

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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>410,005</b>	<b>276,293</b>	<b>129,460</b>	<b>3,865</b>	<b>387</b>	<b>0</b>	<b>4,220,192</b>	<b>2,771,760</b>	<b>1,413,082</b>	<b>32,730</b>	<b>2,620</b>	<b>0</b>
<b>Age</b>												
5 and younger	4	0	2	0	2	0	39	0	24	0	15	0
6-14	32	0	11	0	21	0	361	0	132	0	229	0
15-20	420	0	315	21	84	0	4,399	0	3,405	191	803	0
21-44	41,212	3	38,423	2,591	195	0	443,831	19	420,189	22,505	1,118	0
45-64	55,413	31	54,200	1,108	74	0	582,453	176	572,956	8,926	395	0
65-74	113,723	86,086	27,493	133	11	0	1,155,155	839,838	314,224	1,033	60	0
75-84	128,269	120,693	7,564	12	0	0	1,321,328	1,235,020	86,233	75	0	0
85 and older	70,931	69,479	1,452	0	0	0	712,623	696,704	15,919	0	0	0
Unknown	1	1	0	0	0	3	0	0	0	0	0	0
<b>Gender</b>												
Female	274,706	200,272	71,591	2,603	240	0	2,865,886	2,048,206	793,428	22,619	1,633	0
Male	135,299	76,021	57,869	1,262	147	0	1,354,306	723,554	619,654	10,111	987	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	274,384	197,179	75,147	1,887	171	0	2,817,193	1,978,525	821,426	16,080	1,162	0
African American	95,115	51,495	42,060	1,423	137	0	978,077	507,190	457,689	12,254	944	0
Other/unknown	40,506	27,619	12,253	555	79	0	424,922	286,045	133,967	4,396	514	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	43,853	32,102	11,748	3	0	0	456,533	323,778	132,747	8	0	0
Part year	18,750	13,246	5,494	10	0	0	176,675	118,478	58,128	69	0	0
None	347,402	230,945	112,218	3,852	387	0	3,586,984	2,329,504	1,222,207	32,653	2,620	0
<b>Maintenance Assistance Status</b>												
Cash	38,992	17,901	21,036	54	1	0	450,157	206,250	243,413	482	12	0
Medically needy	100,803	53,418	44,173	3,211	1	0	966,519	490,577	448,889	27,051	2	0
Poverty-related	76,521	24,851	51,258	92	320	0	854,492	272,291	579,586	629	1,986	0
Other/unknown	193,689	180,123	12,993	508	65	0	1,949,024	1,802,642	141,194	4,568	620	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	409,857	276,247	129,430	3,798	382	0	4,219,313	2,771,546	1,412,898	32,269	2,600	0
FFS part year, with Rx claims	110	25	25	56	4	0	739	150	173	397	19	0
FFS part year, no Rx claims	38	21	5	11	1	0	140	64	11	64	1	0

Table D2

Dual Eligible Beneficiaries

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 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All		Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
					Medicaid FFS \$ <sup>c</sup>	FFS \$ <sup>d</sup>		
<b>All</b>	<b>50.2 %</b>	<b>27.1</b>	<b>\$1,568</b>	<b>\$58</b>	<b>\$8,006</b>	<b>\$19.6 %</b>	<b>410,005</b>	
<b>Age</b>								
5 and younger	75.0	41.5	2,235	54	37,666	5.9	4	
6-14	96.9	51.8	10,367	200	33,766	30.7	32	
15-20	78.3	21.5	2,219	103	13,443	16.5	420	
21-44	82.0	33.8	2,891	86	14,145	20.4	41,212	
45-64	85.8	50.5	3,361	67	16,095	20.9	55,413	
65-74	42.3	23.2	1,212	52	4,808	25.2	113,723	
75-84	34.2	19.6	956	49	5,070	18.8	128,269	
85 and older	45.3	24.5	1,070	44	8,511	12.6	70,931	
Unknown	0.0	0.0	0	0	0	0.0	1	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	32.7	17.1	811	47	4,694	17.3	276,293	
Disabled	86.7	48.4	3,180	66	15,150	21.0	129,460	
Adults	78.9	24.4	1,687	69	5,297	31.8	3,865	
Children	76.0	18.7	2,110	113	9,721	21.7	387	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Gender</b>								
Female	48.5	27.4	1,464	54	7,135	20.5	274,706	
Male	53.6	26.4	1,779	67	9,775	18.2	135,299	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Race</b>								
White	46.0	27.7	1,590	58	8,665	18.4	274,384	
African American	56.1	24.9	1,481	60	7,207	20.5	95,115	
Other/unknown	64.7	28.2	1,625	58	5,417	30.0	40,506	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	96.9	70.2	3,723	53	27,841	13.4	43,853	
Part year	94.7	55.1	2,963	54	20,113	14.7	18,750	
None	41.9	20.1	1,221	61	4,849	25.2	347,402	
<b>Maintenance Assistance Status</b>								
Cash	91.7	52.0	2,847	55	10,793	26.4	38,992	
Medically needy	84.3	47.9	2,684	56	19,092	14.1	100,803	
Poverty related	85.0	41.0	2,518	61	7,442	33.8	76,521	
Other/unknown	10.3	5.7	355	63	1,898	18.7	193,689	

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 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. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months	
			Percentage of All Medicaid FFS <sup>c</sup>	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
<b>All</b>	<b>2.6</b>	<b>\$152</b>	<b>19.6 %</b>	<b>49.8 %</b>	<b>9.6 %</b>	<b>6.0 %</b>	<b>16.0 %</b>	<b>14.2 %</b>	<b>4.5 %</b>	<b>\$778</b>	<b>410,005</b>	<b>4,220,192</b>
<b>Age</b>												
5 and younger	4.3	229	5.9	25.0	0.0	25.0	25.0	25.0	0.0	3,863	4	39
6-14	4.6	919	30.7	3.1	21.9	15.6	28.1	25.0	6.3	2,993	32	361
15-20	2.1	212	16.5	21.7	39.0	12.1	16.4	9.8	1.0	1,284	420	4,399
21-44	3.1	268	20.4	18.0	26.7	12.2	24.1	14.8	4.1	1,313	41,212	443,831
45-64	4.8	320	20.9	14.2	15.0	10.0	26.4	25.2	9.2	1,531	55,413	582,453
65-74	2.3	119	25.2	57.7	8.2	5.2	13.4	11.9	3.7	473	113,723	1,155,155
75-84	1.9	93	18.8	65.8	5.1	3.6	11.2	10.7	3.5	492	128,269	1,321,328
85 and older	2.4	107	12.6	54.7	5.5	4.6	15.9	15.3	4.1	847	70,931	712,623
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.7	81	17.3	67.3	5.6	3.8	10.8	9.6	2.9	468	276,293	2,771,760
Disabled	4.4	291	21.0	13.3	17.5	10.4	26.8	24.0	8.0	1,388	129,460	1,413,082
Adults	2.9	199	31.8	21.1	28.2	12.4	23.1	12.6	2.6	626	3,865	32,730
Children	2.8	312	21.7	24.0	27.1	12.4	20.7	13.7	2.1	1,436	387	2,620
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.6	140	20.5	51.5	8.2	5.6	15.6	14.4	4.7	684	274,706	2,865,886
Male	2.6	178	18.2	46.4	12.5	6.7	16.7	13.7	4.0	977	135,299	1,354,306
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.7	155	18.4	54.0	6.8	4.7	14.3	14.8	5.4	844	274,384	2,817,193
African American	2.4	144	20.5	43.9	14.8	7.8	18.1	12.6	2.7	701	95,115	978,077
Other/unknown	2.7	155	30.0	35.3	16.2	9.9	22.6	13.4	2.6	516	40,506	424,922
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	6.7	358	13.4	3.1	5.4	6.7	29.2	39.3	16.4	2,674	43,853	456,533
Part year	5.8	314	14.7	5.3	9.6	8.7	31.2	33.3	12.0	2,135	18,750	176,675
None	1.9	118	25.2	58.1	10.1	5.7	13.5	10.0	2.6	470	347,402	3,586,984
<b>Maintenance Assistance Status</b>												
Cash	4.5	247	26.4	8.3	16.5	11.0	30.8	26.0	7.4	935	38,992	450,157
Medically needy	5.0	280	14.1	15.7	12.6	8.8	26.7	27.0	9.3	1,991	100,803	966,519
Poverty related	3.7	226	33.8	15.0	20.9	11.8	27.4	19.8	5.1	667	76,521	854,492
Other/unknown	0.6	35	18.7	89.7	2.1	1.1	2.9	2.9	1.2	189	193,689	1,949,024

