

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	224,458	101,367	119,601	3,282	201	7	2,292,840	994,713	1,267,835	28,256	1,971	65					
Age																	
5 and younger	7	0	3	0	4	0	83	0	36	0	47	0					
6-14	36	0	13	0	23	0	379	0	156	0	223	0					
15-20	435	0	346	11	78	0	4,574	0	3,636	110	828	0					
21-44	38,864	0	36,582	2,201	81	0	406,716	0	386,678	19,290	748	0					
45-64	49,901	9	48,950	930	10	2	506,895	78	498,954	7,755	84	24					
65-74	52,521	27,305	25,072	134	5	5	545,117	262,741	281,244	1,050	41	41					
75-84	47,924	40,749	7,169	6	0	0	491,474	410,292	81,131	51	0	0					
85 and older	34,770	33,304	1,466	0	0	0	337,602	321,602	16,000	0	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Gender																	
Female	141,855	73,200	66,342	2,197	109	7	1,469,477	732,851	715,895	19,597	1,069	65					
Male	82,603	28,167	53,259	1,085	92	0	823,363	261,862	551,940	8,659	902	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	137,061	65,631	69,794	1,541	89	6	1,391,837	637,046	740,454	13,367	917	53					
African American	59,672	19,481	38,873	1,235	82	1	607,409	185,213	410,508	10,899	777	12					
Other/unknown	27,725	16,255	10,934	506	30	0	293,594	172,454	116,873	3,990	277	0					
Use of Nursing Facilities^c																	
Entire year	44,629	33,193	11,434	2	0	0	467,620	338,301	129,304	15	0	0					
Part year	17,717	12,698	5,006	12	1	0	164,286	112,026	52,126	122	12	0					
None	162,112	55,476	103,161	3,268	200	7	1,660,934	544,386	1,086,405	28,119	1,959	65					
Maintenance Assistance Status																	
Cash	38,145	17,703	20,383	58	1	0	437,819	203,065	234,248	501	5	0					
Medically needy	98,525	51,791	44,006	2,725	3	0	923,801	472,436	428,363	22,987	15	0					
Poverty-related	63,189	19,298	43,662	100	122	7	700,578	208,857	489,799	662	1,195	65					
Other/unknown	24,599	12,575	11,550	399	75	0	230,642	110,355	115,425	4,106	756	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					
Full dual, part year	14,123	6,172	7,516	411	24	0	153,980	67,544	81,805	4,351	280	0					
Managed Care Status																	
FFS all year	224,323	101,316	119,566	3,234	200	7	2,292,140	994,522	1,267,618	27,967	1,968	65					
FFS part year, with Rx claims	88	26	27	34	1	0	561	137	194	227	3	0					
FFS part year, no Rx claims	47	25	8	14	0	0	139	54	23	62	0	0					

Table D2

Dual Eligible 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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	84.4 %	44.0	\$2,418	\$55	\$13,484	17.9 %	224,458
Age							
5 and younger	85.7	38.1	3,319	87	68,734	4.8	7
6-14	80.6	44.4	8,199	185	30,385	27.0	36
15-20	76.1	23.1	2,565	111	12,643	20.3	435
21-44	79.6	32.3	2,679	83	13,823	19.4	38,864
45-64	83.9	46.7	2,952	63	15,464	19.1	49,901
65-74	82.7	43.7	2,156	49	9,291	23.2	52,521
75-84	86.2	48.3	2,236	46	12,942	17.3	47,924
85 and older	90.8	48.0	1,997	42	17,326	11.5	34,770
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	84.3	43.3	1,942	45	12,363	15.7	101,367
Disabled	84.7	45.2	2,843	63	14,673	19.4	119,601
Adults	76.4	23.5	1,600	68	4,927	32.5	3,282
Children	68.7	23.1	3,029	131	11,424	26.5	201
Unknown	71.4	28.0	1,532	55	5,376	28.5	7
Gender							
Female	87.2	47.7	2,410	51	12,837	18.8	141,855
Male	79.7	37.7	2,431	65	14,596	16.7	82,603
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.9	50.3	2,747	55	16,210	16.9	137,061
African American	78.9	33.8	1,903	56	10,310	18.5	59,672
Other/unknown	84.0	34.7	1,899	55	6,841	27.8	27,725
Use of Nursing Facilities^d							
Entire year	97.4	67.5	3,396	50	27,655	12.3	44,629
Part year	95.1	54.9	2,780	51	19,303	14.4	17,717
None	79.7	36.4	2,109	58	8,947	23.6	162,112
Maintenance Assistance Status							
Cash	91.3	50.2	2,638	53	10,319	25.6	38,145
Medically needy	83.3	46.1	2,454	53	19,046	12.9	98,525
Poverty related	84.7	38.6	2,276	59	6,785	33.5	63,189
Other/unknown	77.6	40.1	2,297	57	13,324	17.2	24,599

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 D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	4.3	\$237	17.9 %	15.6 %	16.4 %	10.4 %	27.1 %	23.2 %	7.3 %	\$1,320	224,458	2,292,840
Age												
5 and younger	3.2	280	4.8	14.3	14.3	14.3	42.9	14.3	0.0	5,797	7	83
6-14	4.2	779	27.0	19.4	16.7	5.6	30.6	25.0	2.8	2,886	36	379
15-20	2.2	244	20.3	23.9	35.6	13.1	15.6	9.9	1.8	1,202	435	4,574
21-44	3.1	256	19.4	20.4	26.0	12.0	23.3	14.5	3.9	1,321	38,864	406,716
45-64	4.6	291	19.1	16.1	15.5	10.1	25.8	23.8	8.7	1,522	49,901	506,895
65-74	4.2	208	23.2	17.3	16.7	10.5	26.5	22.0	7.0	895	52,521	545,117
75-84	4.7	218	17.3	13.8	13.1	9.7	28.4	26.5	8.5	1,262	47,924	491,474
85 and older	4.9	206	11.5	9.2	10.9	10.0	32.3	29.7	7.8	1,784	34,770	337,602
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.4	198	15.7	15.7	14.4	10.2	28.1	24.3	7.3	1,260	101,367	994,713
Disabled	4.3	268	19.4	15.3	17.7	10.6	26.4	22.7	7.4	1,384	119,601	1,267,835
Adults	2.7	186	32.5	23.6	30.1	12.5	19.9	11.4	2.5	572	3,282	28,256
Children	2.4	309	26.5	31.3	29.9	10.4	15.4	11.9	1.0	1,165	201	1,971
Unknown	3.0	165	28.5	28.6	14.3	0.0	42.9	14.3	0.0	579	7	65
Gender												
Female	4.6	233	18.8	12.8	15.1	10.5	28.4	25.1	8.2	1,239	141,855	1,469,477
Male	3.8	244	16.7	20.3	18.8	10.3	24.8	20.0	5.8	1,464	82,603	823,363
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.0	271	16.9	13.1	13.1	9.4	27.3	27.3	9.7	1,596	137,061	1,391,837
African American	3.3	187	18.5	21.1	21.1	11.3	25.8	17.2	3.6	1,013	59,672	607,409
Other/unknown	3.3	179	27.8	16.0	22.6	13.5	28.9	15.9	3.1	646	27,725	293,594
use or nursing Facilities^d												
Entire year	6.4	324	12.3	2.6	6.1	7.4	30.9	38.3	14.8	2,639	44,629	467,620
Part year	5.9	300	14.4	4.9	9.9	9.3	30.5	32.9	12.5	2,082	17,717	164,286
None	3.5	206	23.6	20.3	20.0	11.4	25.6	18.0	4.6	873	162,112	1,660,934
Maintenance Assistance Status												
Cash	4.4	230	25.6	8.7	16.8	11.6	31.2	24.8	6.8	899	38,145	437,819
Medically needy	4.9	262	12.9	16.7	12.4	9.0	26.7	26.4	8.9	2,031	98,525	923,801
Poverty related	3.5	205	33.5	15.3	23.0	12.4	26.7	17.9	4.7	612	63,189	700,578
Other/unknown	4.3	245	17.2	22.4	15.0	9.3	23.3	21.7	8.3	1,421	24,599	230,642

