STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
ILLINOIS

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ILLINOIS, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries	(Cell)	Number of Dual Eligible Beneficiaries	(Cell)[g]	Number of Non-dual Eligible Beneficiaries	(Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	2,181,601	(A)	429,534	(E)	1,752,067	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2,161,146	(B)	410,166	(F)	1,750,980	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	2,056,029	(C)	410,005	(G)	1,646,024	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	51,976	(D)	43,853	(H)	8,123	(L)

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Illinois in 2003 was $1,379,568,522, of which $35,387,117 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 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. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

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 2003. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**2,056,029**	**309,874**	**303,278**	**370,228**	**1,072,649**	**0**	**19,581,924**	**3,033,050**	**3,263,602**	**2,970,952**	**10,314,320**	**0**
Age												
5 and younger	438,898	0	2,833	10	436,055	0	4,045,373	0	31,383	60	4,013,930	0
6-14	464,927	0	13,636	58	451,233	0	4,736,565	0	154,577	238	4,581,750	0
15-20	209,450	1	13,965	19,616	175,868	0	1,970,312	1	152,346	148,220	1,669,745	0
21-44	426,799	129	98,244	320,164	8,262	0	3,684,282	819	1,060,045	2,580,649	42,769	0
45-64	164,506	375	132,743	30,185	1,203	0	1,637,664	2,581	1,388,731	240,372	5,980	0
65-74	130,073	97,624	32,261	174	14	0	1,301,197	931,841	367,968	1,302	86	0
75-84	141,991	133,894	8,083	14	0	0	1,431,541	1,339,413	92,038	90	0	0
85 and older	79,364	77,849	1,513	2	0	0	774,902	758,380	16,514	8	0	0
Unknown	21	2	0	5	14	0	88	15	0	13	60	0
Gender												
Female	1,237,130	213,486	161,862	321,493	540,289	0	11,734,760	2,165,114	1,768,562	2,619,085	5,181,999	0
Male	818,899	96,388	141,416	48,735	532,360	0	7,847,164	867,936	1,495,040	351,867	5,132,321	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	896,021	217,877	140,255	155,204	382,685	0	8,611,286	2,135,033	1,497,943	1,272,377	3,705,933	0
African American	703,458	57,267	131,350	123,760	391,081	0	6,806,557	551,322	1,427,891	1,061,809	3,765,535	0
Other/unknown	456,550	34,730	31,673	91,264	298,883	0	4,164,081	346,695	337,768	636,766	2,842,852	0
Use of Nursing Facilities[c]												
Entire year	51,976	33,747	18,213	14	2	0	544,237	339,145	205,037	51	4	0
Part year	25,584	14,450	10,940	170	24	0	246,369	129,069	115,422	1,644	234	0
None	1,978,469	261,677	274,125	370,044	1,072,623	0	18,791,318	2,564,836	2,943,143	2,969,257	10,314,082	0
Maintenance Assistance Status												
Cash	246,907	21,918	150,649	12,062	62,278	0	2,686,216	250,963	1,718,383	112,427	604,443	0
Medically needy	414,163	59,881	72,316	279,096	2,870	0	3,590,676	546,160	676,267	2,357,719	10,530	0
Poverty-related	1,050,010	26,846	60,914	50,892	911,358	0	10,014,294	290,930	671,844	292,554	8,758,966	0
Other/unknown	344,949	201,229	19,399	28,178	96,143	0	3,290,738	1,944,997	197,108	208,252	940,381	0
Dual Medicare Status[d]												
Full dual, all year	400,643	271,202	125,468	3,609	364	0	4,116,654	2,714,818	1,369,077	30,324	2,435	0
Full dual, part year	9,362	5,091	3,992	256	23	0	103,538	56,942	44,005	2,406	185	0
Non-dual, all year	1,646,024	33,581	173,818	366,363	1,072,262	0	15,361,732	261,290	1,850,520	2,938,222	10,311,700	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,956,321	309,825	302,589	348,911	994,996	0	18,984,925	3,032,814	3,258,951	2,841,497	9,851,663	0
FFS part year, with Rx claims	54,631	26	464	14,862	39,279	0	382,271	159	3,484	101,098	277,530	0
FFS part year, no Rx claims	45,077	23	225	6,455	38,374	0	214,728	77	1,167	28,357	185,127	0