Table D4

Dual Eligible Beneficiaries

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 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. 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 D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.6</b>	<b>\$152</b>	<b>\$58</b>	<b>1.1</b>	<b>\$118</b>	<b>\$105</b>	<b>0.1</b>	<b>\$5</b>	<b>\$39</b>	<b>1.4</b>	<b>\$30</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	4.3	229	54	1.6	143	90	0.0	0	0	2.6	86	33
6-14	4.6	919	200	2.1	822	400	0.1	6	109	2.5	91	37
15-20	2.1	212	103	1.0	177	181	0.1	5	60	1.0	27	27
21-44	3.1	268	86	1.4	218	153	0.2	10	66	1.6	40	25
45-64	4.8	320	67	2.1	250	121	0.2	11	51	2.5	59	23
65-74	2.3	119	52	1.0	91	91	0.1	3	34	1.2	25	21
75-84	1.9	93	49	0.8	70	86	0.1	3	28	1.0	20	20
85 and older	2.4	107	44	0.9	78	83	0.1	4	24	1.3	25	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	1.7	81	47	0.7	61	85	0.1	2	27	0.9	17	19
Disabled	4.4	291	66	1.9	228	119	0.2	10	49	2.3	53	23
Adults	2.9	199	69	1.2	160	130	0.1	4	51	1.6	36	23
Children	2.8	312	113	1.3	273	206	0.1	5	60	1.3	32	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	2.6	140	54	1.1	108	96	0.1	4	33	1.4	28	21
Male	2.6	178	67	1.1	139	123	0.1	6	51	1.4	32	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.7	155	58	1.2	120	104	0.1	5	37	1.4	29	21
African American	2.4	144	60	0.9	108	114	0.1	4	49	1.4	31	23
Other/unknown	2.7	155	58	1.3	124	95	0.1	3	36	1.3	28	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.7	358	53	2.7	270	101	0.4	13	33	3.7	74	20
Part year	5.8	314	54	2.4	241	102	0.3	10	32	3.2	63	20
None	1.9	118	61	0.9	92	107	0.1	3	44	1.0	22	22
<b>Maintenance Assistance Status</b>												
Cash	4.5	247	55	2.0	192	94	0.2	6	35	2.3	48	21
Medically needy	5.0	280	56	2.1	213	104	0.3	11	38	2.7	56	21
Poverty related	3.7	226	61	1.6	176	110	0.1	6	43	1.9	43	22
Other/unknown	0.6	35	63	0.2	28	116	0.0	1	39	0.3	6	22

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 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.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$33	\$29	\$0	\$4	\$94	\$157	\$76	\$24	478,833	\$44,788,098	122,550	29.9 %	1,362,388
Biologics	0.1	0.0	0.0	0.1	15	3	0	12	150	197	0	142	2,712	406,405	2,437	0.6	27,275
Antineoplastic Agents	0.5	0.2	0.0	0.3	114	83	2	29	230	459	163	96	50,344	11,564,688	9,727	2.4	101,047
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	44	34	2	8	43	72	17	18	1,091,126	47,031,719	97,036	23.7	1,068,778
Cardiovascular Agents	1.8	0.6	0.0	1.2	67	42	1	24	36	68	24	20	2,908,677	105,503,068	144,680	35.3	1,578,061
Respiratory Agents	0.7	0.4	0.0	0.3	38	30	2	6	52	74	76	20	659,350	34,612,739	81,386	19.9	908,798
Gastrointestinal Agents	0.8	0.4	0.0	0.3	60	53	1	6	78	121	66	20	844,478	65,684,055	99,437	24.3	1,092,998
Genitourinary Agents	0.5	0.3	0.0	0.1	28	26	0	2	57	74	29	17	192,452	11,063,844	35,417	8.6	390,525
CNS Drugs	1.4	0.7	0.1	0.6	118	98	5	15	85	132	95	26	1,778,061	151,248,463	117,284	28.6	1,283,347
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	36	22	3	12	59	112	64	32	14,498	854,157	2,130	0.5	23,462
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	86	84	0	2	139	143	27	65	104,632	14,525,824	15,738	3.8	168,871
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	37	27	1	9	49	119	64	19	944,140	46,731,728	115,896	28.3	1,279,938
Neuromuscular Agents	1.0	0.4	0.1	0.5	69	52	2	14	68	121	37	28	725,311	49,634,241	64,785	15.8	721,337
Nutritional Products	0.6	0.0	0.1	0.5	12	0	3	9	20	32	30	18	326,646	6,398,322	48,333	11.8	519,675
Hematological Agents	0.8	0.3	0.1	0.4	58	48	2	7	68	167	18	16	459,674	31,374,327	50,391	12.3	544,508
Topical Products	0.5	0.2	0.0	0.3	17	11	1	5	37	57	43	20	470,218	17,166,683	88,191	21.5	990,387
Miscellaneous Products	0.3	0.1	0.0	0.2	34	26	3	5	119	281	287	27	26,681	3,177,387	8,723	2.1	92,883
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	65	0	0	0	19,153	1,235,911	6,947	1.7	79,038
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	11,096,986	643,001,659	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 D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.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.medisp.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$100,169,575	74,043	18.1 %	825,014	0.8	\$159
ULCER DRUGS	54,610,414	97,664	23.8	1,083,843	0.6	90
ANTICONVULSANT	40,873,432	56,903	13.9	638,055	0.8	80
ANTIDEPRESSANTS	38,447,221	95,252	23.2	1,051,166	0.6	56
ANTHYPERLIPIDEMIC	37,914,647	58,301	14.2	659,891	0.6	91
ANTIDIABETIC	32,959,099	82,083	20.0	908,897	0.7	52
ANTIHYPERTENSIVE	26,650,583	106,662	26.0	1,184,462	0.6	35
ANTIVIRAL	22,635,279	9,805	2.4	110,100	0.5	417
ANALGESICS - ANTI-INFLAMMATORY	22,291,120	81,354	19.8	927,734	0.4	61
ANTIASTHMATIC	21,781,548	81,161	19.8	900,009	0.4	55
<b>Total</b>	<b>398,332,918</b>	<b>743,228</b>		<b>8,289,171</b>	<b>n.a.</b>	<b>n.a.</b>

