

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	445,738	302,005	138,150	5,375	189	19	4,571,628	3,016,240	1,510,312	43,595	1,318	163
Age												
5 and younger	5	0	2	0	3	0	51	0	23	0	28	0
6-14	27	0	7	0	20	0	285	0	84	0	201	0
15-20	432	0	329	31	72	0	4,552	0	3,529	285	738	0
21-44	43,110	0	39,401	3,642	65	2	463,598	0	432,890	30,411	273	24
45-64	61,716	16	60,156	1,511	23	10	649,504	95	637,719	11,536	65	89
65-74	121,231	92,292	28,750	176	6	7	1,225,544	895,988	328,225	1,268	13	50
75-84	139,830	131,770	8,045	15	0	0	1,438,435	1,346,581	91,759	95	0	0
85 and older	79,387	77,927	1,460	0	0	0	789,659	773,576	16,083	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	301,204	221,546	75,765	3,784	90	19	3,117,530	2,244,193	840,728	31,858	588	163
Male	144,534	80,459	62,385	1,591	99	0	1,454,098	772,047	669,584	11,737	730	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	296,936	213,983	80,132	2,715	92	14	3,030,603	2,133,297	874,891	21,661	631	123
African American	103,841	57,166	44,675	1,929	68	3	1,068,246	563,261	488,216	16,254	497	18
Other/unknown	44,961	30,856	13,343	731	29	2	472,779	319,682	147,205	5,680	190	22
Use of Nursing Facilities^c												
Entire year	41,687	30,101	11,584	1	0	1	439,449	307,380	132,062	6	0	1
Part year	19,926	13,809	6,084	33	0	0	189,085	124,107	64,664	314	0	0
None	384,125	258,095	120,482	5,341	189	18	3,943,094	2,584,753	1,313,586	43,275	1,318	162
Maintenance Assistance Status												
Cash	37,815	17,976	19,782	56	1	0	436,225	207,372	228,289	552	12	0
Medically needy	103,809	54,027	45,904	3,877	1	0	982,341	486,300	464,741	31,294	6	0
Poverty-related	83,177	25,823	57,135	80	120	19	931,582	282,150	648,020	571	678	163
Other/unknown	220,937	204,179	15,329	1,362	67	0	2,221,480	2,040,418	169,262	11,178	622	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	445,554	301,957	138,097	5,293	188	19	4,570,656	3,016,038	1,510,013	43,125	1,317	163
FFS part year, with Rx claims	126	23	40	62	1	0	811	140	263	407	1	0
FFS part year, no Rx claims	58	25	13	20	0	0	161	62	36	63	0	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 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 2004. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	85.0 %	39.7	\$2,157	\$54	\$8,120	26.6 %	445,738
Age							
5 and younger	80.0	28.6	874	31	39,853	2.2	5
6-14	96.3	42.8	6,175	144	28,165	21.9	27
15-20	76.2	19.0	2,282	120	10,469	21.8	432
21-44	82.2	33.8	3,111	92	13,761	22.6	43,110
45-64	86.7	51.7	3,680	71	15,621	23.6	61,716
65-74	83.7	37.2	1,862	50	5,178	36.0	121,231
75-84	85.3	38.4	1,724	45	5,463	31.6	139,830
85 and older	87.0	39.8	1,667	42	8,379	19.9	79,387
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	84.1	35.3	1,552	44	5,089	30.5	302,005
Disabled	87.5	50.0	3,501	70	14,870	23.5	138,150
Adults	74.7	22.1	1,633	74	4,876	33.5	5,375
Children	68.3	16.0	2,311	145	10,457	22.1	189
Unknown	94.7	38.8	2,397	62	9,827	24.4	19
Gender							
Female	87.5	41.9	2,110	50	7,298	28.9	301,204
Male	79.8	35.0	2,256	64	9,835	22.9	144,534
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.1	42.3	2,247	53	8,905	25.2	296,936
African American	82.1	34.0	1,951	57	7,050	27.7	103,841
