STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
ILLINOIS

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ILLINOIS, 2004

Inclusion Criteria (2004)	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]	2,308,239	(A)	468,042	(E)	1,840,197	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2,285,508	(B)	445,903	(F)	1,839,605	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	2,167,189	(C)	445,738	(G)	1,721,451	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	49,557	(D)	41,687	(H)	7,870	(L)

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004 (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 2004, 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 2004 was $1,789,740,408, of which $54,305,869 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 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, 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) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.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 pa

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**2,167,189**	**320,729**	**315,138**	**390,776**	**1,140,053**	**493**	**20,639,263**	**3,175,753**	**3,386,318**	**3,236,903**	**10,836,046**	**4,243**
Age												
5 and younger	465,885	0	2,769	10	463,106	0	4,240,730	0	29,707	54	4,210,969	0
6-14	498,135	1	13,087	58	484,989	0	4,978,278	4	146,353	230	4,831,691	0
15-20	228,663	0	14,923	24,715	189,019	6	2,142,915	0	159,767	203,110	1,780,012	26
21-44	430,715	5	98,617	329,306	2,674	113	3,821,083	23	1,068,363	2,739,269	12,543	885
45-64	179,599	73	142,467	36,455	238	366	1,786,644	266	1,489,826	292,539	739	3,274
65-74	133,102	99,654	33,223	210	7	8	1,340,242	960,030	378,586	1,551	17	58
75-84	147,566	139,008	8,535	22	1	0	1,507,294	1,410,066	97,077	150	1	0
85 and older	83,505	81,988	1,517	0	0	0	822,003	805,364	16,639	0	0	0
Unknown	19	0	0	0	19	0	74	0	0	0	74	0
Gender												
Female	1,308,831	234,658	166,564	332,869	574,248	492	12,407,207	2,356,173	1,817,542	2,817,861	5,411,400	4,231
Male	858,358	86,071	148,574	57,907	565,805	1	8,232,056	819,580	1,568,776	419,042	5,424,646	12
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	963,532	223,171	147,186	180,540	412,257	378	9,189,058	2,209,555	1,566,155	1,499,075	3,910,984	3,289
African American	728,098	60,111	134,815	136,417	396,679	76	0 7,030,210	588,296	1,465,041	1,186,950	3,789,282	641
Other/unknown	475,559	37,447	33,137	73,819	331,117	39	4,419,995	377,902	355,122	550,878	3,135,780	313
Use of Nursing Facilities[c]												
Entire year	49,557	31,378	18,166	10	1	2	526,082	319,602	206,428	34	5	13
Part year	26,614	14,668	11,677	252	16	1	258,375	131,807	123,992	2,397	167	12
None	2,091,018	274,683	285,295	390,514	1,140,036	490	19,854,806	2,724,344	3,055,898	3,234,472	10,835,874	4,218
Maintenance Assistance Status												
Cash	234,922	21,535	134,995	13,289	65,103	0	2,526,383	246,702	1,533,974	124,000	621,707	0
Medically needy	446,368	60,406	87,882	294,828	3,252	0	3,942,338	541,642	837,666	2,551,427	11,603	0
Poverty-related	1,087,579	27,015	67,391	24,849	967,831	493	10,423,835	293,658	749,046	125,846	9,251,042	4,243
Other/unknown	398,320	211,773	24,870	57,810	103,867	0	3,746,707	2,093,751	265,632	435,630	951,694	0
Dual Medicare Status[d]												
Full dual, all year	437,801	298,476	134,106	5,012	189	18	4,486,018	2,978,207	1,465,947	40,395	1,318	151
Full dual, part year	7,937	3,529	4,044	363	0	1	85,610	38,033	44,365	3,200	0	12
Non-dual, all year	1,721,451	18,724	176,988	385,401	1,139,864	474	16,067,635	159,513	1,876,006	3,193,308	10,834,728	4,080
Managed Care (MC) Status												
Fee-for-service (FFS) all year	2,050,026	320,680	314,366	362,739	1,051,748	493	19,936,971	3,175,548	3,381,173	3,070,489	10,305,518	4,243
FFS part year, with Rx claims	63,122	24	502	18,527	44,069	0	441,182	143	3,697	125,012	312,330	0
FFS part year, no Rx claims	54,041	25	270	9,510	44,236	0	261,110	62	1,448	41,402	218,198	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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, 2004