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 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 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; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS										ULCER DRUGS									
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month								
<b>All</b>	<b>5,064,292</b>	<b>\$398,332,918</b>	<b>74,043</b>	<b>18.1 %</b>	<b>825,014</b>	<b>0.8</b>	<b>\$121</b>	<b>97,664</b>	<b>23.8 %</b>	<b>1,083,843</b>	<b>0.6</b>	<b>\$50</b>																		
<b>Female</b>	3,292,556	239,034,476	41,315	15.0	459,500	0.7	105	67,219	24.5	749,382	0.6	50																		
<b>Disabled</b>	1,870,833	149,028,080	24,588	34.3	283,544	0.8	124	34,037	47.5	391,801	0.5	51																		
5 and younger	17	1,573	0	0.0	0	0.0	0	0	0.0	0	0.0	0																		
6-14	50	1,494	0	0.0	0	0.0	0	0	0.0	0	0.0	0																		
15-20	1,215	128,945	30	20.4	335	0.5	91	28	19.0	326	0.3	21																		
21-44	328,770	32,636,875	7,942	47.7	91,784	0.7	126	5,408	32.5	62,407	0.5	46																		
45-64	811,925	66,641,443	10,819	37.1	124,268	0.8	131	14,196	48.6	161,354	0.5	53																		
65-74	543,287	37,308,192	3,832	20.9	44,722	0.8	111	10,458	57.0	122,426	0.5	50																		
75-84	160,707	10,754,116	1,602	26.7	18,429	0.8	106	3,307	55.2	38,214	0.6	51																		
85 and older	24,862	1,555,442	363	28.8	4,006	0.7	89	640	50.7	7,074	0.6	47																		
<b>Other Eligibles</b>	1,421,723	90,006,396	16,727	8.2	175,956	0.6	74	33,182	16.3	357,581	0.6	50																		
5 and younger	5	35	0	0.0	0	0.0	0	0	0.0	0	0.0	0																		
6-14	109	20,157	0	0.0	0	0.0	0	7	77.8	82	0.5	35																		
15-20	562	50,049	17	23.6	194	0.5	106	17	23.6	176	0.2	19																		
21-44	20,467	1,816,003	406	19.6	4,194	0.4	71	538	25.9	5,504	0.4	35																		
45-64	9,940	719,411	94	14.3	925	0.4	61	233	35.5	2,392	0.5	48																		
65-74	307,268	20,240,347	2,197	3.9	23,463	0.6	80	6,936	12.2	76,860	0.5	45																		
75-84	609,000	38,579,129	6,434	7.4	68,955	0.6	77	13,255	15.3	145,983	0.6	50																		
85 and older	474,372	28,581,265	7,579	13.4	78,225	0.6	70	12,196	21.6	126,584	0.7	54																		
<b>Male</b>	1,771,736	159,298,442	32,728	24.2	365,514	0.8	142	30,445	22.5	334,461	0.6	50																		
<b>Disabled</b>	1,270,867	127,053,719	26,265	45.4	300,716	0.9	156	18,767	32.4	212,456	0.6	51																		
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0																		
6-14	81	5,659	0	0.0	0	0.0	0	4	44.4	48	0.4	17																		
15-20	1,605	198,908	53	31.5	618	0.6	130	22	13.1	259	0.5	56																		
21-44	399,096	49,286,460	11,621	53.4	133,511	0.8	156	5,096	23.4	58,241	0.5	48																		
45-64	593,830	58,113,095	11,569	46.3	132,030	1.0	164	8,501	34.0	94,971	0.6	53																		
65-74	233,551	16,425,191	2,363	25.8	27,123	0.8	123	4,260	46.5	48,877	0.6	52																		
75-84	38,921	2,751,336	582	37.0	6,570	0.9	121	784	49.8	8,982	0.6	50																		
85 and older	3,783	273,070	77	40.5	864	0.8	119	100	52.6	1,078	0.6	54																		
<b>Other Eligibles</b>	500,869	32,244,723	6,463	8.3	64,798	0.6	80	11,678	15.1	122,005	0.6	49																		
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0																		
6-14	146	18,096	1	8.3	12	0.2	30	5	41.7	60	0.8	75																		
15-20	409	40,261	9	27.3	98	0.7	102	11	33.3	124	0.4	43																		
21-44	6,637	661,694	98	13.7	945	0.5	107	134	18.7	1,326	0.5	52																		
45-64	6,510	576,456	41	7.4	382	0.5	84	131	23.6	1,270	0.5	59																		
65-74	157,938	10,521,571	1,621	5.6	16,636	0.6	90	3,512	12.0	37,490	0.5	46																		
75-84	232,762	14,692,724	3,016	8.9	30,652	0.6	80	5,345	15.7	56,670	0.6	49																		
85 and older	96,467	5,733,921	1,677	13.0	16,073	0.6	69	2,540	19.7	25,065	0.6	54																		
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0																		

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

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

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				ANTIHYPERLIPIDEMIC					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month		
<b>All</b>	<b>56,903</b>	<b>13.9 %</b>	<b>638,055</b>	<b>0.8</b>	<b>95,252</b>	<b>23.2 %</b>	<b>1,051,166</b>	<b>0.6</b>	<b>\$37</b>	<b>58,301</b>	<b>14.2 %</b>	<b>659,891</b>	<b>0.6</b>	<b>\$58</b>
<b>Female</b>	33,108	12.1	371,234	0.8	65,512	23.8	725,236	0.7	37	39,015	14.2	444,366	0.6	58
<b>Disabled</b>	22,767	31.8	261,000	0.8	37,916	53.0	433,260	0.6	36	21,510	30.0	248,996	0.6	58
5 and younger	0	0.0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	1.0	1	50.0	12	0.8	54	0	0.0	0	0.0	0
15-20	43	29.3	481	0.8	43	29.3	476	0.4	22	2	1.4	24	0.8	91
21-44	7,189	43.1	82,458	0.8	9,896	59.4	113,322	0.6	38	1,617	9.7	18,742	0.6	49
45-64	10,543	36.1	120,193	0.8	18,101	62.0	204,420	0.6	38	9,221	31.6	104,655	0.6	57
65-74	3,746	20.4	43,636	0.7	7,594	41.4	88,782	0.6	32	8,422	45.9	99,182	0.6	61
75-84	1,103	18.4	12,643	0.7	1,919	32.0	22,206	0.6	33	2,060	34.4	24,208	0.7	61
85 and older	142	11.3	1,577	0.8	362	28.7	4,042	0.6	33	188	14.9	2,185	0.7	60
<b>Other Eligibles</b>	10,341	5.1	110,234	0.7	27,596	13.6	291,976	0.7	37	17,505	8.6	195,370	0.6	57
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	22.2	24	0.2	0	0.0	0	0.0	0	3	33.3	36	0.8	52
15-20	16	22.2	176	0.6	22	30.6	239	0.4	17	3	4.2	30	0.4	69
21-44	518	25.0	5,418	0.6	1,038	50.0	10,873	0.5	31	100	4.8	1,045	0.5	41
45-64	146	22.2	1,493	0.6	341	51.9	3,415	0.6	34	130	19.8	1,303	0.5	49
65-74	2,195	3.8	23,701	0.6	4,947	8.7	53,550	0.6	30	6,069	10.6	67,708	0.6	55
75-84	4,430	5.1	48,298	0.7	10,464	12.1	113,022	0.7	37	8,263	9.5	93,524	0.6	58
85 and older	3,034	5.4	31,124	0.8	10,784	19.1	110,877	0.7	41	2,937	5.2	31,724	0.7	56
<b>Male</b>	23,795	17.6	266,821	0.9	29,740	22.0	325,930	0.6	37	19,286	14.3	215,525	0.6	57
<b>Disabled</b>	19,671	34.0	224,161	0.9	21,324	36.8	240,178	0.6	37	12,443	21.5	141,733	0.6	57
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	22.2	24	0.2	0	0.0	0	0.0	0	1	11.1	12	0.8	30
15-20	53	31.5	592	0.7	35	20.8	415	0.5	30	6	3.6	72	0.3	18
21-44	8,222	37.8	94,204	0.9	8,411	38.7	95,518	0.6	38	2,566	11.8	29,637	0.6	51
45-64	8,911	35.6	100,903	0.9	9,603	38.4	106,749	0.7	37	6,229	24.9	69,600	0.6	57
65-74	2,085	22.8	23,964	0.9	2,779	30.3	31,905	0.6	33	3,231	35.3	37,652	0.7	61
75-84	368	23.4	4,150	0.9	451	28.6	5,140	0.7	38	387	24.6	4,519	0.7	66
85 and older	30	15.8	324	1.0	45	23.7	451	0.8	38	23	12.1	241	0.7	62
<b>Other Eligibles</b>	4,124	5.3	42,660	0.7	8,416	10.9	85,752	0.7	35	6,843	8.8	73,792	0.6	57
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	8.3	12	0.1	2	16.7	24	0.6	64	1	8.3	12	0.8	51
15-20	9	27.3	108	0.7	11	33.3	124	0.7	39	3	9.1	31	0.3	28
21-44	153	21.4	1,536	0.6	253	35.4	2,610	0.5	30	88	12.3	909	0.5	42
45-64	83	14.9	810	0.6	179	32.2	1,698	0.6	32	137	24.6	1,253	0.6	56
65-74	1,330	4.6	14,094	0.6	2,285	7.8	23,872	0.6	33	2,870	9.8	31,097	0.6	56
75-84	1,861	5.5	19,358	0.7	3,708	10.9	38,153	0.7	36	3,073	9.0	33,516	0.7	59
85 and older	687	5.3	6,742	0.7	1,978	15.3	19,271	0.7	38	671	5.2	6,974	0.7	57
<b>Unknown</b>	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 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