Other/unknown	85.1	35.8	2,039	57	5,411	37.7	44,961
Use of Nursing Facilities^f							
Entire year	97.4	72.6	4,110	57	29,177	14.1	41,687
Part year	95.4	56.6	3,189	56	19,888	16.0	19,926
None	83.2	35.2	1,892	54	5,225	36.2	384,125
Maintenance Assistance Status							
Cash	91.7	54.2	3,080	57	10,659	28.9	37,815
Medically needy	84.1	47.8	2,861	60	18,690	15.3	103,809
Poverty related	87.5	44.0	2,898	66	7,530	38.5	83,177
Other/unknown	83.4	31.8	1,390	44	2,942	47.2	220,937

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 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	3.9	\$210	26.6 %	15.0 %	15.6 %	12.7 %	32.4 %	19.8 %	4.6 %	\$792	445,738	4,571,628
Age												
5 and younger	2.8	86	2.2	20.0	20.0	0.0	60.0	0.0	0.0	3,907	5	51
6-14	4.1	585	21.9	3.7	22.2	11.1	37.0	22.2	3.7	2,668	27	285
15-20	1.8	217	21.8	23.8	39.8	9.0	20.1	6.5	0.7	994	432	4,552
21-44	3.1	289	22.6	17.8	26.4	12.5	24.3	15.2	3.8	1,280	43,110	463,598
45-64	4.9	350	23.6	13.3	14.7	9.6	26.8	26.1	9.5	1,484	61,716	649,504
65-74	3.7	184	36.0	16.3	16.8	13.3	31.5	18.0	4.1	512	121,231	1,225,544
75-84	3.7	168	31.6	14.7	13.8	13.5	35.4	19.0	3.6	531	139,830	1,438,435
85 and older	4.0	168	19.9	13.0	11.8	12.7	37.0	21.7	3.8	842	79,387	789,659
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.5	155	30.5	15.9	14.8	13.8	34.9	17.5	3.0	510	302,005	3,016,240
Disabled	4.6	320	23.5	12.5	16.9	10.1	27.1	25.1	8.3	1,360	138,150	1,510,312
Adults	2.7	201	33.5	25.3	26.5	12.6	21.3	11.7	2.6	601	5,375	43,595
Children	2.3	331	22.1	31.7	21.7	12.2	21.7	10.1	2.6	1,500	189	1,318
Unknown	4.5	279	24.4	5.3	21.1	21.1	21.1	26.3	5.3	1,145	19	163
Gender												
Female	4.0	204	28.9	12.5	14.2	13.0	34.6	20.9	4.8	705	301,204	3,117,530
Male	3.5	224	22.9	20.2	18.5	11.9	27.7	17.6	4.2	978	144,534	1,454,098
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.1	220	25.2	13.9	13.5	12.4	33.3	21.4	5.5	873	296,936	3,030,603
African American	3.3	190	27.7	17.9	19.9	12.9	29.9	16.6	2.9	685	103,841	1,068,246
Other/unknown	3.4	194	37.7	14.9	19.9	13.8	31.6	17.0	2.8	515	44,961	472,779
use of nursing Facilities^f												
Entire year	6.9	390	14.1	2.6	4.8	6.2	29.0	41.0	16.4	2,768	41,687	439,449
Part year	6.0	336	16.0	4.6	8.3	8.7	31.9	34.8	11.8	2,096	19,926	189,085
None	3.4	184	36.2	16.8	17.2	13.6	32.7	16.7	3.0	509	384,125	3,943,094
Maintenance Assistance Status												
Cash	4.7	267	28.9	8.3	15.2	10.4	30.7	27.2	8.0	924	37,815	436,225
Medically needy	5.1	302	15.3	15.9	12.1	8.6	26.9	27.6	9.0	1,975	103,809	982,341
Poverty related	3.9	259	38.5	12.5	20.2	11.6	28.4	21.8	5.5	672	83,177	931,582
Other/unknown	3.2	138	47.2	16.6	15.6	15.4	36.7	14.1	1.6	293	220,937	2,221,480

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 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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	3.9	\$210	\$54	1.5	\$155	\$107	0.2	\$12	\$49	2.2	\$43	\$20
Age												
5 and younger	2.8	86	31	0.7	25	33	0.5	34	72	1.6	27	17
6-14	4.1	585	144	1.3	440	344	0.2	12	59	2.6	132	52
15-20	1.8	217	120	0.8	185	227	0.1	7	72	0.9	24	27
21-44	3.1	289	92	1.3	226	179	0.2	18	88	1.7	45	27
45-64	4.9	350	71	1.8	259	140	0.3	23	77	2.7	67	24
65-74	3.7	184	50	1.4	135	95	0.2	9	48	2.0	40	19