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	**65.1 %**	**13.9**	**$801**	**$58**	**$4,068**	**19.7 %**	**2,167,189**
Age							
5 and younger	60.7	3.1	138	45	1,828	7.6	465,885
6-14	50.1	3.1	214	69	985	21.7	498,135
15-20	54.8	4.2	302	71	2,038	14.8	228,663
21-44	70.1	12.2	867	71	5,277	16.4	430,715
45-64	81.1	40.3	2,713	67	13,689	19.8	179,599
65-74	82.6	36.7	1,852	51	5,691	32.5	133,102
75-84	84.1	37.7	1,704	45	5,571	30.6	147,566
85 and older	85.5	39.0	1,638	42	8,328	19.7	83,505
Unknown	36.8	1.2	23	20	204	11.2	19
Basis of Eligibility[e]							
Aged	82.8	34.6	1,528	44	5,171	29.6	320,729
Disabled	82.1	39.7	2,870	72	14,994	19.1	315,138
Adults	67.4	7.7	369	48	2,324	15.9	390,776
Children	54.6	3.1	171	55	1,331	12.9	1,140,053
Unknown	84.0	26.8	2,488	93	11,773	21.1	493
Gender							
Female	68.3	15.8	823	52	3,857	21.3	1,308,831
Male	60.1	11.1	768	69	4,389	17.5	858,358
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	71.1	19.5	1,102	57	4,938	22.3	963,532
African American	60.1	10.6	643	60	4,067	15.8	728,098
Other/unknown	60.5	7.7	433	56	2,306	18.8	475,559
Use of Nursing Facilities[f]							
Entire year	97.3	74.3	4,395	59	32,060	13.7	49,557
Part year	95.8	57.8	3,469	60	29,561	11.7	26,614
None	63.9	11.9	682	57	3,080	22.1	2,091,018
Maintenance Assistance Status							
Cash	76.4	26.9	1,769	66	9,427	18.8	234,922
Medically needy	73.5	19.3	1,132	59	7,508	15.1	446,368
Poverty related	58.8	6.5	391	60	1,822	21.4	1,087,579
Other/unknown	66.3	20.5	979	48	3,184	30.7	398,320

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number: Beneficiaries	Benefit Months
All	**1.5**	**$84**	**19.7 %**	**34.9 %**	**41.4 %**	**6.5 %**	**10.2 %**	**5.6 %**	**1.4 %**	**$427**	**2,167,189**	**20,639,263**
Age												
5 and younger	0.3	15	7.6	39.3	57.3	2.6	0.7	0.1	0.0	201	465,885	4,240,730
6-14	0.3	21	21.7	49.9	45.7	2.7	1.6	0.2	0.0	99	498,135	4,978,278
15-20	0.5	32	14.8	45.2	48.1	4.0	2.3	0.4	0.0	218	228,663	2,142,915
21-44	1.4	98	16.4	29.9	47.1	9.2	9.3	3.8	0.8	595	430,715	3,821,083
45-64	4.0	273	19.8	18.9	20.4	10.4	24.0	19.5	6.6	1,376	179,599	1,786,644
65-74	3.6	184	32.5	17.4	17.0	13.1	30.7	17.7	4.1	565	133,102	1,340,242
75-84	3.7	167	30.6	15.9	13.8	13.3	34.7	18.7	3.6	545	147,566	1,507,294
85 and older	4.0	166	19.7	14.5	11.8	12.5	36.2	21.3	3.8	846	83,505	822,003
Unknown	0.3	6	11.2	63.2	36.8	0.0	0.0	0.0	0.0	52	19	74
Basis of Eligibility[e]												
Aged	3.5	154	29.6	17.2	15.0	13.6	34.1	17.2	2.9	522	320,729	3,175,753
Disabled	3.7	267	19.1	17.9	23.6	10.3	23.4	18.8	6.1	1,395	315,138	3,386,318
Adults	0.9	45	15.9	32.6	50.7	8.5	6.4	1.6	0.2	281	390,776	3,236,903
Children	0.3	18	12.9	45.4	50.5	2.7	1.2	0.1	0.0	140	1,140,053	10,836,046
Unknown	3.1	289	21.1	16.0	26.8	13.6	27.2	15.4	1.0	1,368	493	4,243
Gender												
Female	1.7	87	21.3	31.7	41.4	7.2	11.8	6.5	1.6	407	1,308,831	12,407,207
Male	1.2	80	17.5	39.9	41.4	5.4	7.9	4.3	1.0	458	858,358	8,232,056
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.0	116	22.3	28.9	37.7	8.1	14.5	8.5	2.3	518	963,532	9,189,058
African American	1.1	67	15.8	39.9	41.9	5.6	7.9	3.9	0.8	421	728,098	7,030,210
Other/unknown	0.8	47	18.8	39.5	47.9	4.5	5.3	2.4	0.4	248	475,559	4,419,995
Use of Nursing Facilities[f]												
Entire year	7.0	414	13.7	2.7	4.6	5.9	28.4	41.2	17.2	3,020	49,557	526,082
Part year	5.9	357	11.7	4.2	9.2	9.1	31.4	33.8	12.3	3,045	26,614	258,375
None	1.3	72	22.1	36.1	42.7	6.5	9.5	4.4	0.8	324	2,091,018	19,854,806
Maintenance Assistance Status												
Cash	2.5	165	18.8	23.6	36.8	8.2	16.0	11.8	3.6	877	234,922	2,526,383
Medically needy	2.2	128	15.1	26.5	39.9	9.2	12.9	8.9	2.6	850	446,368	3,942,338
Poverty related	0.7	41	21.4	41.2	49.5	3.5	3.4	1.9	0.5	190	1,087,579	10,423,835
Other/unknown	2.2	104	30.7	33.7	23.5	10.6	22.5	8.6	1.1	339	398,320	3,746,707