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

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>82,083</b>	<b>20.0 %</b>	<b>908,897</b>	<b>0.7</b>	<b>\$36</b>	<b>106,662</b>	<b>26.0 %</b>	<b>1,184,462</b>	<b>0.6</b>	<b>\$23</b>	<b>9,805</b>	<b>2.4 %</b>	<b>110,100</b>	<b>0.5</b>	<b>\$206</b>
<b>Female</b>	56,215	20.5	627,411	0.7	36	71,961	26.2	802,983	0.7	23	3,786	1.4	43,039	0.3	129
<b>Disabled</b>	29,957	41.8	343,747	0.7	40	33,587	46.9	386,216	0.6	23	2,584	3.6	29,794	0.4	169
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.4	131
6-14	0	0.0	0	0.0	0	1	50.0	12	0.8	11	1	50.0	12	0.1	3
15-20	5	3.4	60	0.7	68	13	8.8	148	0.4	28	4	2.7	44	0.8	461
21-44	2,676	16.1	30,694	0.7	42	2,686	16.1	30,619	0.6	19	931	5.6	10,702	0.5	188
45-64	12,848	44.0	144,800	0.7	43	13,459	46.1	151,801	0.6	23	1,184	4.1	13,533	0.4	197
65-74	11,126	60.7	130,216	0.7	39	12,616	68.8	147,887	0.7	25	376	2.1	4,463	0.2	74
75-84	2,938	49.1	33,988	0.7	35	4,072	68.0	47,486	0.7	24	71	1.2	846	0.1	20
85 and older	364	28.8	3,989	0.7	25	740	58.6	8,263	0.7	22	16	1.3	182	0.1	10
<b>Other Eligibles</b>	26,258	12.9	283,664	0.7	31	38,374	18.9	416,767	0.7	23	1,202	0.6	13,245	0.2	38
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	44.4	48	0.3	9	3	33.3	36	0.6	413
15-20	5	6.9	52	1.2	83	12	16.7	108	0.4	9	6	8.3	50	0.4	35
21-44	209	10.1	2,143	0.6	42	295	14.2	3,032	0.5	17	98	4.7	940	0.5	244
45-64	217	33.0	2,121	0.7	45	259	39.4	2,498	0.6	23	15	2.3	162	0.2	66
65-74	7,747	13.6	84,432	0.7	33	9,628	16.9	106,333	0.6	23	249	0.4	2,829	0.2	47
75-84	11,793	13.6	130,047	0.7	32	16,478	19.0	182,931	0.7	23	431	0.5	4,836	0.1	16
85 and older	6,287	11.1	64,869	0.7	27	11,697	20.7	121,805	0.7	22	400	0.7	4,392	0.1	8
<b>Male</b>	25,868	19.1	281,486	0.7	36	34,701	25.6	381,479	0.6	21	6,019	4.4	67,061	0.6	255
<b>Disabled</b>	15,363	26.5	171,801	0.7	40	19,965	34.5	224,560	0.6	22	5,604	9.7	62,523	0.6	265
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	8	88.9	96	0.4	14	3	33.3	36	0.1	84
15-20	4	2.4	48	0.7	11	27	16.1	316	0.5	13	14	8.3	167	0.4	253
21-44	2,669	12.3	30,265	0.7	40	3,936	18.1	44,574	0.6	20	3,147	14.5	35,011	0.6	256
45-64	7,854	31.4	85,978	0.7	41	9,449	37.8	104,215	0.6	22	2,163	8.6	24,076	0.6	293
65-74	4,238	46.3	48,696	0.7	38	5,571	60.8	64,162	0.7	22	252	2.8	2,943	0.4	178
75-84	552	35.0	6,296	0.7	33	878	55.7	10,138	0.7	23	22	1.4	254	0.1	21
85 and older	46	24.2	518	0.7	32	96	50.5	1,059	0.7	21	3	1.6	36	0.1	5
<b>Other Eligibles</b>	10,505	13.6	109,685	0.7	31	14,736	19.0	156,919	0.6	21	415	0.5	4,538	0.3	114
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	6	50.0	62	0.5	15	2	16.7	24	0.3	332
15-20	0	0.0	0	0.0	0	14	42.4	160	0.5	20	5	15.2	60	0.5	160
21-44	107	15.0	1,147	0.7	48	127	17.8	1,269	0.6	22	27	3.2	286	0.8	502
45-64	175	31.5	1,679	0.7	48	181	32.6	1,800	0.6	24	18	3.2	158	1.0	841
65-74	3,966	13.6	42,265	0.6	32	5,216	17.9	56,189	0.6	21	153	0.5	1,697	0.3	102
75-84	4,648	13.7	48,649	0.7	31	6,612	19.4	71,118	0.7	22	148	0.4	1,629	0.2	29
85 and older	1,609	12.5	15,945	0.7	28	2,580	20.0	26,321	0.7	21	62	0.5	684	0.1	8
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>81,354</b>	<b>19.8 %</b>	<b>927,734</b>	<b>0.4</b>	<b>\$24</b>	<b>81,161</b>	<b>19.8 %</b>	<b>900,009</b>	<b>0.4</b>	<b>\$24</b>	<b>410,005</b>	<b>4,220,192</b>
<b>Female</b>	57,869	21.1	661,711	0.4	27	55,242	20.1	616,782	0.4	24	274,706	2,865,886
<b>Disabled</b>	31,635	44.2	368,763	0.4	23	32,495	45.4	373,152	0.4	25	71,591	793,428
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	1	50.0	12	1.4	14	1	50.0	12	0.2	24	2	24
15-20	38	25.9	432	0.2	2	40	27.2	453	0.3	15	147	1,584
21-44	5,823	34.9	67,586	0.3	12	5,709	34.3	65,575	0.3	21	16,663	184,101
45-64	11,937	40.9	137,237	0.4	22	14,494	49.7	165,223	0.4	27	29,192	313,999
65-74	10,369	56.6	122,750	0.4	28	9,238	50.4	107,579	0.5	27	18,335	211,181
75-84	3,006	50.2	35,443	0.4	32	2,599	43.4	29,819	0.5	25	5,989	68,612
85 and older	461	36.5	5,303	0.5	34	414	32.8	4,491	0.4	20	1,262	13,915
<b>Other Eligibles</b>	26,234	12.9	292,948	0.4	31	22,747	11.2	243,630	0.4	22	203,115	2,072,458
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	1	11.1	12	0.1	1	1	11.1	12	0.1	3	9	106
15-20	17	23.6	184	0.2	2	19	26.4	225	0.3	12	72	677
21-44	719	34.7	7,508	0.3	13	629	30.3	6,532	0.3	18	2,074	17,802
45-64	236	35.9	2,356	0.3	17	225	34.2	2,318	0.5	30	657	5,372
65-74	6,836	12.0	77,227	0.4	26	5,149	9.0	56,489	0.4	25	57,063	568,251
75-84	10,749	12.4	122,657	0.4	32	8,960	10.3	98,017	0.4	23	86,665	904,391
85 and older	7,676	13.6	83,004	0.5	36	7,764	13.7	80,037	0.4	19	56,574	575,847
<b>Male</b>	23,485	17.4	266,023	0.4	18	25,919	19.2	283,227	0.5	25	135,298	1,354,303
<b>Disabled</b>	15,371	26.6	176,642	0.3	14	15,542	26.9	175,351	0.5	25	57,869	619,654
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	12	0.1	1	9	108
15-20	21	12.5	252	0.2	4	30	17.9	360	0.3	15	168	1,821
21-44	4,689	21.5	53,777	0.3	9	3,815	17.5	43,909	0.4	20	21,760	236,088
45-64	6,441	25.8	73,134	0.4	13	6,973	27.9	77,442	0.5	26	25,008	258,957
65-74	3,589	39.2	42,121	0.4	22	3,989	43.6	45,413	0.5	27	9,158	103,043
75-84	582	37.0	6,813	0.4	25	680	43.2	7,636	0.5	25	1,575	17,621
85 and older	49	25.8	545	0.6	30	54	28.4	579	0.3	16	190	2,004
<b>Other Eligibles</b>	8,114	10.5	89,381	0.4	24	10,377	13.4	107,876	0.5	24	77,429	734,649
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	4	33.3	48	0.7	46	12	123
15-20	6	18.2	72	0.1	2	4	12.1	48	0.1	6	33	317
21-44	169	23.6	1,709	0.3	15	130	18.2	1,300	0.4	22	715	5,840
45-64	126	22.7	1,217	0.4	10	102	18.3	996	0.4	24	556	4,125
65-74	3,036	10.4	33,631	0.3	20	3,156	10.8	33,581	0.5	25	29,167	272,680
75-84	3,409	10.0	38,293	0.4	27	4,734	13.9	49,892	0.5	25	34,040	330,704
85 and older	1,368	10.6	14,459	0.5	31	2,247	17.4	22,011	0.5	21	12,905	120,857
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3