75-84	3.7	168	45	1.4	123	87	0.2	8	36	2.1	36	18
85 and older	4.0	168	42	1.4	120	86	0.3	10	31	2.3	37	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.5	155	44	1.3	113	86	0.2	8	36	2.0	34	17
Disabled	4.6	320	70	1.8	240	137	0.3	19	70	2.5	60	24
Adults	2.7	201	74	1.0	147	148	0.1	16	113	1.6	38	24
Children	2.3	331	145	1.0	293	287	0.2	12	66	1.1	26	24
Unknown	4.5	279	62	1.6	202	125	0.2	10	48	2.7	67	25
Gender												
Female	4.0	204	50	1.5	149	98	0.3	11	44	2.2	42	19
Male	3.5	224	64	1.3	168	127	0.2	13	63	1.9	43	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.1	220	53	1.6	163	104	0.3	13	46	2.3	44	19
African American	3.3	190	57	1.2	137	118	0.2	11	61	2.0	42	21
Other/unknown	3.4	194	57	1.4	149	103	0.2	9	53	1.8	36	20
Use of Nursing Facilities^e												
Entire year	6.9	390	57	2.5	289	116	0.6	24	41	3.7	77	20
Part year	6.0	336	56	2.2	250	115	0.5	20	43	3.3	65	20
None	3.4	184	54	1.3	136	104	0.2	10	53	1.9	38	20
Maintenance Assistance Status												
Cash	4.7	267	57	1.9	201	104	0.3	13	51	2.5	53	21
Medically needy	5.1	302	60	1.9	224	119	0.4	19	48	2.7	59	22
Poverty related	3.9	259	66	1.5	193	127	0.2	16	75	2.2	50	23
Other/unknown	3.2	138	44	1.2	101	88	0.2	7	38	1.8	30	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 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.medispain.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$27	\$21	\$2	\$4	\$87	\$168	\$143	\$24	654,666	\$56,972,233	193,891	43.5 %	2,132,110
Biologicals	0.1	0.0	0.0	0.1	25	1	1	23	240	92	2,374	258	3,319	797,284	2,917	0.7	32,448
Antineoplastic Agents	0.5	0.1	0.0	0.4	76	47	1	27	147	427	191	69	83,436	12,267,422	15,568	3.5	162,411
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.5	40	29	3	8	42	84	20	17	1,905,111	80,277,143	187,550	42.1	2,027,922
Cardiovascular Agents	1.8	0.6	0.1	1.2	64	41	3	20	35	70	36	17	5,822,270	204,172,124	298,421	66.9	3,189,041
Respiratory Agents	0.7	0.4	0.0	0.3	37	33	0	4	57	84	35	17	831,469	47,559,915	115,743	26.0	1,274,440
Gastrointestinal Agents	0.7	0.4	0.0	0.3	54	48	1	5	80	125	37	19	1,195,327	95,059,432	159,845	35.9	1,745,181
Genitourinary Agents	0.5	0.3	0.0	0.1	28	24	1	3	60	78	49	23	288,652	17,289,751	56,840	12.8	622,318
CNS Drugs	1.2	0.5	0.1	0.6	93	73	5	15	80	146	78	26	2,267,894	182,320,290	180,677	40.5	1,953,703
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	42	28	2	12	68	124	73	33	19,081	1,300,387	2,851	0.6	31,049
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.6	0.0	0.0	99	97	0	2	159	163	101	73	186,350	29,718,013	28,149	6.3	298,952
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	35	25	1	8	51	121	149	18	1,453,737	74,231,177	197,382	44.3	2,150,438
Neuromuscular Agents	0.9	0.2	0.2	0.5	62	34	15	13	71	138	94	28	869,934	61,949,846	90,516	20.3	995,929
Nutritional Products	0.6	0.0	0.1	0.5	10	0	2	8	17	26	39	15	509,888	8,861,959	82,409	18.5	882,063
Hematological Agents	0.8	0.3	0.1	0.4	54	45	3	6	70	160	23	17	785,839	54,993,537	95,347	21.4	1,018,488
Topical Products	0.4	0.2	0.0	0.2	17	11	1	5	39	62	48	22	684,520	27,017,775	140,391	31.5	1,556,387
Miscellaneous Products	0.3	0.1	0.0	0.2	40	30	3	8	145	350	256	42	29,844	4,318,710	10,140	2.3	108,883