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, 2004

	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	**1.5**	**$84**	**$58**	**0.5**	**$62**	**$115**	**0.1**	**$5**	**$56**	**0.8**	**$17**	**$20**
Age												
5 and younger	0.3	15	45	0.1	11	110	0.0	1	40	0.2	4	16
6-14	0.3	21	69	0.1	17	115	0.0	1	61	0.2	4	24
15-20	0.5	32	71	0.2	26	139	0.0	2	60	0.2	5	21
21-44	1.4	98	71	0.5	74	150	0.1	6	75	0.8	18	22
45-64	4.0	273	67	1.5	199	137	0.2	17	80	2.4	56	24
65-74	3.6	184	51	1.4	134	96	0.2	9	48	2.0	40	20
75-84	3.7	167	45	1.4	122	87	0.2	8	36	2.1	36	18
85 and older	4.0	166	42	1.4	119	86	0.3	9	31	2.2	37	17
Unknown	0.3	6	20	0.1	3	46	0.0	1	25	0.2	3	13
Basis of Eligibility[d]												
Aged	3.5	154	44	1.3	112	86	0.2	8	36	2.0	34	17
Disabled	3.7	267	72	1.4	201	146	0.2	16	75	2.1	50	24
Adults	0.9	45	48	0.3	30	101	0.0	3	62	0.6	11	20
Children	0.3	18	55	0.1	14	108	0.0	1	50	0.2	4	19
Unknown	3.1	289	93	1.0	209	214	0.1	25	191	2.0	55	28
Gender												
Female	1.7	87	52	0.6	63	104	0.1	5	50	1.0	19	19
Male	1.2	80	69	0.4	61	138	0.1	4	69	0.7	15	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.0	116	57	0.8	86	111	0.1	7	52	1.1	23	20
African American	1.1	67	60	0.4	48	131	0.1	4	66	0.7	14	21
Other/unknown	0.8	47	56	0.3	35	112	0.0	2	56	0.5	9	20
Use of Nursing Facilities[e]												
Entire year	7.0	414	59	2.5	308	122	0.6	24	42	3.8	80	21
Part year	5.9	357	60	2.1	267	126	0.4	21	48	3.3	68	20
None	1.3	72	57	0.5	53	114	0.1	4	59	0.7	15	20
Maintenance Assistance Status												
Cash	2.5	165	66	0.9	123	133	0.1	9	68	1.4	32	23
Medically needy	2.2	128	59	0.8	94	120	0.1	8	54	1.2	26	21
Poverty related	0.7	41	60	0.3	30	118	0.0	2	65	0.4	8	21
Other/unknown	2.2	104	48	0.8	77	95	0.1	5	42	1.2	21	17