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 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 2003. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.7	43,853
<b>All</b>	<b>\$358</b>		<b>43,853</b>		<b>456,533</b>
<b>Age</b>					
0-64	584	7.8	6,272		70,981
65-74	419	7.5	6,212		66,544
75-84	339	6.9	13,415		138,318
85 and older	261	6.0	17,954		180,690
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	334	6.7	30,151		315,174
Male	411	6.8	13,702		141,359
Unknown	0	0.0	0		0
<b>Race</b>					
White	360	6.9	36,220		377,002
African American	337	5.7	6,330		66,016
Other/unknown	380	6.7	1,303		13,515
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	300	6.4	32,102		323,778
Disabled	499	7.5	11,748		132,747
Adults	179	3.9	3		8
Children	0	0.0	0		0
Unknown	0	0.0	0		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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 = Centers for Medicare & 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.2	\$20	\$16	\$0	\$3	\$58	\$68	\$22	101,979	\$5,939,768	27,258	62.2 %	295,439
Biologics	0.1	0.0	0.0	0.1	2	0	0	2	23	0	23	1,564	36,736	1,537	3.5	17,364
Antineoplastic Agents	0.5	0.1	0.0	0.4	85	41	2	42	157	391	100	19,067	2,992,004	3,437	7.8	35,079
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	43	33	2	7	37	66	15	255,484	9,495,513	20,651	47.1	222,202
Cardiovascular Agents	2.0	0.4	0.0	1.5	54	26	1	27	27	61	21	680,825	18,342,736	31,875	72.7	338,025
Respiratory Agents	0.8	0.3	0.0	0.4	34	23	2	9	43	67	21	141,714	6,097,087	16,511	37.7	179,874
Gastrointestinal Agents	1.0	0.5	0.0	0.5	62	53	0	9	63	109	45	254,367	15,907,289	23,790	54.2	254,617
Genitourinary Agents	0.6	0.4	0.0	0.2	32	29	0	3	56	75	29	73,759	4,093,816	11,826	27.0	128,279
CNS Drugs	1.8	1.0	0.1	0.7	158	133	7	19	87	127	28	603,267	52,767,671	30,933	70.5	333,447
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.7	19	6	1	11	24	91	16	3,817	89,826	441	1.0	4,825
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	100	99	0	0	130	131	0	59,804	7,749,520	7,241	16.5	77,860
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	45	37	1	8	47	97	14	212,148	10,022,368	20,725	47.3	220,572
Neuromuscular Agents	1.3	0.5	0.1	0.7	76	51	3	22	58	103	30	219,097	12,684,771	15,096	34.4	166,769
Nutritional Products	0.8	0.0	0.2	0.6	15	0	4	10	19	37	17	121,330	2,317,964	15,164	34.6	159,727
Hematological Agents	1.1	0.3	0.2	0.6	65	54	3	8	56	165	13	177,495	9,996,912	14,625	33.4	154,924
Topical Products	0.6	0.2	0.0	0.3	17	10	1	6	31	50	46	141,088	4,326,997	23,055	52.6	253,879
Miscellaneous Products	0.3	0.0	0.0	0.2	6	2	0	4	23	51	17	9,333	214,664	3,349	7.6	35,157
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	41	0	0	4,428	182,124	1,402	3.2	15,637
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.	3,080,566	163,257,766	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			61.7 %	49.0				
ANTIPSYCHOTICS	\$37,834,420	27,036	61.7 %	302,110	0.9	\$143	\$125	
ULCER DRUGS	13,587,997	21,484	49.0	230,982	0.7	79	59	
ANTIDEPRESSANTS	11,893,650	23,497	53.6	255,493	0.8	56	47	
ANTICONVULSANT	9,293,349	13,555	30.9	151,460	1.0	64	61	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,802,364	7,533	17.2	81,209	0.8	128	96	
ANTIDIABETIC	5,548,056	15,935	36.3	172,354	0.8	41	32	
ANTHYPERLIPIDEMIC	4,761,274	7,040	16.1	77,859	0.8	81	61	
ANALGESICS - ANTI-INFLAMMATORY	4,761,105	11,910	27.2	132,697	0.6	61	36	
ANALGESICS - Narcotic	4,642,645	18,219	41.5	190,529	0.6	39	24	
ANTHYPERTENSIVE	4,405,784	18,246	41.6	195,691	0.8	28	23	
<b>Total</b>	<b>104,530,644</b>	<b>164,455</b>		<b>1,790,384</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup> DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx
<b>All</b>	<b>1,401,261</b>	<b>\$104,530,644</b>	<b>27,036</b>	<b>61.7 %</b>	<b>302,110</b>	<b>0.9</b>	<b>\$125</b>	<b>21,484</b>	<b>49.0 %</b>	<b>230,982</b>	<b>0.7</b>	<b>\$59</b>
<b>Female</b>	928,621	65,539,191	16,163	53.6	180,332	0.8	111	14,829	49.2	160,055	0.7	59
<b>Disabled</b>	268,705	22,696,826	6,040	102.5	70,657	1.0	153	3,109	52.7	35,336	0.7	60
64 or younger	129,728	12,031,761	3,258	131.5	38,181	1.1	168	1,270	51.3	14,549	0.7	60
65-74	82,530	6,440,644	1,599	91.7	18,859	1.0	145	916	52.5	10,557	0.8	61
75-84	45,139	3,431,690	931	76.4	10,845	0.9	127	678	55.7	7,658	0.7	61
85 and older	11,308	792,731	252	55.5	2,772	0.8	105	245	54.0	2,572	0.7	54
<b>Other Eligibles</b>	659,916	42,842,365	10,123	41.7	109,675	0.7	83	11,720	48.3	124,719	0.8	59
64 or younger	70	5,913	1	50.0	12	2.1	258	2	100.0	17	0.8	103
65-74	60,576	4,047,303	964	62.0	10,423	0.7	102	832	53.5	8,803	0.7	61
75-84	258,847	17,127,467	3,955	49.3	43,416	0.7	89	3,986	49.7	42,741	0.7	60
85 and older	340,423	21,661,682	5,203	35.4	55,824	0.7	76	6,900	47.0	73,158	0.8	58
<b>Male</b>	472,640	38,991,453	10,873	79.4	121,778	1.0	147	6,655	48.6	70,927	0.7	58
<b>Disabled</b>	267,336	25,121,519	7,076	120.9	82,382	1.1	173	2,778	47.5	31,554	0.7	57
64 or younger	190,277	19,081,299	5,348	141.1	62,320	1.2	185	1,689	44.6	19,323	0.7	58
65-74	60,430	4,685,429	1,305	86.7	15,231	0.9	138	811	53.9	9,172	0.7	57
75-84	14,336	1,171,202	365	80.8	4,177	0.9	135	232	51.3	2,578	0.7	54
85 and older	2,293	183,589	58	54.2	654	0.8	126	46	43.0	481	0.7	65
<b>Other Eligibles</b>	205,304	13,869,934	3,797	48.4	39,396	0.7	91	3,877	49.4	39,373	0.7	59
64 or younger	28	2,355	1	33.3	12	0.7	66	1	33.3	1	2.0	252
65-74	44,588	3,217,317	846	60.1	8,910	0.7	109	706	50.2	7,209	0.7	61
75-84	102,092	6,907,662	1,897	50.9	19,975	0.7	91	1,883	50.6	19,391	0.7	57
85 and older	58,596	3,742,600	1,053	38.8	10,499	0.7	76	1,287	47.4	12,772	0.7	61
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- 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 2003. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>23,497</b>	<b>53.6 %</b>	<b>255,493</b>	<b>0.8</b>	<b>\$47</b>	<b>13,555</b>	<b>30.9 %</b>	<b>151,460</b>	<b>1.0</b>	<b>\$61</b>	<b>7,533</b>	<b>17.2 %</b>	<b>81,209</b>	<b>0.8</b>	<b>\$96</b>
<b>Female</b>	16,508	54.8	179,872	0.8	47	7,707	25.6	85,682	0.9	55	5,330	17.7	58,193	0.8	98
<b>Disabled</b>	3,594	61.0	41,341	0.9	50	3,330	56.5	38,770	1.0	72	627	10.6	7,253	0.7	98
64 or younger	1,770	71.4	20,352	0.9	52	1,912	77.2	22,310	1.0	84	211	8.5	2,445	0.6	108
65-74	1,070	61.4	12,451	0.9	50	910	52.2	10,608	1.0	64	177	10.1	2,054	0.7	94
75-84	574	47.1	6,587	0.8	46	442	36.3	5,131	0.9	43	168	13.8	1,955	0.7	88
85 and older	180	39.6	1,951	0.7	42	66	14.5	721	1.0	32	71	15.6	799	0.8	103
<b>Other Eligibles</b>	12,914	53.2	138,531	0.8	46	4,377	18.0	46,912	0.9	40	4,703	19.4	50,940	0.8	98
64 or younger	1	50.0	12	1.1	50	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,087	69.9	11,667	0.8	47	585	37.6	6,264	0.9	50	300	19.3	3,191	0.8	96
75-84	4,808	59.9	52,110	0.8	48	1,971	24.6	21,579	0.9	43	1,881	23.5	20,447	0.8	99
85 and older	7,018	47.8	74,742	0.8	45	1,821	12.4	19,069	0.8	34	2,522	17.2	27,302	0.8	97
<b>Male</b>	6,989	51.0	75,621	0.8	45	5,848	42.7	65,778	1.0	70	2,203	16.1	23,016	0.7	91