Table D4

Dual Eligible 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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

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
All	4.3	\$237	\$55	1.8	\$172	\$97	0.4	\$16	\$44	2.2	\$48	\$22
Age												
5 and younger	3.2	280	87	1.0	157	159	0.3	76	301	2.0	47	24
6-14	4.2	779	185	1.9	640	339	0.2	73	299	2.1	66	32
15-20	2.2	244	111	1.0	196	187	0.2	16	89	1.0	32	33
21-44	3.1	256	83	1.4	199	146	0.2	17	68	1.5	40	27
45-64	4.6	291	63	1.9	214	112	0.4	20	54	2.3	56	24
65-74	4.2	208	49	1.8	149	83	0.3	13	41	2.1	45	22
75-84	4.7	218	46	1.9	155	80	0.4	15	35	2.4	49	21
85 and older	4.9	206	42	1.8	139	78	0.5	17	32	2.6	50	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.4	198	45	1.8	139	79	0.4	14	34	2.2	45	20
Disabled	4.3	268	63	1.8	199	111	0.3	18	53	2.1	51	24
Adults	2.7	186	68	1.2	143	123	0.2	10	60	1.4	33	23
Children	2.4	309	131	1.2	261	217	0.1	20	136	1.0	28	28
Unknown	3.0	165	55	2.1	144	68	0.2	6	31	0.7	15	21
Gender												
Female	4.6	233	51	1.9	168	89	0.4	16	40	2.3	49	21
Male	3.8	244	65	1.6	181	116	0.3	17	52	1.9	46	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.0	271	55	2.0	196	96	0.4	19	43	2.5	55	22
African American	3.3	187	56	1.3	135	106	0.3	12	48	1.8	39	22
Other/unknown	3.3	179	55	1.5	136	88	0.2	10	46	1.5	33	22
Use of Nursing Facilities^e												
Entire year	6.4	324	50	2.4	226	94	0.7	26	38	3.3	72	22
Part year	5.9	300	51	2.3	214	95	0.6	22	39	3.1	63	21
None	3.5	206	58	1.5	153	99	0.3	13	49	1.7	40	23
Maintenance Assistance Status												
Cash	4.4	230	53	1.9	169	87	0.3	14	43	2.1	47	22
Medically needy	4.9	262	53	1.9	186	97	0.5	20	42	2.5	55	22
Poverty related	3.5	205	59	1.5	154	103	0.2	12	48	1.7	40	23
Other/unknown	4.3	245	57	1.7	181	104	0.4	16	44	2.2	48	22

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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).
- 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$30	\$26	\$1	\$3	\$85	\$142	\$84	\$18	436,008	\$37,135,409	112,243	50.0 %	1,230,362
Biologics	0.1	0.0	0.0	0.1	16	4	0	12	154	211	0	141	2,198	337,924	1,857	0.8	20,662
Antineoplastic Agents	0.6	0.2	0.1	0.2	118	82	19	17	211	354	155	82	51,097	10,756,231	8,837	3.9	91,162
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	40	29	3	8	40	62	21	21	953,579	38,317,446	87,425	38.9	948,007
Cardiovascular Agents	1.8	0.6	0.2	1.1	60	34	5	22	34	59	31	20	2,519,848	84,695,421	131,289	58.5	1,410,378
Respiratory Agents	0.7	0.4	0.1	0.3	37	24	6	7	50	66	72	24	599,748	29,744,270	72,925	32.5	802,372
Gastrointestinal Agents	0.8	0.4	0.0	0.4	56	47	1	8	74	118	66	24	733,608	54,073,690	89,042	39.7	966,515
Genitourinary Agents	0.5	0.3	0.0	0.2	25	23	0	2	52	68	28	16	181,948	9,391,713	33,777	15.0	368,437
CNS Drugs	1.4	0.7	0.1	0.6	115	90	6	19	83	126	87	32	1,610,132	133,843,263	107,948	48.1	1,163,110
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.4	37	21	5	11	59	127	67	28	12,843	757,394	1,933	0.9	20,561
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	77	75	0	2	126	130	15	52	84,863	10,672,381	13,063	5.8	138,897
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	34	23	3	9	48	105	60	19	809,229	38,533,817	102,810	45.8	1,119,490
Neuromuscular Agents	1.0	0.4	0.1	0.5	65	48	5	12	63	109	42	25	654,188	41,025,703	57,539	25.6	630,022
Nutritional Products	0.6	0.0	0.1	0.5	12	0	2	9	19	43	22	18	304,474	5,651,264	45,444	20.2	481,697
Hematological Agents	0.8	0.3	0.2	0.4	51	43	3	6	62	163	17	14	395,359	24,323,844	44,468	19.8	472,765
Topical Products	0.5	0.2	0.0	0.3	16	10	2	5	33	52	42	18	461,059	15,424,790	84,348	37.6	936,546
Miscellaneous Products	0.4	0.2	0.0	0.2	76	57	11	8	199	374	312	39	36,875	7,323,635	9,143	4.1	96,808
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	23	0	0	0	29,874	682,890	9,792	4.4	110,150
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	9,876,930	542,691,085	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 D.6 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 2002. 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_mdmb.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_mdmb.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

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	\$84,836,460	68,319	30.4 %	751,947	0.8	\$146	\$113
ULCER DRUGS	45,308,552	87,059	38.8	956,155	0.5	87	47
ANTIDEPRESSANTS	36,674,656	85,056	37.9	925,657	0.7	61	40
ANTICONVULSANT	33,448,364	50,137	22.3	554,532	0.8	72	60
ANTIDIABETIC	27,056,097	71,591	31.9	780,433	0.7	51	35
ANTHYPERLIPIDEMIC	25,106,077	45,320	20.2	506,040	0.6	78	50
ANTHYPERTENSIVE	23,413,845	94,001	41.9	1,030,702	0.6	36	23
ANALGESICS - ANTI-INFLAMMATORY	18,729,209	73,983	33.0	834,894	0.4	58	22
ANTIASTHMATIC	18,515,754	75,436	33.6	824,205	0.5	50	22
ANALGESICS - Narcotic	17,617,106	93,216	41.5	1,012,358	0.4	41	17
Total	330,706,120	744,118		8,176,923	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.7A
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

