eligibility^c							
Aged	82.0	40.9	1,841	45	12,046	15.3	114,950
Disabled	79.9	36.1	2,333	65	14,216	16.4	294,935
Adults	66.0	6.7	279	42	2,305	12.1	361,715
Children	55.7	3.2	144	45	1,380	10.4	1,042,332
Unknown	81.3	18.3	1,651	90	8,736	18.9	305
Gender							
Female	66.4	12.9	644	50	4,179	15.4	1,080,320
Male	58.9	9.7	620	64	4,547	13.6	733,917
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	69.6	17.3	963	56	5,722	16.8	709,717
African American	58.8	8.9	486	55	4,068	12.0	667,892
Other/unknown	60.3	6.5	327	50	2,460	13.3	436,628
Use of Nursing Facilities^d							
Entire year	97.2	68.5	3,635	53	30,031	12.1	52,296
Part year	95.4	56.0	3,058	55	28,101	10.9	23,667
None	61.9	9.3	511	55	3,231	15.8	1,738,274

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	76.5	25.2	1,523	60	9,039	16.8	263,689
Medically needy	68.7	18.2	937	52	7,425	12.6	382,050
Poverty related	58.4	5.5	279	50	1,683	16.6	989,842
Other/unknown	60.4	11.3	650	57	5,407	12.0	178,656

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

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	1.3 %	4.5 %	7.2 %	1.3 %			
All	1.3	\$69	14.7 %	36.6 %	44.9 %	5.4 %	7.2 %	4.5 %	1.3 %	\$471	1,814,237	16,681,489			
Age															
5 and younger	0.4	14	6.4	39.3	57.4	2.5	0.7	0.1	0.0	212	435,816	3,846,087			
6-14	0.3	19	17.7	48.0	47.4	2.7	1.7	0.2	0.0	108	455,807	4,479,150			
15-20	0.5	26	10.7	43.6	49.6	4.0	2.3	0.4	0.1	241	202,351	1,847,781			
21-44	1.4	87	14.0	31.5	47.3	8.4	8.5	3.5	0.8	620	412,678	3,452,940			
45-64	3.9	231	17.2	20.5	20.1	10.7	24.1	18.6	6.1	1,342	152,747	1,502,252			
65-74	4.1	201	20.7	19.0	17.2	10.6	26.1	20.8	6.4	970	64,169	658,366			
75-84	4.6	212	16.9	15.9	13.5	9.8	27.5	25.2	8.1	1,257	53,490	539,784			
85 and older	4.9	204	11.5	10.7	11.0	9.9	31.7	29.0	7.7	1,776	37,116	354,749			
Unknown	0.2	7	0.7	57.1	42.9	0.0	0.0	0.0	0.0	911	63	380			
Basis of Eligibility^c															
Aged	4.2	191	15.3	18.0	15.0	10.2	27.1	22.8	6.8	1,251	114,950	1,107,055			
Disabled	3.4	221	16.4	20.1	24.4	10.5	22.8	17.0	5.3	1,347	294,935	3,112,812			
Adults	0.9	36	12.1	34.0	51.7	7.5	5.3	1.2	0.2	301	361,715	2,771,175			
Children	0.3	16	10.4	44.3	51.7	2.7	1.2	0.1	0.0	148	1,042,332	9,688,040			
Unknown	2.3	209	18.9	18.7	35.4	16.4	20.0	9.5	0.0	1,107	305	2,407			
Gender															
Female	1.4	71	15.4	33.6	45.9	5.9	7.9	5.1	1.6	460	1,080,320	9,825,818			
Male	1.0	66	13.6	41.1	43.4	4.7	6.2	3.7	1.0	487	733,917	6,855,671			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Race															
White	1.9	104	16.8	30.4	42.6	6.7	10.1	7.6	2.6	616	709,717	6,594,899			
African American	0.9	51	12.0	41.2	44.1	4.9	6.1	3.1	0.7	430	667,892	6,315,230			
Other/unknown	0.8	38	13.3	39.7	50.0	4.1	4.1	1.8	0.4	285	436,628	3,771,360			
Use of Nursing Facilities^d															
Entire year	6.5	346	12.1	2.8	5.8	7.2	30.5	38.3	15.4	2,863	52,296	548,652			
Part year	5.9	323	10.9	4.6	10.4	9.5	30.5	32.5	12.6	2,968	23,667	224,077			
None	1.0	56	15.8	38.1	46.6	5.3	6.2	3.1	0.8	353	1,738,274	15,908,760			

Table 4

All Medicaid Beneficiaries

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	2.3	142	16.8	23.5	37.8	8.7	16.3	10.7	3.0	840	263,689	2,837,536
Medically needy	2.2	115	12.6	31.3	36.9	8.3	12.2	8.6	2.7	912	382,050	3,110,179
Poverty related	0.6	30	16.6	41.6	50.5	3.3	2.8	1.3	0.3	184	989,842	9,070,978
Other/unknown	1.2	70	12.0	39.6	41.6	5.9	7.2	4.2	1.5	581	178,656	1,662,796