<b>Disabled</b>	3,112	53.2	35,673	0.8	47	4,026	68.8	46,724	1.0	81	537	9.2	6,116	0.6	82
64 or younger	2,164	57.1	24,815	0.8	47	3,040	80.2	35,327	1.1	88	270	7.1	3,082	0.6	78
65-74	729	48.4	8,436	0.8	45	786	52.2	9,130	1.0	60	193	12.8	2,196	0.7	84
75-84	186	41.2	2,110	0.8	48	178	39.4	2,018	1.0	50	64	14.2	739	0.7	90
85 and older	33	30.8	312	0.8	42	22	20.6	249	1.1	59	10	9.3	99	0.6	77
<b>Other Eligibles</b>	3,877	49.4	39,948	0.8	44	1,822	23.2	19,054	0.9	45	1,666	21.2	16,900	0.8	95
64 or younger	1	33.3	12	0.3	17	0	0.0	0	0.0	0	1	33.3	12	0.5	67
65-74	827	58.8	8,562	0.8	46	497	35.3	5,330	0.8	54	260	18.5	2,722	0.7	87
75-84	1,880	50.5	19,586	0.8	44	931	25.0	9,762	0.9	43	869	23.3	8,918	0.8	96
85 and older	1,169	43.1	11,788	0.8	43	394	14.5	3,962	0.8	37	536	19.7	5,248	0.8	97
<b>Unknown</b>	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 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERLIPIDEMIC				ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>15,935</b>	<b>36.3 %</b>	<b>172,354</b>	<b>0.8</b>	<b>7,040</b>	<b>16.1 %</b>	<b>77,859</b>	<b>0.8</b>	<b>11,910</b>	<b>27.2 %</b>	<b>132,697</b>	<b>0.6</b>	<b>\$36</b>
<b>Female</b>	10,670	35.4	116,026	0.8	4,355	14.4	48,226	0.8	8,746	29.0	97,441	0.6	39
<b>Disabled</b>	2,777	47.1	31,907	0.8	1,334	22.6	15,615	0.8	1,911	32.4	22,326	0.6	31
64 or younger	1,029	41.5	11,840	0.8	577	23.3	6,703	0.8	841	33.9	9,808	0.5	17
65-74	1,055	60.5	12,335	0.8	491	28.2	5,812	0.8	580	33.3	6,841	0.6	36
75-84	565	46.4	6,365	0.8	233	19.1	2,709	0.7	374	30.7	4,389	0.6	51
85 and older	128	28.2	1,367	0.6	33	7.3	391	0.8	116	25.6	1,288	0.6	41
<b>Other Eligibles</b>	7,893	32.5	84,119	0.8	3,021	12.5	32,611	0.8	6,835	28.2	75,115	0.6	42
64 or younger	1	50.0	12	0.1	3	150.0	36	0.3	1	50.0	12	0.3	2
65-74	967	62.2	10,327	0.8	430	27.7	4,559	0.8	471	30.3	5,237	0.6	36
75-84	3,531	44.0	38,061	0.8	1,429	17.8	15,569	0.8	2,364	29.5	26,259	0.6	43
85 and older	3,394	23.1	35,719	0.8	1,159	7.9	12,447	0.7	3,999	27.2	43,607	0.6	42
<b>Male</b>	5,265	38.4	56,328	0.8	2,685	19.6	29,633	0.7	3,164	23.1	35,256	0.5	27
<b>Disabled</b>	2,150	36.7	24,495	0.8	1,456	24.9	16,999	0.7	1,416	24.2	16,524	0.5	17
64 or younger	1,234	32.6	14,009	0.8	1,021	26.9	11,935	0.7	943	24.9	11,021	0.5	11
65-74	749	49.7	8,621	0.8	360	23.9	4,209	0.7	355	23.6	4,155	0.5	27
75-84	144	31.9	1,610	0.7	68	15.0	789	0.8	100	22.1	1,161	0.5	32
85 and older	23	21.5	255	0.7	7	6.5	66	1.1	18	16.8	187	0.8	49
<b>Other Eligibles</b>	3,115	39.7	31,833	0.8	1,229	15.7	12,634	0.8	1,748	22.3	18,732	0.6	35
64 or younger	1	33.3	12	0.3	1	33.3	1	1.0	1	33.3	12	0.2	1
65-74	716	50.9	7,379	0.8	362	25.7	3,764	0.7	341	24.2	3,648	0.6	31
75-84	1,588	42.6	16,315	0.8	634	17.0	6,537	0.8	802	21.5	8,694	0.6	36
85 and older	810	29.8	8,127	0.8	232	8.5	2,332	0.7	604	22.3	6,378	0.6	37
<b>Unknown</b>	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 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					Benefit Months Among All-Year	
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx \$	All-Year Nursing Facility Residents	All-Year Nursing Facility Residents
	18,219	41.5 %	190,529	0.6	\$24	18,246	41.6 %	195,691	0.8	\$23	43,853	456,533
<b>Female</b>	13,650	45.3	143,501	0.6	26	12,492	41.4	134,126	0.8	23	30,151	315,174
<b>Disabled</b>	2,508	42.6	28,293	0.7	27	2,265	38.4	25,909	0.8	23	5,894	66,656
64 or younger	1,107	44.7	12,463	0.8	26	711	28.7	8,049	0.8	22	2,478	28,052
65-74	773	44.3	8,798	0.8	29	807	46.3	9,437	0.8	24	1,744	20,042
75-84	472	38.8	5,345	0.7	30	566	46.5	6,481	0.8	22	1,218	13,738
85 and older	156	34.4	1,687	0.6	19	181	39.9	1,942	0.8	21	454	4,824
<b>Other Eligibles</b>	11,142	45.9	115,208	0.6	25	10,227	42.2	108,217	0.8	23	24,257	248,518
64 or younger	1	50.0	5	0.2	1	1	50.0	12	0.3	7	2	17
65-74	888	57.1	9,319	0.7	26	834	53.6	9,021	0.8	23	1,555	15,829
75-84	3,790	47.3	39,996	0.7	28	3,690	46.0	39,490	0.8	23	8,021	83,295
85 and older	6,463	44.0	65,888	0.6	24	5,702	38.8	59,694	0.8	23	14,679	149,377
<b>Male</b>	4,569	33.3	47,028	0.6	20	5,754	42.0	61,565	0.8	22	13,702	141,359
<b>Disabled</b>	1,621	27.7	18,128	0.7	23	2,171	37.1	24,768	0.8	22	5,854	66,091
64 or younger	1,019	26.9	11,378	0.7	25	1,223	32.3	14,014	0.8	21	3,789	42,897
65-74	461	30.6	5,205	0.6	19	726	48.2	8,273	0.8	22	1,506	17,108
75-84	114	25.2	1,267	0.5	15	182	40.3	2,047	0.8	22	452	5,007
85 and older	27	25.2	278	0.4	15	40	37.4	434	0.8	23	107	1,079
<b>Other Eligibles</b>	2,948	37.6	28,900	0.5	19	3,583	45.7	36,797	0.8	22	7,848	75,268
64 or younger	1	33.3	1	1.0	76	0	0.0	0	0.0	0	3	15
65-74	548	38.9	5,570	0.6	26	719	51.1	7,531	0.8	22	1,407	13,565
75-84	1,371	36.8	13,514	0.5	17	1,722	46.2	17,817	0.8	22	3,724	36,278
85 and older	1,028	37.9	9,815	0.5	17	1,142	42.1	11,449	0.8	22	2,714	25,410
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 2003. A total of 18,750 beneficiaries who were in nursing facilities for part of their enrollment and their 176,675 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a,b</sup>  
 ILLINOIS, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
								Part D Excluded Rx \$	4.0 %
<b>All</b>	<b>153,517</b>	<b>37.4 %</b>	<b>5.8</b>	<b>2,383,789</b>	<b>\$62</b>	<b>\$25,422,142</b>	<b>\$11</b>		<b>410,005</b>
<b>Age</b>									
5 and younger	3	75.0	16.3	65	511	2,043	31	22.8	4
6-14	21	65.6	10.5	336	234	7,486	22	2.3	32
15-20	182	43.3	3.5	1,450	86	36,183	25	3.9	420
21-44	19,947	48.4	5.2	214,734	76	3,139,513	15	2.6	41,212
45-64	34,526	62.3	8.9	494,521	112	6,187,937	13	3.3	55,413
65-74	35,664	31.4	4.8	541,229	47	5,397,998	10	3.9	113,723
75-84	34,815	27.1	4.7	603,629	45	5,717,615	9	4.7	128,269
85 and older	28,359	40.0	7.4	527,825	70	4,933,367	9	6.5	70,931
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	71,267	25.8	4.3	1,187,984	41	11,322,416	10	5.1	276,293
Disabled	80,298	62.0	9.1	1,181,698	107	13,867,905	12	3.4	129,460
Adults	1,776	46.0	3.3	12,680	54	208,583	16	3.2	3,865
Children	176	45.5	3.7	1,427	60	23,238	16	2.8	387
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	102,748	37.4	6.0	1,658,097	63	17,417,529	11	4.3	274,706
Male	50,769	37.5	5.4	725,692	59	8,004,613	11	3.3	135,299
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	96,339	35.1	6.1	1,669,851	65	17,931,976	11	4.1	274,384
African American	38,567	40.5	5.1	483,881	57	5,381,547	11	3.8	95,115
Other/unknown	18,611	45.9	5.7	230,057	52	2,108,619	9	3.2	40,506
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	40,186	91.6	20.8	911,163	207	9,088,437	10	5.6	43,853
Part year	16,456	87.8	14.3	267,823	159	2,977,787	11	5.4	18,750
None	96,875	27.9	3.5	1,204,803	38	13,355,918	11	3.1	347,402
<b>Maintenance Assistance Status</b>									
Cash	27,732	71.1	12.4	482,822	113	4,398,803	9	4.0	38,992
Medically needy	69,517	69.0	12.3	1,237,105	128	12,884,355	10	4.8	100,803
Poverty related	41,438	54.2	5.8	447,493	75	5,715,596	13	3.0	76,521
Other/unknown	14,830	7.7	1.1	216,369	13	2,423,388	11	3.5	193,689