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	26	0	0	0	95,362	2,434,456	21,188	4.8	236,424
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.	17,686,699	961,541,454	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 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.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$116,901,774	85,973	19.3 %	953,052	0.7	\$169	\$123
ANTIHYPERTENSIVE	83,085,617	146,391	32.8	1,601,341	0.6	86	52
ULCER DRUGS	79,955,766	150,692	33.8	1,660,452	0.5	91	48
ANTIDIABETIC	52,792,192	145,413	32.6	1,584,140	0.7	50	33
ANTICONVULSANT	50,499,219	74,218	16.7	823,160	0.7	84	61
ANTIDEPRESSANTS	49,035,639	137,412	30.8	1,499,353	0.6	53	33
ANTIHYPERTENSIVE	48,115,781	221,580	49.7	2,409,297	0.6	31	20
ANALGESICS - ANTI-INFLAMMATORY	37,180,956	129,717	29.1	1,450,362	0.4	66	26
ANTIASTHMATIC	36,098,738	124,784	28.0	1,366,324	0.4	61	26
MISC. HEMATOLOGICAL	31,083,448	46,558	10.4	501,567	0.6	105	62
Total	584,749,130	1,262,738		13,849,048	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 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 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.medispn.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	8,096,418	\$584,749,130	85,973	19.3 %	953,052	0.7	\$123	146,391	32.8 %	1,601,341	0.6	\$52
Female	5,590,498	385,769,284	49,418	16.4	545,794	0.7	105	104,112	34.6	1,145,405	0.6	52
Disabled	2,118,496	173,868,157	26,558	35.1	306,332	0.8	134	27,348	36.1	315,866	0.6	59
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	32	1,069	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,092	118,593	32	26.0	368	0.6	129	1	0.8	12	0.1	11
21-44	340,061	34,430,937	8,328	49.5	96,430	0.7	136	2,034	12.1	23,662	0.6	49
45-64	943,983	79,128,832	12,346	38.5	141,771	0.8	138	12,112	37.7	137,228	0.6	57
65-74	617,363	44,891,105	3,928	20.6	45,697	0.7	123	10,317	54.0	121,119	0.7	62
75-84	188,290	13,404,202	1,559	24.6	17,919	0.8	118	2,636	41.5	30,978	0.7	63
85 and older	27,675	1,893,419	365	28.9	4,147	0.7	100	248	19.6	2,867	0.7	63
Other Eligibles	3,472,002	211,901,127	22,860	10.1	239,462	0.5	69	76,764	34.1	829,539	0.6	49
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	68	4,827	0	0.0	0	0.0	0	1	10.0	12	1.0	76
15-20	334	27,385	7	11.7	77	0.8	128	4	6.7	44	0.7	53
21-44	24,954	2,200,803	590	20.4	5,982	0.4	82	194	6.7	2,049	0.4	38
45-64	12,865	978,986	123	14.5	1,229	0.5	93	155	18.3	1,557	0.7	61
65-74	927,388	57,231,124	3,641	5.8	38,570	0.5	67	26,670	42.8	281,858	0.6	48
75-84	1,572,192	95,656,103	8,835	9.2	94,545	0.6	71	37,296	39.0	408,350	0.6	49
85 and older	934,201	55,801,899	9,664	15.2	99,059	0.6	68	12,444	19.5	135,669	0.6	48
Male	2,505,920	198,979,846	36,555	25.3	407,258	0.8	146	42,279	29.3	455,936	0.6	53
Disabled	1,402,173	131,179,341	28,545	45.8	326,810	0.9	163	16,685	26.7	189,444	0.6	58
5 and younger	14	480	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	836	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,867	268,387	73	35.4	816	0.7	158	8	3.9	96	0.6	32
21-44	397,930	45,091,438	12,266	54.3	141,095	0.8	164	3,296	14.6	37,745	0.6	51
45-64	680,351	62,346,589	13,125	46.8	149,692	0.9	169	8,649	30.8	96,468	0.6	57
65-74	270,828	19,760,354	2,433	25.2	28,011	0.8	136	4,121	42.7	47,969	0.7	63