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 \$
All	4,801,042	\$330,706,120	68,319	30.4 %	751,947	0.8	\$113	87,059	38.8 %	956,155	0.5	\$47
Female	3,182,188	207,575,991	38,527	27.2	424,372	0.7	96	60,276	42.5	666,215	0.5	47
Disabled	1,756,039	124,409,441	22,188	33.4	252,565	0.8	115	29,770	44.9	338,798	0.5	48
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	90	4,292	0	0.0	0	0.0	0	1	33.3	12	0.5	13
15-20	1,524	122,300	34	22.8	401	0.6	108	38	25.5	438	0.3	21
21-44	325,257	27,721,016	7,249	46.0	82,592	0.7	119	4,845	30.7	55,141	0.5	44
45-64	748,653	54,137,562	9,454	35.4	106,776	0.8	121	12,178	45.7	136,310	0.5	50
65-74	499,199	31,273,854	3,544	21.2	41,072	0.8	102	9,107	54.4	105,796	0.5	47
75-84	155,806	9,679,979	1,552	27.0	17,785	0.8	100	2,990	52.0	34,336	0.6	48
85 and older	25,510	1,470,438	355	27.9	3,939	0.7	78	611	48.1	6,765	0.6	46
Other Eligibles	1,426,149	83,166,550	16,339	21.6	171,807	0.6	68	30,506	40.4	327,417	0.6	47
5 and younger	2	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	15	374	0	0.0	0	0.0	0	2	22.2	24	0.5	9
15-20	458	34,644	9	20.0	100	0.9	80	11	24.4	123	0.4	50
21-44	19,923	1,370,630	331	19.3	3,444	0.4	67	411	23.9	4,467	0.4	35
45-64	9,126	609,159	63	12.8	637	0.4	77	175	35.6	1,856	0.4	45
65-74	289,086	17,355,373	2,148	12.6	22,761	0.6	74	6,092	35.6	66,959	0.5	42
75-84	608,194	35,592,068	6,308	22.1	67,200	0.6	72	12,220	42.7	133,839	0.6	47
85 and older	499,345	28,204,290	7,480	27.1	77,665	0.6	62	11,595	42.1	120,149	0.7	51
Male	1,618,854	123,130,129	29,792	36.1	327,575	0.9	135	26,783	32.4	289,940	0.6	47
Disabled	1,134,528	94,897,168	23,566	44.2	265,848	0.9	148	16,059	30.2	178,890	0.6	48
5 and younger	12	282	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	91	4,036	1	10.0	12	0.9	150	5	50.0	60	0.4	17
15-20	2,287	239,226	77	39.1	905	0.7	139	31	15.7	358	0.5	38
21-44	374,123	36,829,844	10,725	51.5	121,447	0.9	150	4,568	22.0	51,464	0.5	47
45-64	506,735	41,690,640	9,944	44.6	111,104	1.0	157	7,044	31.6	76,646	0.6	50
65-74	211,947	13,577,145	2,217	26.6	25,521	0.8	115	3,654	43.8	41,949	0.5	47
75-84	35,223	2,276,191	521	36.7	5,943	0.9	109	669	47.1	7,497	0.6	48
85 and older	4,110	279,804	81	41.5	916	0.7	105	88	45.1	916	0.7	62
Other Eligibles	484,326	28,232,961	6,226	21.2	61,727	0.6	75	10,724	36.5	111,050	0.6	46
5 and younger	1	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	121	7,744	1	7.1	12	0.1	12	8	57.1	89	0.5	49
15-20	531	55,566	15	34.1	177	1.1	163	5	11.4	56	0.4	36
21-44	6,259	448,236	74	13.1	772	0.4	75	122	21.6	1,293	0.4	41
45-64	6,096	407,981	32	7.0	317	0.4	54	131	28.5	1,327	0.5	51
65-74	148,523	8,832,019	1,571	15.2	15,841	0.6	84	3,197	30.9	33,788	0.5	42
75-84	225,500	13,163,675	2,905	23.9	28,920	0.7	77	4,854	39.9	50,496	0.6	47
85 and older	97,295	5,317,725	1,628	28.3	15,688	0.6	62	2,407	41.9	24,001	0.6	49
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, 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 D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	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 \$
All	85,056	37.9 %	925,657	0.7	\$40	50,137	22.3 %	554,532	0.8	\$60	71,591	31.9 %	780,433	0.7	\$35
Female	58,800	41.5	643,112	0.7	40	28,838	20.3	319,755	0.8	54	49,793	35.1	547,753	0.7	35
Disabled	32,917	49.6	370,255	0.6	40	19,578	29.5	221,017	0.8	63	25,831	38.9	292,021	0.7	39
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	33.3	12	0.8	50	1	33.3	12	1.1	21	0	0.0	0	0.0	0
15-20	43	28.9	501	0.4	29	43	28.9	510	0.8	70	8	5.4	87	0.6	62
21-44	8,800	55.8	98,932	0.6	42	6,507	41.3	73,554	0.9	77	2,442	15.5	27,549	0.7	39
45-64	15,505	58.1	171,681	0.7	41	8,769	32.9	98,152	0.8	64	10,841	40.7	119,600	0.7	40
65-74	6,499	38.8	75,345	0.6	35	3,139	18.8	36,157	0.7	44	9,553	57.1	110,689	0.7	39
75-84	1,752	30.5	20,203	0.6	35	979	17.0	11,126	0.8	35	2,629	45.7	30,073	0.7	33
85 and older	317	24.9	3,581	0.6	38	140	11.0	1,506	0.8	28	358	28.2	4,023	0.6	26
Other Eligibles	25,883	34.3	272,857	0.7	39	9,260	12.3	98,738	0.7	33	23,962	31.7	255,732	0.7	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	12	26.7	144	0.6	39	14	31.1	154	0.7	73	2	4.4	24	0.7	21
21-44	857	49.9	8,938	0.5	33	430	25.0	4,466	0.6	49	188	10.9	1,952	0.5	34
45-64	268	54.5	2,811	0.5	34	102	20.7	1,068	0.5	44	176	35.8	1,761	0.6	39
65-74	4,436	26.0	47,435	0.6	33	1,994	11.7	21,490	0.7	34	6,812	39.9	73,122	0.6	33
75-84	10,008	35.0	107,656	0.7	39	3,947	13.8	42,701	0.7	33	10,812	37.8	116,932	0.7	31
85 and older	10,302	37.4	105,873	0.7	43	2,773	10.1	28,859	0.8	30	5,972	21.7	61,941	0.7	26
Male	26,256	31.8	282,545	0.6	40	21,299	25.8	234,777	0.9	69	21,798	26.4	232,680	0.7	34
Disabled	18,317	34.4	202,276	0.6	41	17,491	32.8	195,968	0.9	76	12,576	23.6	137,780	0.7	37
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	10.0	12	0.9	9	2	20.0	24	0.4	13	0	0.0	0	0.0	0
15-20	51	25.9	592	0.6	35	56	28.4	624	0.9	88	11	5.6	124	0.7	37
21-44	7,674	36.9	85,197	0.6	41	7,614	36.6	86,004	0.9	85	2,378	11.4	26,415	0.7	38
45-64	7,739	34.7	83,700	0.7	42	7,610	34.2	84,117	0.9	74	6,302	28.3	66,863	0.7	37
65-74	2,410	28.9	27,820	0.6	37	1,880	22.5	21,522	0.9	52	3,385	40.6	38,711	0.7	38
75-84	399	28.1	4,466	0.7	39	300	21.1	3,347	0.9	44	462	32.5	5,266	0.7	35
85 and older	43	22.1	489	0.7	36	29	14.9	330	0.9	43	38	19.5	401	0.8	33
Other Eligibles	7,939	27.1	80,269	0.7	38	3,808	13.0	38,809	0.7	36	9,222	31.4	94,900	0.7	30
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	1	0	0.0	0	0.0	0
6-14	1	7.1	12	1.0	84	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	14	31.8	153	0.7	46	9	20.5	108	1.1	128	0	0.0	0	0.0	0
21-44	212	37.5	2,206	0.5	30	111	19.6	1,130	0.6	52	85	15.0	866	0.7	42
45-64	143	31.2	1,429	0.5	29	58	12.6	564	0.6	55	175	38.1	1,566	0.6	35
65-74	2,148	20.7	22,326	0.6	34	1,232	11.9	12,627	0.7	37	3,370	32.5	34,981	0.6	31
75-84	3,521	29.0	35,618	0.7	39	1,713	14.1	17,529	0.8	34	4,195	34.5	43,628	0.7	31
85 and older	1,900	33.1	18,525	0.7	40	684	11.9	6,839	0.8	31	1,397	24.3	13,659	0.7	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible 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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC				ANTHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY						
	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 \$
All	45,320	20.2 %	506,040	0.6	\$50	94,001	41.9 %	1,030,702	0.6	\$23	73,983	33.0 %	834,894	0.4	\$22