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. This table was produced on 1/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b</sup>  
 ILLINOIS, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$6	\$11	\$0	\$2	4,220,192
<b>Age</b>						
5 and younger	1.7	52	31	0	0	39
6-14	0.9	21	22	0	0	361
15-20	0.3	8	25	0	1	4,399
21-44	0.5	7	15	0	3	443,831
45-64	0.8	11	13	0	4	582,453
65-74	0.5	5	10	0	1	1,155,155
75-84	0.5	4	9	0	1	1,321,328
85 and older	0.7	7	9	0	1	712,623
Unknown	0.0	0	0	0	0	3
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	4	10	0	1	2,771,760
Disabled	0.8	10	12	0	3	1,413,082
Adults	0.4	6	16	0	3	32,730
Children	0.5	9	16	0	3	2,620
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.6	6	11	0	2	2,865,886
Male	0.5	6	11	0	2	1,354,306
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	6	11	0	2	2,817,193
African American	0.5	6	11	0	1	978,077
Other/unknown	0.5	5	9	0	1	424,922
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	2.0	20	10	0	4	456,533
Part year	1.5	17	11	0	4	176,675
None	0.3	4	11	0	1	3,586,984
<b>Maintenance Assistance Status</b>						
Cash	1.1	10	9	0	2	450,157
Medically needy	1.3	13	10	0	3	966,519
Poverty related	0.5	7	13	0	2	854,492
Other/unknown	0.1	1	11	0	0	1,949,024