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

ILLINOIS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**59.5 %**	**11.3**	**$654**	**$58**	**$4,061**	**16.1 %**	**2,056,029**
Age							
5 and younger	63.3	3.4	140	41	1,904	7.4	438,898
6-14	53.9	3.5	228	66	1,061	21.5	464,927
15-20	58.2	4.6	272	59	2,167	12.6	209,450
21-44	70.8	12.0	791	66	5,360	14.8	426,799
45-64	80.7	39.8	2,515	63	13,640	18.4	164,506
65-74	43.2	23.1	1,207	52	5,259	23.0	130,073
75-84	33.8	19.0	927	49	5,008	18.5	141,991
85 and older	43.0	23.1	1,006	44	8,051	12.5	79,364
Unknown	33.3	1.7	272	163	637	42.7	21
Basis of Eligibility[e]							
Aged	32.3	16.5	784	48	4,618	17.0	309,874
Disabled	81.8	38.6	2,616	68	14,791	17.7	303,278
Adults	68.8	7.4	334	45	2,523	13.2	370,228
Children	57.9	3.5	172	50	1,396	12.3	1,072,649
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	61.6	12.4	651	52	3,886	16.7	1,237,130
Male	56.4	9.6	659	68	4,324	15.2	818,899
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	59.7	15.1	878	58	4,882	18.0	896,021
African American	58.0	9.3	549	59	4,047	13.6	703,458
Other/unknown	61.5	7.0	375	54	2,470	15.2	456,550
Use of Nursing Facilities[f]							
Entire year	96.9	71.6	3,975	56	30,406	13.1	51,976
Part year	95.0	56.2	3,242	58	28,697	11.3	25,584
None	58.1	9.1	533	58	3,050	17.5	1,978,469
Maintenance Assistance Status							
Cash	78.2	27.7	1,758	64	9,823	17.9	246,907
Medically needy	72.1	18.8	1,016	54	7,279	14.0	414,163
Poverty related	61.0	6.3	344	54	1,890	18.2	1,050,010
Other/unknown	26.6	5.8	373	65	2,679	13.9	344,949