Female	30,789	21.7	346,323	0.6	50	63,862	45.0	705,274	0.6	23	53,224	37.5	603,241	0.4	25
Disabled	16,810	25.3	191,948	0.6	51	29,044	43.8	330,397	0.6	23	28,230	42.6	326,075	0.4	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	3	100.0	36	0.3	11	1	33.3	12	0.7	6
15-20	0	0.0	0	0.0	0	16	10.7	192	0.3	8	45	30.2	502	0.2	3
21-44	1,298	8.2	14,790	0.6	42	2,306	14.6	25,989	0.6	20	5,194	32.9	59,554	0.3	11
45-64	7,138	26.8	79,344	0.6	50	11,371	42.6	126,195	0.6	22	10,333	38.7	117,191	0.4	21
65-74	6,565	39.2	76,789	0.7	53	11,097	66.3	128,938	0.6	24	9,334	55.8	109,847	0.4	25
75-84	1,649	28.7	19,234	0.7	53	3,587	62.4	41,544	0.6	24	2,864	49.8	33,650	0.4	30
85 and older	160	12.6	1,791	0.7	49	664	52.2	7,503	0.7	23	459	36.1	5,319	0.5	30
Other Eligibles	13,979	18.5	154,375	0.6	49	34,818	46.1	374,877	0.6	23	24,994	33.1	277,166	0.4	29
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.2	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	11.1	8	0.4	19	0	0.0	0	0.0	0
15-20	1	2.2	12	0.4	27	6	13.3	72	0.5	10	12	26.7	132	0.1	3
21-44	85	5.0	919	0.5	36	261	15.2	2,713	0.5	16	598	34.8	6,300	0.3	9
45-64	94	19.1	945	0.6	48	217	44.1	2,237	0.5	20	183	37.2	1,939	0.3	28
65-74	4,901	28.7	53,829	0.6	48	8,395	49.1	91,313	0.6	21	6,417	37.5	71,786	0.3	23
75-84	6,686	23.4	74,621	0.7	50	14,880	52.0	163,659	0.6	23	10,312	36.1	116,652	0.4	29
85 and older	2,212	8.0	24,049	0.7	48	11,057	40.1	114,863	0.7	23	7,472	27.1	80,357	0.5	34
Male	14,531	17.6	159,717	0.6	49	30,139	36.5	325,428	0.6	22	20,759	25.1	231,653	0.4	17
Disabled	9,286	17.4	103,564	0.6	49	16,899	31.7	186,568	0.6	23	13,281	24.9	150,276	0.3	13
5 and younger	1	50.0	12	0.5	17	2	100.0	24	0.2	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	40.0	48	0.6	14	1	10.0	12	0.2	2
15-20	5	2.5	60	0.4	20	35	17.8	376	0.5	15	25	12.7	267	0.2	2
21-44	2,019	9.7	22,727	0.6	45	3,490	16.8	38,591	0.6	21	4,289	20.6	48,549	0.3	7
45-64	4,443	19.9	48,193	0.6	48	7,869	35.3	84,097	0.6	22	5,211	23.4	57,673	0.4	13
65-74	2,489	29.8	28,769	0.7	53	4,678	56.1	53,975	0.7	24	3,224	38.6	37,647	0.4	20
75-84	304	21.4	3,538	0.7	55	726	51.1	8,420	0.7	26	474	33.4	5,523	0.4	25
85 and older	25	12.8	265	0.9	56	95	48.7	1,037	0.8	29	57	29.2	605	0.5	29
Other Eligibles	5,245	17.9	56,153	0.6	48	13,240	45.1	138,860	0.6	22	7,478	25.5	81,377	0.4	23
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	7.1	12	0.5	32	6	42.9	72	0.7	20	2	14.3	24	0.1	1
15-20	3	6.8	36	0.4	20	10	22.7	115	0.5	11	3	6.8	30	0.1	1
21-44	46	8.1	511	0.5	38	109	19.3	1,150	0.5	20	134	23.7	1,382	0.2	6
45-64	121	26.4	1,131	0.5	43	190	41.4	1,804	0.5	21	97	21.1	928	0.3	22
65-74	2,198	21.2	23,581	0.6	47	4,516	43.6	48,016	0.6	21	2,684	25.9	29,496	0.3	19
75-84	2,389	19.7	25,841	0.7	50	5,952	49.0	63,032	0.6	23	3,259	26.8	35,957	0.4	25
85 and older	487	8.5	5,041	0.6	47	2,457	42.8	24,671	0.7	23	1,299	22.6	13,560	0.5	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible 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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	ANTIASTHMATIC				ANALGESICS - Narcotic				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Users	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Users	Mean Rx \$	Mean No. of Rx	No. of Bene Mos
	No. of Users	33.6 %	824,205	0.5	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users											
All	75,436	33.6 %	824,205	0.5	\$23	0.5	93,216	41.5 %	\$17	0.4	224,458	2,292,840							
Female	51,458	36.3	567,147	0.4	22	0.4	65,739	46.3	17	0.4	141,855	1,469,477							
Disabled	29,688	44.7	336,053	0.4	23	0.4	35,571	53.6	18	0.4	66,342	715,895							
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	12							
6-14	4	133.3	48	0.8	57	4	133.3	48	1	0.1	3	36							
15-20	46	30.9	533	0.4	18	50	33.6	573	3	0.2	149	1,594							
21-44	5,062	32.1	57,463	0.4	20	8,038	51.0	91,295	18	0.4	15,772	168,345							
45-64	13,070	49.0	145,837	0.5	24	15,750	59.1	175,671	20	0.4	26,669	277,300							
65-74	8,582	51.3	99,187	0.5	24	8,654	51.7	99,843	14	0.4	16,729	189,467							
75-84	2,504	43.6	28,439	0.5	23	2,620	45.6	30,199	16	0.4	5,748	65,184							
85 and older	420	33.0	4,546	0.4	19	455	35.8	5,112	13	0.4	1,271	13,957							
Other Eligibles	21,770	28.8	231,094	0.4	21	30,168	40.0	316,351	17	0.4	75,513	753,582							
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0.0	1	12							
6-14	0	0.0	0	0.0	0	1	11.1	8	2	0.1	9	78							
15-20	6	13.3	63	0.4	25	12	26.7	139	1	0.1	45	485							
21-44	512	29.8	5,425	0.3	17	958	55.8	10,135	18	0.4	1,717	15,359							
45-64	229	46.5	2,422	0.5	27	300	61.0	3,190	18	0.4	492	4,377							
65-74	4,880	28.5	52,775	0.4	22	5,868	34.3	63,364	13	0.4	17,093	168,545							
75-84	8,764	30.6	94,328	0.5	22	11,532	40.3	124,190	17	0.5	28,599	294,855							
85 and older	7,379	26.8	76,081	0.4	19	11,497	41.7	115,325	19	0.5	27,557	269,871							
Male	23,978	29.0	257,058	0.5	23	27,477	33.3	293,266	17	0.4	82,603	823,363							
Disabled	13,937	26.2	154,573	0.5	23	18,637	35.0	204,722	19	0.4	53,259	551,940							
5 and younger	1	50.0	12	0.1	1	0	0.0	0	0	0.0	2	24							
6-14	2	20.0	24	0.1	5	0	0.0	0	0	0.0	10	120							
15-20	39	19.8	446	0.3	18	49	24.9	535	8	0.2	197	2,042							
21-44	3,538	17.0	39,745	0.4	19	6,719	32.3	74,495	20	0.4	20,810	218,333							
45-64	6,074	27.3	65,845	0.5	24	8,310	37.3	89,437	21	0.4	22,281	221,654							
65-74	3,588	43.0	40,720	0.5	25	3,097	37.1	35,146	13	0.4	8,343	91,777							
75-84	641	45.1	7,193	0.5	24	413	29.1	4,608	10	0.4	1,421	15,947							
85 and older	54	27.7	588	0.5	24	49	25.1	501	11	0.5	195	2,043							
Other Eligibles	10,041	34.2	102,485	0.5	24	8,840	30.1	88,544	14	0.4	29,344	271,423							
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0.0	3	35							
6-14	2	14.3	24	0.1	14	2	14.3	24	1	0.2	14	145							
15-20	4	9.1	48	0.5	41	4	9.1	44	1	0.1	44	453							
21-44	106	18.8	1,105	0.4	18	306	54.2	3,278	32	0.5	565	4,679							
45-64	101	22.0	1,028	0.4	21	243	52.9	2,458	28	0.4	459	3,564							
65-74	3,107	30.0	32,511	0.5	24	2,726	26.3	27,944	12	0.4	10,356	95,328							
75-84	4,630	38.1	47,644	0.5	24	3,659	30.1	36,745	12	0.4	12,156	115,488							
85 and older	2,091	36.4	20,125	0.5	21	1,900	33.1	18,051	15	0.5	5,747	51,731							
Unknown	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0							