Table D12

Dual Eligible Beneficiaries

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 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b,c</sup>  
 ILLINOIS, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	100.0 %			
<b>All</b>	<b>255,135</b>	<b>\$100</b>	<b>\$25,422,142</b>	<b>100.0 %</b>	<b>2,383,789</b>	<b>\$11</b>	<b>100.0 %</b>	
Anorexia or weight loss/gain	9	365	3,286	0.0	40	82	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	50	16	792	0.0	87	9	0.0	
Cough and cold medications	19,356	57	1,104,429	4.3	47,516	23	2.0	
Vitamins and minerals	47,327	125	5,917,030	23.3	318,869	19	13.4	
Non-prescription drugs	125,666	82	10,315,618	40.6	1,590,283	6	66.7	
Barbiturates	2,672	79	211,093	0.8	28,685	7	1.2	
Benzodiazepines	50,958	133	6,778,943	26.7	365,642	19	15.3	
Other Part D Excl Rx Drugs	9,097	120	1,090,951	4.3	32,667	33	1.4	

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 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>410,166</b>	<b>276,383</b>	<b>129,500</b>	<b>3,896</b>	<b>387</b>	<b>4,222,644</b>	<b>2,773,018</b>	<b>1,413,707</b>	<b>33,272</b>	<b>2,647</b>	<b>0</b>
<b>Age</b>											
5 and younger	4	0	2	0	2	39	0	24	0	15	0
6-14	32	0	11	0	21	361	0	132	0	229	0
15-20	420	0	315	21	84	4,402	0	3,405	191	806	0
21-44	41,236	3	38,424	2,614	195	444,289	19	420,223	22,922	1,125	0
45-64	55,428	31	54,208	1,115	74	582,720	176	573,098	9,034	412	0
65-74	113,778	86,120	27,513	134	11	1,155,949	840,329	314,510	1,050	60	0
75-84	128,314	120,729	7,573	12	0	1,321,952	1,235,516	86,361	75	0	0
85 and older	70,953	69,499	1,454	0	0	712,929	696,975	15,954	0	0	0
Unknown	1	1	0	0	3	0	3	0	0	0	0
<b>Gender</b>											
Female	274,822	200,331	71,624	2,627	240	2,867,669	2,049,061	793,902	23,059	1,647	0
Male	135,344	76,052	57,876	1,269	147	1,354,975	723,957	619,805	10,213	1,000	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	274,398	197,186	75,149	1,892	171	2,817,423	1,978,620	821,467	16,174	1,162	0
African American	95,248	51,572	42,094	1,445	137	980,062	508,265	458,199	12,637	961	0
Other/unknown	40,520	27,625	12,257	559	79	425,159	286,133	134,041	4,461	524	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	43,853	32,102	11,748	3	0	456,534	323,779	132,747	8	0	0
Part year	18,750	13,246	5,494	10	0	176,748	118,522	58,152	74	0	0
None	347,563	231,035	112,258	3,883	387	3,589,362	2,330,717	1,222,808	33,190	2,647	0
<b>Maintenance Assistance Status</b>											
Cash	39,003	17,904	21,040	58	1	450,311	206,286	243,474	539	12	0
Medically needy	100,888	53,465	44,185	3,237	1	967,841	491,255	449,091	27,493	2	0
Poverty related	76,575	24,886	51,277	92	320	855,243	272,746	579,855	629	2,013	0
Other/unknown	193,700	180,128	12,998	509	65	1,949,249	1,802,731	141,287	4,611	620	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	400,801	271,289	125,508	3,640	364	4,119,047	2,716,031	1,369,693	30,861	2,462	0
Full dual, part year	9,365	5,094	3,992	256	23	103,597	56,987	44,014	2,411	185	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	409,857	276,247	129,430	3,798	382	4,219,313	2,771,546	1,412,898	32,269	2,600	0
FFS part year, with Rx claims	110	25	25	56	4	1,193	274	282	601	36	0
FFS part year, no Rx claims	38	21	5	11	1	364	175	60	118	11	0
MC all year, with Rx claims	10	3	2	5	0	83	36	24	23	0	0
MC all year, no Rx claims	151	87	38	26	0	1,691	987	443	261	0	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 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 2003. 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 = Centers for Medicare & 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Beneficiaries	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>410,166</b>	<b>4,222,644</b>	<b>410,005</b>	<b>4,220,192</b>	<b>0</b>	<b>2,452</b>	
Fee-for-service (FFS) all year	409,857	4,219,313	409,857	4,219,313	0	0	
FFS part year, with Rx claims	110	1,193	110	739	0	454	
FFS part year, with no Rx claims	38	364	38	140	0	224	
Managed care (MC) all year, with Rx claims	10	83	0	0	0	83	
MC all year, with no Rx claims	151	1,691	0	0	0	1,691	

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

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