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 ILLINOIS, 2002

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 \$
All	1.3	\$69	0.5	\$50	0.1	\$49	0.7	\$14
Age								
5 and younger	0.4	14	0.1	10	0.0	1	0.2	3
6-14	0.3	19	0.1	14	0.0	2	0.2	3
15-20	0.5	26	0.2	19	0.0	2	0.2	5
21-44	1.4	87	0.5	65	0.1	6	0.7	16
45-64	3.9	231	1.6	169	0.3	15	2.0	48
65-74	4.1	201	1.7	144	0.3	13	2.0	44
75-84	4.6	212	1.9	150	0.4	14	2.3	47
85 and older	4.9	204	1.8	137	0.5	16	2.6	50
Unknown	0.2	7	0.1	4	0.0	1	0.1	2
Basis of Eligibility^d								
Aged	4.2	191	1.7	135	0.4	13	2.1	43
Disabled	3.4	221	1.4	165	0.3	14	1.7	42
Adults	0.9	36	0.3	25	0.1	3	0.5	9
Children	0.3	16	0.1	11	0.0	1	0.2	3
Unknown	2.3	209	1.0	181	0.1	7	1.2	21
Gender								
Female	1.4	71	0.6	51	0.1	5	0.7	15
Male	1.0	66	0.4	50	0.1	4	0.5	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.9	104	0.8	76	0.2	8	0.9	20
African American	0.9	51	0.3	37	0.1	3	0.5	11
Other/unknown	0.8	38	0.3	28	0.0	2	0.4	8
Use of Nursing Facilities^e								
Entire year	6.5	346	2.4	243	0.7	28	3.4	75
Part year	5.9	323	2.2	235	0.6	23	3.1	65
None	1.0	56	0.4	41	0.1	4	0.5	11

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	2.3	142	60	105	110	9	52	28
Medically needy	2.2	115	52	82	94	9	44	25
Poverty related	0.6	30	50	22	92	2	53	6
Other/unknown	1.2	70	57	52	103	5	48	13

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 0.8 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddeb.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, 2002

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	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Bene Mos	
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.1	0.0	\$15	\$12	\$1	\$58	\$108	\$76	\$15	\$120,938,327	759,183	41.8 %	8,071,060
Biologics	0.2	0.2	0.0	216	205	1	872	999	1,058	243	12,368,779	5,597	0.3	57,264
Antineoplastic Agents	0.6	0.2	0.1	143	108	17	257	443	161	86	21,343,534	14,380	0.8	149,498
Endocrine/Metabolic Drugs	0.6	0.3	0.1	25	18	2	42	64	26	22	83,292,393	309,336	17.1	3,268,777
Cardiovascular Agents	1.5	0.5	0.1	52	30	4	34	60	32	21	134,074,537	239,115	13.2	2,566,458
Respiratory Agents	0.4	0.2	0.0	21	13	3	48	69	72	23	98,802,915	440,551	24.3	4,745,804
Gastrointestinal Agents	0.6	0.3	0.0	44	37	1	76	119	86	24	94,028,184	198,773	11.0	2,141,551
Genitourinary Agents	0.3	0.2	0.0	14	12	0	46	59	28	16	15,559,947	107,574	5.9	1,121,822
CNS Drugs	1.1	0.6	0.1	91	72	5	83	126	86	31	259,778,042	266,722	14.7	2,866,294
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	37	25	4	58	73	59	35	15,136,720	37,086	2.0	410,490
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	62	59	0	124	131	13	60	13,150,718	19,793	1.1	211,850
Analgesics and Anesthetics	0.4	0.1	0.0	15	9	1	36	112	57	16	72,731,832	465,031	25.6	4,957,414
Neuromuscular Agents	0.8	0.4	0.1	53	41	3	64	110	43	23	83,224,782	143,534	7.9	1,569,054
Nutritional Products	0.4	0.0	0.1	9	1	1	19	43	22	17	11,684,396	136,293	7.5	1,346,585
Hematological Agents	0.7	0.2	0.1	79	70	3	109	313	18	19	61,854,461	73,432	4.0	779,502
Topical Products	0.3	0.1	0.0	8	4	1	30	52	46	17	37,385,394	442,670	24.4	4,770,679
Miscellaneous Products	0.2	0.1	0.0	33	26	4	140	196	308	36	14,706,347	40,883	2.3	440,695
Unknown Therapeutic Category	0.2	0.0	0.0	4	0	0	21	0	0	0	1,257,274	25,834	1.4	286,967
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.	1,151,318,582	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 0.8 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 (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, 2002

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		
ANTIPTCHOTICS	\$159,888,002	139,725	7.7 %	1,550,817	0.7	\$150	\$103	
ULCER DRUGS	78,168,832	190,605	10.5	2,076,533	0.4	87	38	
ANTIDEPRESSANTS	77,006,542	218,863	12.1	2,368,437	0.5	61	33	
ANTICONVULSANT	70,823,249	112,440	6.2	1,244,899	0.7	76	57	
ANTIASTHMATIC	59,210,096	367,130	20.2	3,985,253	0.3	48	15	
ANTIIDIABETIC	49,278,697	130,270	7.2	1,415,668	0.7	53	35	
ANTIVIRAL	49,015,637	30,230	1.7	327,731	0.4	367	150	
ANTIHYPERTENSIVE	40,656,395	77,712	4.3	863,649	0.6	78	47	
ANTIHYPERTENSIVE	38,302,939	167,773	9.2	1,837,624	0.6	35	21	
MISC. HEMATOLOGICAL	36,289,712	27,625	1.5	300,326	0.5	225	121	
Total	658,640,101	1,462,373		15,970,937	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Illinois, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.