Table D7D

Dual Eligible 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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	Bene Mos among All-Year NF Residents	All-Year NF Residents
All	\$324	6.4	44,629	467,620
Age				
0-64	537	7.4	5,955	67,269
65-74	385	7.3	6,284	67,526
75-84	312	6.6	13,810	143,706
85 and older	236	5.7	18,580	189,119
Unknown	0	0.0	0	0
Gender				
Female	303	6.4	30,936	326,473
Male	374	6.5	13,693	141,147
Unknown	0	0.0	0	0
Race				
White	327	6.6	36,913	386,131
African American	303	5.5	6,511	68,890
Other/unknown	355	6.4	1,205	12,599
Basis of Eligibility^c				
Aged	274	6.2	33,193	338,301
Disabled	455	7.1	11,434	129,304
Adults	307	10.5	2	15
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

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			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.4	0.2	0.0	0.1	\$20	\$16	\$1	\$3	\$56	\$84	\$74	\$18	106,482	\$5,973,118	27,931	62.6 %	302,214
Biologics	0.1	0.0	0.0	0.1	2	0	0	2	21	56	0	20	1,046	22,036	1,013	2.3	11,301
Antineoplastic Agents	0.6	0.2	0.2	0.2	97	46	33	17	158	264	152	79	20,514	3,232,574	3,281	7.4	33,461
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	40	28	3	9	35	59	19	18	246,601	8,638,623	20,140	45.1	216,673
Cardiovascular Agents	2.0	0.4	0.3	1.3	52	21	7	24	27	53	27	19	670,747	17,850,821	32,115	72.0	340,881
Respiratory Agents	0.8	0.3	0.1	0.4	33	17	6	10	42	61	67	25	136,769	5,807,304	16,100	36.1	174,489
Gastrointestinal Agents	1.0	0.4	0.0	0.5	57	43	1	13	60	106	49	25	239,863	14,369,144	23,320	52.3	250,221
Genitourinary Agents	0.6	0.3	0.0	0.2	28	24	0	3	48	70	26	16	77,297	3,737,607	12,364	27.7	134,470
CNS Drugs	1.8	1.0	0.1	0.7	150	119	8	23	85	121	75	34	584,072	49,814,087	30,827	69.1	332,625
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.6	23	11	2	10	29	116	35	16	3,880	113,236	471	1.1	4,924
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	92	91	0	0	121	122	0	29	49,635	5,992,147	6,124	13.7	65,403
Analgesics and Anesthetics	0.9	0.4	0.1	0.5	42	32	3	8	45	88	45	15	199,648	9,041,728	19,980	44.8	212,763
Neuromuscular Agents	1.3	0.5	0.2	0.7	72	46	6	19	54	94	38	29	214,184	11,617,988	14,661	32.9	161,412
Nutritional Products	0.8	0.0	0.2	0.6	14	0	4	10	19	37	23	18	123,783	2,348,954	15,661	35.1	164,662
Hematological Agents	1.1	0.3	0.3	0.5	55	44	4	7	49	150	13	13	166,665	8,218,554	14,212	31.8	150,701
Topical Products	0.6	0.2	0.1	0.3	16	9	2	5	29	47	42	16	151,118	4,337,947	24,614	55.2	271,153
Miscellaneous Products	0.3	0.1	0.0	0.2	7	3	0	4	28	63	221	17	9,490	261,483	3,436	7.7	35,926
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	21	0	0	0	9,499	200,638	2,921	6.5	32,368
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,011,293	151,577,989	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 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 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.
- 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 (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 (May 13 2003). 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.