75-84	46,705	3,395,758	571	33.6	6,361	0.9	127	580	34.1	6,803	0.7	63
85 and older	4,448	315,499	77	39.3	835	0.8	117	31	15.8	363	0.7	68
Other Eligibles	1,103,747	67,800,505	8,010	9.8	80,448	0.6	77	25,594	31.2	266,492	0.6	49
5 and younger	1	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	89	5,697	0	0.0	0	0.0	0	1	10.0	12	0.6	42
15-20	359	47,268	8	18.6	79	0.9	261	1	2.3	12	0.4	30
21-44	7,559	672,586	114	14.0	1,150	0.5	101	113	13.9	1,099	0.6	51
45-64	8,159	622,754	52	7.3	483	0.5	93	167	23.4	1,561	0.7	59
65-74	386,988	24,226,909	2,093	6.9	21,339	0.6	85	10,863	36.0	111,225	0.6	49
75-84	513,749	31,132,406	3,667	10.1	37,248	0.6	76	11,767	32.5	124,505	0.6	50
85 and older	186,843	11,092,876	2,076	14.7	20,149	0.6	66	2,682	18.9	28,078	0.6	48
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. 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 2004. 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.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	150,692	33.8 %	1,660,452	0.5	\$48	145,413	32.6 %	1,584,140	0.7	\$33	74,218	16.7 %	823,160	0.7	\$61
Female	108,011	35.9	1,194,969	0.5	48	101,607	33.7	1,116,104	0.7	33	46,193	15.3	512,063	0.7	56
Disabled	37,985	50.1	437,273	0.5	53	33,246	43.9	381,951	0.7	41	24,920	32.9	285,388	0.8	75
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	2
15-20	31	25.2	352	0.3	31	2	1.6	24	0.3	7	37	30.1	430	0.7	80
21-44	5,787	34.4	67,213	0.5	46	2,892	17.2	33,578	0.7	41	7,322	43.5	84,057	0.8	94
45-64	16,468	51.3	187,195	0.6	55	14,468	45.1	163,532	0.7	44	12,054	37.5	137,198	0.8	75
65-74	11,338	59.3	132,385	0.6	54	12,072	63.2	140,806	0.7	41	4,146	21.7	48,165	0.7	50
75-84	3,685	58.1	42,564	0.6	55	3,440	54.2	39,813	0.7	36	1,194	18.8	13,676	0.7	40
85 and older	676	53.5	7,564	0.6	53	372	29.4	4,198	0.6	25	166	13.1	1,850	0.8	32
Other Eligibles	70,026	31.1	757,696	0.5	45	68,361	30.3	734,153	0.6	29	21,273	9.4	226,675	0.6	32
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	4	40.0	44	0.7	61	0	0.0	0	0.0	0	1	10.0	12	0.1	4
15-20	13	21.7	143	0.4	34	7	11.7	74	0.4	27	4	6.7	48	0.3	42
21-44	646	22.3	6,667	0.4	37	326	11.3	3,381	0.6	39	689	23.8	6,966	0.6	67
45-64	293	34.6	2,923	0.5	52	238	28.1	2,399	0.7	48	189	22.3	1,900	0.6	75
65-74	17,471	28.0	188,373	0.5	42	23,834	38.3	252,325	0.6	31	5,583	9.0	59,140	0.5	34
75-84	29,870	31.3	328,525	0.5	44	31,196	32.6	340,734	0.7	28	9,493	9.9	102,610	0.6	31
85 and older	21,729	34.1	231,021	0.6	48	12,760	20.0	135,240	0.6	24	5,314	8.3	55,999	0.6	29
Male	42,681	29.5	465,483	0.5	49	43,806	30.3	468,036	0.7	34	28,025	19.4	311,097	0.8	70
Disabled	21,344	34.2	241,864	0.6	53	17,686	28.3	198,147	0.7	41	20,741	33.2	235,799	0.8	81
5 and younger	3	150.0	34	0.4	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	40.0	24	0.5	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	28	13.6	308	0.5	44	4	1.9	48	0.6	30	49	23.8	569	0.7	90
21-44	5,562	24.6	63,471	0.5	49	2,973	13.2	33,623	0.7	42	8,242	36.5	94,433	0.8	92
45-64	10,058	35.9	112,447	0.6	55	9,213	32.8	101,087	0.7	42	9,762	34.8	110,108	0.9	80
65-74	4,690	48.6	54,278	0.6	55	4,754	49.3	54,881	0.7	40	2,261	23.4	25,985	0.8	57
75-84	884	52.0	10,075	0.6	56	683	40.2	7,864	0.7	35	390	22.9	4,339	0.8	46