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$17	$13	$1	$3	$68	$143	$101	$21	2,313,489	$156,250,533	859,990	39.7 %	9,288,716
Biologicals	0.2	0.2	0.0	0.0	220	198	2	20	961	1,100	4,103	410	17,200	16,534,881	7,284	0.3	75,241
Antineoplastic Agents	0.5	0.1	0.0	0.4	96	65	3	28	189	555	314	74	115,355	21,784,022	21,585	1.0	226,053
Endocrine/Metabolic Drugs	0.7	0.2	0.1	0.3	30	21	2	6	45	87	26	19	3,102,082	139,866,178	440,620	20.3	4,719,315
Cardiovascular Agents	1.6	0.5	0.1	1.1	59	38	2	19	36	72	39	18	7,468,772	269,385,561	425,468	19.6	4,545,928
Respiratory Agents	0.4	0.2	0.0	0.2	22	18	0	4	52	88	33	17	2,391,307	123,946,498	520,229	24.0	5,642,415
Gastrointestinal Agents	0.6	0.3	0.0	0.2	47	41	1	4	82	128	45	20	1,812,168	148,895,871	294,256	13.6	3,190,750
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	1	3	56	76	44	23	445,584	24,845,582	129,354	6.0	1,388,569
CNS Drugs	1.0	0.4	0.1	0.5	85	68	4	13	84	150	80	26	3,971,287	333,707,459	362,845	16.7	3,909,311
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	54	48	0	5	80	92	57	36	355,841	28,529,583	48,370	2.2	533,078
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.0	97	93	1	4	175	182	105	91	216,998	37,879,015	36,591	1.7	391,170
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	19	12	0	6	42	132	161	17	2,841,406	118,689,592	584,811	27.0	6,309,641
Neuromuscular Agents	0.8	0.2	0.1	0.4	56	34	12	10	75	141	100	27	1,570,947	117,241,137	190,711	8.8	2,086,962
Nutritional Products	0.5	0.0	0.0	0.4	9	1	2	6	19	31	40	16	779,540	14,689,514	162,650	7.5	1,685,733
Hematological Agents	0.7	0.3	0.1	0.4	78	66	2	9	107	256	25	24	998,442	107,084,518	128,918	5.9	1,377,142
Topical Products	0.3	0.1	0.0	0.2	10	6	1	4	38	69	48	22	1,540,314	58,702,497	527,081	24.3	5,737,602
Miscellaneous Products	0.2	0.1	0.0	0.1	26	20	2	3	137	188	292	47	96,677	13,275,686	47,209	2.2	514,708
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	28	0	0	0	147,216	4,126,412	41,995	1.9	468,078
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.	30,184,625	1,735,434,539	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users: Number	Users: As a Percentage of All Beneficiaries	Number of Benefit Months	Among Users: Number of Rx per Benefit Month	Among Users: $ per Rx	Among Users: Rx $ per Benefit Month
ANTIPSYCHOTICS	$216,387,710	169,324	7.8 %	1,889,646	0.7	$175	$115
ULCER DRUGS	123,237,438	273,842	12.6	3,001,464	0.4	92	41
ANTIHYPERLIPIDEMIC	108,890,285	194,035	9.0	2,128,977	0.6	87	51
ANTICONVULSANT	100,005,255	144,547	6.7	1,603,738	0.7	91	62
ANTIDEPRESSANTS	90,055,508	287,853	13.3	3,130,046	0.5	54	29
ANTIASTHMATIC	89,624,581	456,143	21.0	4,999,476	0.3	58	18
ANTIDIABETIC	79,890,093	213,391	9.8	2,325,240	0.6	53	34
ANTIVIRAL	71,593,036	37,574	1.7	412,101	0.4	416	174
MISC. HEMATOLOGICAL	66,316,176	56,655	2.6	612,198	0.6	187	108
ANTIHYPERTENSIVE	64,184,567	306,708	14.2	3,344,074	0.6	31	19
Total	1,010,184,649	2,140,072		23,446,960	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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.