Table D9

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.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$34,154,910	26,524	59.4 %	295,831	0.9	\$134	\$115
ULCER DRUGS	12,469,056	20,813	46.6	224,212	0.7	76	56
ANTIDEPRESSANTS	12,236,031	22,751	51.0	247,759	0.8	60	49
ANTICONVULSANT	8,482,746	13,046	29.2	145,237	1.0	59	58
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,048,257	6,387	14.3	68,455	0.7	119	88
ANTIDIABETIC	5,345,467	15,186	34.0	164,389	0.8	41	33
ANTIHYPERTENSIVE	4,926,896	17,903	40.1	192,476	0.8	33	26
ANALGESICS - ANTI-INFLAMMATORY	4,527,642	11,969	26.8	133,162	0.6	59	34
ANALGESICS - Narcotic	4,334,533	17,828	39.9	188,025	0.6	38	23
DERMATOLOGICAL	4,280,316	65,641	147.1	725,493	0.3	19	6
Total	96,805,854	218,048		2,385,039	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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 benefit; \$ = Medicaid reimbursement.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean Rx \$
			26,524	59.4 %	295,831												
All	1,507,760	\$96,805,854	15,987	51.7	178,528	0.8	100	0.9	\$116	20,813	46.6 %	224,212	0.7	\$56			
Female	1,015,973	61,293,652	15,987	51.7	178,528	0.8	100	0.9	100	14,569	47.1	157,965	0.7	56			
Disabled	269,074	20,172,689	5,783	100.0	67,475	1.0	141	1.0	141	2,894	50.0	32,927	0.7	57			
64 or younger	121,989	10,399,577	2,970	128.5	34,664	1.1	161	1.1	161	1,097	47.5	12,674	0.7	57			
65-74	84,401	5,755,715	1,603	92.4	18,901	1.0	128	1.0	128	895	51.6	10,269	0.7	59			
75-84	49,542	3,258,419	970	75.9	11,200	0.9	115	0.9	115	661	51.7	7,367	0.7	57			
85 and older	13,142	758,978	240	52.1	2,710	0.8	88	0.8	88	241	52.3	2,617	0.7	54			
Other Eligibles	746,899	41,120,963	10,204	40.6	111,053	0.7	76	0.7	76	11,675	46.4	125,038	0.7	56			
64 or younger	92	2,956	0	0.0	0	0.0	0	0.0	0	2	66.7	15	0.3	11			
65-74	66,685	3,843,813	939	57.0	10,217	0.7	92	0.7	92	881	53.5	9,457	0.7	56			
75-84	287,571	16,453,155	4,021	48.9	44,306	0.7	82	0.7	82	4,016	48.8	43,525	0.7	57			
85 and older	392,551	20,821,039	5,244	34.3	56,530	0.6	67	0.6	67	6,776	44.4	72,041	0.7	55			
Male	491,787	35,512,202	10,537	77.0	117,303	1.0	138	1.0	138	6,244	45.6	66,247	0.7	55			
Disabled	260,057	22,418,163	6,663	117.9	77,571	1.1	166	1.1	166	2,476	43.8	28,102	0.7	55			
64 or younger	181,038	16,942,121	5,014	137.7	58,270	1.2	179	1.2	179	1,493	41.0	16,911	0.7	56			
65-74	61,343	4,270,176	1,250	85.9	14,684	0.9	131	0.9	131	717	49.2	8,333	0.7	54			
75-84	15,012	1,021,198	344	76.4	3,983	0.9	119	0.9	119	222	49.3	2,389	0.7	49			
85 and older	2,664	184,668	55	52.9	634	0.7	122	0.7	122	44	42.3	469	0.7	63			
Other Eligibles	231,730	13,094,039	3,874	48.2	39,732	0.7	84	0.7	84	3,768	46.8	38,145	0.7	55			
64 or younger	54	2,449	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	48,430	2,935,105	873	60.4	9,058	0.7	97	0.7	97	699	48.3	7,175	0.7	55			
75-84	114,020	6,507,566	1,904	49.3	19,603	0.7	87	0.7	87	1,796	46.5	18,075	0.7	56			
85 and older	69,226	3,648,919	1,097	40.1	11,071	0.6	67	0.6	67	1,273	46.5	12,895	0.7	55			
Unknown	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	Users as %			Mean			Users as %			Mean			Users as %			Mean		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Residents	NF	All-Year	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Residents	NF	All-Year	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	22,751	51.0 %	0.8	247,759	0.8	\$49	13,046	29.2 %	1.0	145,237	\$58	6,387	14.3 %	68,455	0.7	\$88		
Female	16,056	51.9	0.8	175,633	0.8	50	7,407	23.9	1.0	82,316	51	4,467	14.4	48,353	0.8	91		
Disabled	3,325	57.5	0.9	38,453	0.9	55	3,116	53.9	1.0	35,803	67	492	8.5	5,688	0.7	93		
64 or younger	1,596	69.1	0.9	18,430	0.9	58	1,694	73.3	1.1	19,512	78	141	6.1	1,599	0.6	110		
65-74	1,009	58.2	0.9	11,779	0.9	53	891	51.4	1.0	10,322	61	154	8.9	1,823	0.7	80		
75-84	563	44.1	0.8	6,471	0.8	50	449	35.1	1.0	5,106	43	133	10.4	1,527	0.7	91		
85 and older	157	34.1	0.8	1,773	0.8	46	82	17.8	1.0	863	33	64	13.9	739	0.7	91		
Other Eligibles	12,731	50.6	0.8	137,180	0.8	48	4,291	17.1	0.9	46,513	39	3,975	15.8	42,665	0.8	91		
64 or younger	4	133.3	0.7	33	0.7	53	1	33.3	1.1	12	19	0	0.0	0	0.0	0		
65-74	1,081	65.6	0.9	11,685	0.9	52	603	36.6	0.9	6,543	48	277	16.8	2,883	0.7	83		
75-84	4,778	58.1	0.8	52,276	0.8	49	1,903	23.1	0.9	21,003	42	1,630	19.8	17,555	0.8	93		
85 and older	6,868	45.0	0.8	73,186	0.8	47	1,784	11.7	0.9	18,955	32	2,068	13.5	22,227	0.8	91		
Male	6,695	48.9	0.8	72,126	0.8	49	5,639	41.2	1.0	62,921	68	1,920	14.0	20,102	0.7	82		
Disabled	2,845	50.4	0.8	32,552	0.8	52	3,824	67.7	1.1	44,154	79	456	8.1	5,270	0.6	64		
64 or younger	1,926	52.9	0.8	21,917	0.8	53	2,898	79.6	1.1	33,384	87	223	6.1	2,549	0.5	49		
65-74	701	48.1	0.8	8,180	0.8	52	748	51.4	1.1	8,744	59	168	11.5	1,985	0.7	77		
75-84	184	40.9	0.7	2,074	0.7	45	159	35.3	1.0	1,808	48	54	12.0	617	0.7	85		
85 and older	34	32.7	0.7	381	0.7	39	19	18.3	1.0	218	53	11	10.6	119	0.5	56		
Other Eligibles	3,850	47.9	0.8	39,574	0.8	46	1,815	22.6	0.9	18,767	42	1,464	18.2	14,832	0.7	88		
64 or younger	1	100.0	0.7	12	0.7	44	0	0.0	0.0	0	0	1	100.0	12	1.1	131		
65-74	832	57.5	0.8	8,787	0.8	47	510	35.3	0.9	5,264	48	230	15.9	2,355	0.7	81		
75-84	1,872	48.5	0.8	19,155	0.8	46	914	23.7	0.9	9,408	41	768	19.9	7,773	0.8	90		
85 and older	1,145	41.8	0.8	11,620	0.8	45	391	14.3	0.9	4,095	34	465	17.0	4,692	0.8	88		
Unknown	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0		