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

ILLINOIS, 2003

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.2**	**$69**	**16.1 %**	**40.5 %**	**41.8 %**	**5.2 %**	**6.8 %**	**4.4 %**	**1.3 %**	**$426**	**2,056,029**	**19,581,924**
Age												
5 and younger	0.4	15	7.4	36.7	59.7	2.8	0.8	0.1	0.0	207	438,898	4,045,373
6-14	0.3	22	21.5	46.1	49.1	2.9	1.8	0.2	0.0	104	464,927	4,736,565
15-20	0.5	29	12.6	41.8	50.7	4.5	2.5	0.4	0.0	230	209,450	1,970,312
21-44	1.4	92	14.8	29.2	48.3	9.1	9.0	3.6	0.8	621	426,799	3,684,282
45-64	4.0	253	18.4	19.3	20.4	10.7	24.1	19.0	6.4	1,370	164,506	1,637,664
65-74	2.3	121	23.0	56.8	8.8	5.4	13.7	11.8	3.5	526	130,073	1,301,197
75-84	1.9	92	18.5	66.2	5.4	3.7	11.1	10.3	3.3	497	141,991	1,431,541
85 and older	2.4	103	12.5	57.0	5.3	4.4	15.0	14.4	3.8	825	79,364	774,902
Unknown	0.4	65	42.7	66.7	23.8	9.5	0.0	0.0	0.0	152	21	88
Basis of Eligibility[e]												
Aged	1.7	80	17.0	67.7	5.9	3.9	10.6	9.2	2.7	472	309,874	3,033,050
Disabled	3.6	243	17.7	18.2	24.2	10.5	23.2	18.0	5.8	1,375	303,278	3,263,602
Adults	0.9	42	13.2	31.2	52.7	8.5	6.0	1.5	0.2	314	370,228	2,970,952
Children	0.4	18	12.3	42.1	53.4	3.0	1.4	0.1	0.0	145	1,072,649	10,314,320
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.3	69	16.7	38.4	42.2	5.7	7.4	4.9	1.5	410	1,237,130	11,734,760
Male	1.0	69	15.2	43.6	41.2	4.6	6.0	3.6	1.0	451	818,899	7,847,164
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.6	91	18.0	40.3	36.5	5.9	8.6	6.5	2.2	508	896,021	8,611,286
African American	1.0	57	13.6	42.0	42.8	5.1	6.2	3.3	0.7	418	703,458	6,806,557
Other/unknown	0.8	41	15.2	38.5	50.5	4.2	4.3	2.0	0.4	271	456,550	4,164,081
Use of Nursing Facilities[f]												
Entire year	6.8	380	13.1	3.1	5.2	6.5	28.8	39.4	17.0	2,904	51,976	544,237
Part year	5.8	337	11.3	5.0	10.2	9.3	31.0	32.3	12.2	2,980	25,584	246,369
None	1.0	56	17.5	41.9	43.2	5.1	5.9	3.1	0.8	321	1,978,469	18,791,318
Maintenance Assistance Status												
Cash	2.5	162	17.9	21.8	36.7	9.0	17.1	11.9	3.5	903	246,907	2,686,216
Medically needy	2.2	117	14.0	27.9	39.6	9.0	12.3	8.6	2.6	840	414,163	3,590,676
Poverty related	0.7	36	18.2	39.0	51.9	3.7	3.3	1.7	0.4	198	1,050,010	10,014,294
Other/unknown	0.6	39	13.9	73.4	17.3	2.7	3.6	2.3	0.8	281	344,949	3,290,738

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

ILLINOIS, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.2**	**$69**	**$58**	**0.5**	**$53**	**$107**	**0.0**	**$2**	**$45**	**0.6**	**$13**	**$21**
Age												
5 and younger	0.4	15	41	0.1	11	89	0.0	0	42	0.2	4	16
6-14	0.3	22	66	0.2	18	110	0.0	1	69	0.2	4	22
15-20	0.5	29	59	0.2	23	102	0.0	1	57	0.2	5	20
21-44	1.4	92	66	0.6	72	126	0.1	3	56	0.8	16	21
45-64	4.0	253	63	1.6	194	118	0.2	8	51	2.2	50	23
65-74	2.3	121	52	1.0	92	91	0.1	3	34	1.2	26	21
75-84	1.9	92	49	0.8	70	86	0.1	3	28	1.0	20	20
85 and older	2.4	103	44	0.9	76	83	0.1	3	24	1.3	24	18
Unknown	0.4	65	163	0.2	62	261	0.0	0	32	0.1	2	15
Basis of Eligibility[d]												
Aged	1.7	80	48	0.7	61	85	0.1	2	27	0.9	17	19
Disabled	3.6	243	68	1.5	190	126	0.1	8	52	1.9	45	23
Adults	0.9	42	45	0.4	31	85	0.0	1	37	0.5	10	18
Children	0.4	18	50	0.2	14	92	0.0	1	57	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.3	69	52	0.5	52	96	0.1	2	38	0.7	14	20
Male	1.0	69	68	0.4	54	127	0.0	2	58	0.5	12	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	91	58	0.7	71	104	0.1	3	41	0.8	17	21
African American	1.0	57	59	0.4	43	118	0.0	2	55	0.6	12	22
Other/unknown	0.8	41	54	0.3	32	99	0.0	1	43	0.4	8	20
Use of Nursing Facilities[e]												
Entire year	6.8	380	56	2.7	288	106	0.4	15	37	3.7	77	21
Part year	5.8	337	58	2.3	261	112	0.3	11	36	3.2	64	20
None	1.0	56	58	0.4	44	107	0.0	2	49	0.5	11	21
Maintenance Assistance Status												
Cash	2.5	162	64	1.1	126	118	0.1	5	49	1.4	31	22
Medically needy	2.2	117	54	0.9	89	101	0.1	4	40	1.2	24	20
Poverty related	0.7	36	54	0.3	28	100	0.0	1	48	0.4	7	20
Other/unknown	0.6	39	65	0.3	31	116	0.0	1	43	0.3	7	21