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

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	15,186	34.0 %	164,389	0.8	\$33	17,903	40.1 %	192,476	0.8	\$26	11,969	26.8 %	133,162	0.6	\$34		
Female	10,405	33.6	113,202	0.8	32	12,246	39.6	132,151	0.8	26	8,929	28.9	99,621	0.6	37		
Disabled	2,492	43.1	28,393	0.8	37	2,115	36.6	24,026	0.8	26	1,868	32.3	21,887	0.6	30		
64 or younger	863	37.3	9,820	0.8	40	615	26.6	7,002	0.8	25	777	33.6	9,158	0.5	19		
65-74	979	56.5	11,275	0.8	39	771	44.5	8,871	0.8	27	593	34.2	6,984	0.6	33		
75-84	537	42.0	6,029	0.8	31	548	42.9	6,155	0.8	26	388	30.4	4,495	0.6	48		
85 and older	113	24.5	1,269	0.6	21	181	39.3	1,998	0.8	26	110	23.9	1,250	0.6	37		
Other Eligibles	7,913	31.5	84,809	0.8	31	10,131	40.3	108,125	0.8	26	7,061	28.1	77,734	0.6	39		
64 or younger	1	33.3	6	0.8	48	0	0.0	0	0.0	0	1	33.3	3	1.3	21		
65-74	976	59.2	10,522	0.8	36	863	52.4	9,238	0.8	25	515	31.3	5,748	0.5	32		
75-84	3,582	43.6	38,645	0.8	32	3,630	44.1	39,313	0.8	27	2,470	30.0	27,690	0.6	40		
85 and older	3,354	22.0	35,636	0.7	28	5,638	36.9	59,574	0.8	25	4,075	26.7	44,293	0.6	39		
Male	4,781	34.9	51,187	0.8	33	5,657	41.3	60,325	0.8	25	3,040	22.2	33,541	0.5	26		
Disabled	1,833	32.4	20,854	0.8	37	2,038	36.1	23,420	0.8	25	1,238	21.9	14,342	0.5	16		
64 or younger	1,071	29.4	12,130	0.8	39	1,144	31.4	13,067	0.7	25	791	21.7	9,159	0.5	11		
65-74	615	42.2	7,087	0.8	36	668	45.9	7,769	0.8	25	341	23.4	4,013	0.5	25		
75-84	131	29.1	1,472	0.7	32	182	40.4	2,119	0.8	27	77	17.1	867	0.6	33		
85 and older	16	15.4	165	0.9	32	44	42.3	465	0.8	31	29	27.9	303	0.6	34		
Other Eligibles	2,948	36.7	30,333	0.8	30	3,619	45.0	36,905	0.8	25	1,802	22.4	19,199	0.5	33		
64 or younger	1	100.0	12	1.1	7	0	0.0	0	0.0	0	1	100.0	12	0.8	4		
65-74	661	45.7	6,879	0.8	33	741	51.2	7,658	0.8	26	341	23.6	3,706	0.5	31		
75-84	1,584	41.0	16,249	0.8	30	1,751	45.4	17,871	0.8	25	851	22.1	9,052	0.6	35		
85 and older	702	25.6	7,193	0.7	27	1,127	41.2	11,376	0.8	25	609	22.3	6,429	0.5	31		
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		

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

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Benefit Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					DERMATOLOGICAL					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene Mos among Users		Mean Rx	Users as %		No. of Bene Mos among Users		Mean Rx		
	No. of Users	Residents	No. of Users	NF Residents	No. of Rx	No. of Users	Residents	No. of Users	NF Residents	No. of Rx		
All	17,828	39.9 %	188,025	0.6	\$23	65,641	147.1 %	725,493	0.3	\$6	44,629	467,620
Female	13,558	43.8	143,970	0.6	25	46,100	149.0	511,490	0.3	6	30,936	326,473
Disabled	2,352	40.7	26,680	0.7	28	8,852	153.0	101,986	0.3	6	5,784	65,529
64 or younger	974	42.1	11,097	0.7	29	3,358	145.3	38,986	0.3	7	2,311	26,294
65-74	768	44.3	8,793	0.7	26	2,788	160.8	32,276	0.3	6	1,734	19,905
75-84	477	37.3	5,368	0.7	33	2,010	157.3	23,028	0.3	6	1,278	14,350
85 and older	133	28.9	1,422	0.6	17	696	151.0	7,696	0.3	7	461	4,980
Other Eligibles	11,206	44.6	117,290	0.6	24	37,248	148.1	409,504	0.3	6	25,152	260,944
64 or younger	3	100.0	27	1.4	15	4	133.3	36	0.1	2	3	21
65-74	874	53.0	9,328	0.7	27	2,432	147.6	27,271	0.3	7	1,648	16,883
75-84	3,872	47.1	41,575	0.6	26	12,313	149.7	137,058	0.3	6	8,223	86,923
85 and older	6,457	42.3	66,360	0.5	22	22,499	147.3	245,139	0.3	5	15,278	157,117
Male	4,270	31.2	44,055	0.6	18	19,541	142.7	214,003	0.3	6	13,693	141,147
Disabled	1,446	25.6	16,126	0.6	19	7,395	130.9	85,302	0.3	6	5,650	63,775
64 or younger	881	24.2	9,800	0.6	20	4,372	120.1	50,516	0.3	6	3,640	40,942
65-74	446	30.6	5,067	0.6	19	2,170	149.0	25,216	0.3	6	1,456	16,693
75-84	91	20.2	967	0.5	14	671	149.1	7,540	0.3	7	450	5,040
85 and older	28	26.9	292	0.5	15	182	175.0	2,030	0.2	5	104	1,100
Other Eligibles	2,824	35.1	27,929	0.5	18	12,146	151.0	128,701	0.3	6	8,043	77,372
64 or younger	0	0.0	0	0.0	0	6	600.0	72	0.1	3	1	12
65-74	545	37.7	5,676	0.6	23	2,060	142.5	22,174	0.3	6	1,446	14,045
75-84	1,352	35.0	13,148	0.5	15	5,771	149.5	61,096	0.3	6	3,859	37,393
85 and older	927	33.9	9,105	0.5	18	4,309	157.4	45,359	0.3	6	2,737	25,922
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 17,717 beneficiaries who were in nursing facilities for part of their enrollment and their 164,286 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ILLINOIS, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
		63.3 %	9.9	9.9	\$108						
All	141,999	63.3 %	9.9	9.9	\$108	2,216,765	\$24,183,415	\$11	4.5 %	224,458	
Age											
5 and younger	6	85.7	19.7	138	353	2,473	18	10.6	7		
6-14	19	52.8	7.2	259	149	5,347	21	1.8	36		
15-20	175	40.2	3.1	1,336	77	33,337	25	3.0	435		
21-44	18,044	46.4	5.1	197,798	77	2,977,425	15	2.9	38,864		
45-64	30,074	60.3	8.5	425,268	107	5,358,214	13	3.6	49,901		
65-74	32,298	61.5	9.2	481,233	93	4,866,638	10	4.3	52,521		
75-84	33,205	69.3	12.2	582,346	120	5,750,775	10	5.4	47,924		
85 and older	28,178	81.0	15.2	528,387	149	5,189,206	10	7.5	34,770		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Basis of Eligibility^c											
Aged	68,651	67.7	11.5	1,165,500	114	11,542,911	10	5.9	101,367		
Disabled	71,912	60.1	8.7	1,041,581	104	12,489,976	12	3.7	119,601		
Adults	1,359	41.4	2.8	9,059	43	142,261	16	2.7	3,282		
Children	74	36.8	3.0	611	41	8,171	13	1.3	201		
Unknown	3	42.9	2.0	14	14	96	7	0.9	7		
Gender											
Female	95,615	67.4	10.9	1,552,128	117	16,651,673	11	4.9	141,855		
Male	46,384	56.2	8.0	664,637	91	7,531,742	11	3.8	82,603		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Race											
White	91,468	66.7	11.6	1,592,108	129	17,734,618	11	4.7	137,061		
African American	34,164	57.3	7.2	427,717	78	4,652,037	11	4.1	59,672		
Other/unknown	16,367	59.0	7.1	196,940	65	1,796,760	9	3.4	27,725		
Use of Nursing Facilities^d											
Entire year	41,090	92.1	20.7	922,249	217	9,684,686	11	6.4	44,629		
Part year	15,695	88.6	14.8	261,561	174	3,082,376	12	6.3	17,717		
None	85,214	52.6	6.4	1,032,955	70	11,416,353	11	3.3	162,112		
Maintenance Assistance Status											
Cash	26,840	70.4	11.7	447,774	110	4,192,007	9	4.2	38,145		
Medically needy	67,486	68.5	12.3	1,210,895	133	13,139,039	11	5.4	98,525		
Poverty related	33,117	52.4	5.5	348,700	69	4,369,166	13	3.0	63,189		
Other/unknown	14,556	59.2	8.5	209,396	101	2,483,203	12	4.4	24,599		