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

ILLINOIS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$16	$13	$0	$3	$63	$118	$73	$20	2,193,760	$137,881,950	799,097	38.9 %	8,618,600
Biologicals	0.2	0.2	0.0	0.0	214	198	2	15	912	1,052	1,720	322	15,966	14,565,729	6,542	0.3	67,974
Antineoplastic Agents	0.5	0.2	0.0	0.3	137	107	3	26	275	539	198	93	81,453	22,367,452	15,683	0.8	163,788
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	28	22	1	5	45	71	21	20	2,230,161	100,513,466	337,665	16.4	3,602,760
Cardiovascular Agents	1.6	0.5	0.0	1.0	58	36	1	21	37	70	26	21	4,406,256	163,012,485	261,407	12.7	2,826,465
Respiratory Agents	0.4	0.2	0.0	0.2	21	16	1	4	49	76	72	20	2,303,193	112,215,643	498,432	24.2	5,429,657
Gastrointestinal Agents	0.6	0.3	0.0	0.2	47	41	1	5	80	122	93	20	1,412,521	112,912,231	222,528	10.8	2,412,989
Genitourinary Agents	0.3	0.2	0.0	0.1	16	14	0	1	51	65	31	17	352,323	18,064,321	110,316	5.4	1,158,878
CNS Drugs	1.1	0.6	0.0	0.5	92	77	4	11	85	133	93	24	3,393,245	287,606,464	288,580	14.0	3,124,964
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.2	44	37	1	6	69	81	54	36	304,463	21,035,379	42,975	2.1	479,321
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	74	71	0	3	142	149	23	74	128,625	18,301,869	22,807	1.1	246,092
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	16	10	0	5	38	129	59	16	2,256,602	84,896,877	499,170	24.3	5,366,735
Neuromuscular Agents	0.8	0.4	0.0	0.4	56	44	2	10	70	123	39	26	1,409,627	99,248,390	160,261	7.8	1,764,752
Nutritional Products	0.5	0.0	0.1	0.4	9	1	2	7	20	34	31	18	638,094	13,074,514	141,106	6.9	1,404,325
Hematological Agents	0.7	0.2	0.1	0.4	91	79	2	10	122	316	21	26	655,486	80,259,983	82,053	4.0	878,704
Topical Products	0.3	0.1	0.0	0.2	9	5	0	3	34	59	48	20	1,290,143	43,676,097	456,116	22.2	4,975,193
Miscellaneous Products	0.2	0.1	0.0	0.1	24	20	2	3	117	168	297	31	94,686	11,048,777	42,224	2.1	460,116
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	37	0	0	0	94,074	3,499,778	60,516	2.9	676,752
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.	23,260,678	1,344,181,405	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

ILLINOIS, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$186,602,849	150,966	7.3 %	1,689,370	0.7	$163	$110
ULCER DRUGS	92,487,747	211,339	10.3	2,317,227	0.4	90	40
ANTICONVULSANT	84,906,836	124,087	6.0	1,385,655	0.7	84	61
ANTIDEPRESSANTS	77,945,281	238,600	11.6	2,603,321	0.5	57	30
ANTIASTHMATIC	68,498,844	400,062	19.5	4,400,631	0.3	52	16
ANTIHYPERLIPIDEMIC	58,580,958	96,640	4.7	1,083,175	0.6	91	54
ANTIVIRAL	57,843,972	32,965	1.6	363,159	0.4	394	159
ANTIDIABETIC	57,747,238	145,252	7.1	1,592,610	0.7	54	36
MISC. HEMATOLOGICAL	48,912,642	31,325	1.5	343,235	0.6	247	143
ANTIHYPERTENSIVE	42,396,425	185,726	9.0	2,051,390	0.6	34	21
Total	775,922,792	1,616,962		17,829,773	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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