Table D11

Dual Eligible 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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ILLINOIS, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	1.0	\$11	\$11	\$0	\$3	2,292,840
Age						
5 and younger	1.7	30	18	0	0	83
6-14	0.7	14	21	0	0	379
15-20	0.3	7	25	0	1	4,574
21-44	0.5	7	15	0	3	406,716
45-64	0.8	11	13	0	4	506,895
65-74	0.9	9	10	0	2	545,117
75-84	1.2	12	10	0	2	491,474
85 and older	1.6	15	10	0	2	337,602
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.2	12	10	0	2	994,713
Disabled	0.8	10	12	0	3	1,267,835
Adults	0.3	5	16	0	2	28,256
Children	0.3	4	13	0	0	1,971
Unknown	0.2	1	7	0	0	65
Gender						
Female	1.1	11	11	0	3	1,469,477
Male	0.8	9	11	0	3	823,363
Unknown	0.0	0	0	0	0	0
Race						
White	1.1	13	11	0	4	1,391,837
African American	0.7	8	11	0	1	607,409
Other/unknown	0.7	6	9	0	2	293,594
Use of Nursing Facilities^d						
Entire year	2.0	21	11	0	4	467,620
Part year	1.6	19	12	0	4	164,286
None	0.6	7	11	0	2	1,660,934
Maintenance Assistance Status						
Cash	1.0	10	9	0	2	437,819
Medically needy	1.3	14	11	0	3	923,801
Poverty related	0.5	6	13	0	2	700,578
Other/unknown	0.9	11	12	0	3	230,642

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 ILLINOIS, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	234,109	\$103	\$24,183,415	100.0 %	2,216,765	\$11	100.0 %
Anorexia or weight loss/gain	4	348	1,392	0.0	15	93	0.0
Fertility drugs	3	102	306	0.0	4	77	0.0
Drugs for cosmetic purposes	38	17	639	0.0	66	10	0.0
Cough and cold medications	14,956	51	768,604	3.2	37,109	21	1.7
Vitamins and minerals	44,404	114	5,082,064	21.0	295,268	17	13.3
Non-prescription drugs	117,585	91	10,647,345	44.0	1,506,221	7	67.9
Barbiturates	2,693	70	188,584	0.8	28,769	7	1.3
Benzodiazepines	45,875	139	6,357,887	26.3	318,054	20	14.3
Other Part D Excl Rx Drugs	8,551	133	1,136,594	4.7	31,259	36	1.4

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown	
All	224,604	101,458	119,630	3,306	203	7	2,294,890	995,822	1,268,322	28,689	1,992	65
Age												
5 and younger	7	0	3	0	4	0	83	0	36	0	47	0
6-14	36	0	13	0	23	0	379	0	156	0	223	0
15-20	436	0	346	11	79	0	4,587	0	3,640	113	834	0
21-44	38,885	0	36,583	2,221	81	0	407,127	0	386,715	19,655	757	0
45-64	49,911	9	48,955	934	11	2	507,089	78	499,077	7,820	90	24
65-74	52,572	27,342	25,086	134	5	5	545,726	263,156	281,438	1,050	41	41
75-84	47,965	40,784	7,175	6	0	0	492,003	410,722	81,230	51	0	0
85 and older	34,792	33,323	1,469	0	0	0	337,896	321,866	16,030	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	141,962	73,263	66,366	2,216	110	7	1,470,981	733,595	716,308	19,929	1,084	65
Male	82,642	28,195	53,264	1,090	93	0	823,909	262,227	552,014	8,760	908	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	137,074	65,638	69,796	1,545	89	6	1,392,066	637,153	740,495	13,448	917	53
African American	59,787	19,555	38,896	1,251	84	1	608,988	186,105	410,912	11,161	798	12
Other/unknown	27,743	16,265	10,938	510	30	0	293,836	172,564	116,915	4,080	277	0
Use of Nursing Facilities^c												
Entire year	44,629	33,193	11,434	2	0	0	467,620	338,301	129,304	15	0	0
Part year	17,717	12,698	5,006	12	1	0	164,329	112,054	52,141	122	12	0
None	162,258	55,567	103,190	3,292	202	7	1,662,941	545,467	1,086,877	28,552	1,980	65
Maintenance Assistance Status												
Cash	38,156	17,708	20,387	60	1	0	437,975	203,113	234,310	547	5	0
Medically needy	98,607	51,846	44,015	2,743	3	0	924,846	472,993	428,508	23,330	15	0
Poverty related	63,230	19,320	43,678	101	124	7	701,236	209,221	490,066	668	1,216	65
Other/unknown	24,611	12,584	11,550	402	75	0	230,833	110,495	115,438	4,144	756	0
Dual Status^d												
Full dual, all year	210,479	95,284	112,114	2,895	179	7	2,140,855	928,230	1,186,514	24,334	1,712	65
Full dual, part year	14,125	6,174	7,516	411	24	0	154,035	67,592	81,808	4,355	280	0
Managed Care Status												
FFS all year	224,323	101,316	119,566	3,234	200	7	2,292,140	994,522	1,267,618	27,967	1,968	65
FFS part year, with Rx claims	88	26	27	34	1	0	997	287	318	380	12	0
FFS part year, no Rx claims	47	25	8	14	0	0	420	202	78	140	0	0
MC all year, with Rx claims	4	2	2	0	0	0	43	24	19	0	0	0
MC all year, no Rx claims	142	89	27	24	2	0	1,290	787	289	202	12	0

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

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2002. 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^a
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2002

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
All	224,604	2,294,890	224,458	2,292,840	0	2,050
FFS all year	224,323	2,292,140	224,323	2,292,140	0	0
FFS part year, with Rx claims	88	997	88	561	0	436
FFS part year, with no Rx claims	47	420	47	139	0	281
MC all year, with Rx claims	4	43	0	0	0	43
MC all year, with no Rx claims	142	1,290	0	0	0	1,290

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.