85 and older	117	59.7	1,227	0.6	54	59	30.1	644	0.8	34	37	18.9	365	0.9	41
Other Eligibles	21,337	26.0	223,619	0.5	45	26,120	31.8	269,889	0.6	29	7,284	8.9	75,298	0.6	36
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	4	40.0	44	0.4	63	1	10.0	12	0.7	38	1	10.0	8	0.9	107
15-20	8	18.6	96	0.4	22	1	2.3	12	0.1	3	9	20.9	108	0.8	136
21-44	173	21.2	1,750	0.5	55	104	12.8	1,035	0.8	55	164	20.1	1,678	0.6	67
45-64	159	22.3	1,466	0.5	53	233	32.7	2,167	0.7	48	97	13.6	961	0.7	91
65-74	6,903	22.9	72,445	0.5	42	11,181	37.0	114,187	0.6	31	2,587	8.6	26,707	0.6	39
75-84	9,676	26.7	102,902	0.5	45	11,364	31.4	119,803	0.6	29	3,195	8.8	33,299	0.6	33
85 and older	4,414	31.2	44,916	0.6	48	3,236	22.8	32,673	0.6	24	1,231	8.7	12,537	0.6	29
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. 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 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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	137,412	30.8 %	1,499,353	0.6	\$33	221,580	49.7 %	2,409,297	0.6	\$20	129,717	29.1 %	1,450,362	0.4	\$26
Female	99,274	33.0	1,085,962	0.6	32	158,378	52.6	1,732,677	0.6	20	96,387	32.0	1,080,533	0.4	28
Disabled	41,521	54.8	474,775	0.6	37	37,242	49.2	428,526	0.6	23	32,898	43.4	383,349	0.4	26
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	28	22.8	312	0.5	31	14	50.0	12	0.3	3	1	50.0	12	1.8	18
15-20	10,149	60.4	116,761	0.6	38	2,821	11.4	150	0.5	25	36	29.3	412	0.2	14
21-44	20,727	64.6	234,257	0.7	39	15,244	16.8	32,786	0.6	18	5,940	35.3	69,144	0.3	15
45-64	8,205	42.9	95,769	0.6	33	13,875	47.5	172,141	0.6	22	12,575	39.2	144,472	0.4	26
65-74	2,066	32.6	23,807	0.7	35	13,875	72.6	162,188	0.7	24	10,686	55.9	126,199	0.4	29
75-84	346	27.4	3,869	0.6	36	4,552	71.7	52,964	0.7	23	3,183	50.2	37,607	0.4	34
85 and older	57,753	25.6	611,187	0.6	29	735	58.1	8,285	0.7	22	477	37.7	5,503	0.5	34
Other Eligibles	0	0.0	0	0.0	0	121,136	53.7	1,304,151	0.6	20	63,489	28.2	697,184	0.4	29
5 and younger	1	10.0	12	0.6	38	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	11.7	76	0.6	34	5	50.0	52	0.3	11	0	0.0	0	0.0	0
15-20	1,300	44.9	13,149	0.5	31	10	16.7	104	0.2	4	15	25.0	159	0.2	1
21-44	442	52.2	4,409	0.6	38	390	13.5	4,041	0.5	17	784	27.1	8,265	0.3	17
45-64	13,936	22.4	146,668	0.5	24	307	36.2	3,062	0.6	21	263	31.1	2,730	0.4	15
65-74	23,835	24.9	256,604	0.6	28	33,338	53.5	352,091	0.6	20	18,880	30.3	204,147	0.4	25
75-84	18,232	28.6	190,269	0.7	33	54,972	57.5	600,721	0.6	20	28,079	29.4	313,001	0.4	29
85 and older	18,232	28.6	190,269	0.7	33	32,114	50.4	344,080	0.7	19	15,468	24.3	168,882	0.5	33
Male	38,138	26.4	413,391	0.6	34	63,202	43.7	676,620	0.6	19	33,330	23.1	369,829	0.4	20
Disabled	23,754	38.1	267,100	0.6	37	22,736	36.4	255,781	0.6	21	16,604	26.6	190,754	0.4	16
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	52	25.2	596	0.6	40	1	20.0	12	1.0	12	0	0.0	0	0.0	0
15-20	9,025	40.0	102,207	0.6	37	18	8.7	206	0.5	15	29	14.1	334	0.1	2
21-44	11,226	40.0	124,694	0.7	38	4,250	18.8	47,832	0.6	19	4,936	21.9	56,777	0.3	10
45-64	2,908	30.2	33,493	0.6	35	11,219	40.0	123,787	0.6	21	7,278	25.9	82,560	0.4	14
65-74	490	28.8	5,547	0.7	34	6,095	63.2	70,660	0.7	21	3,653	37.9	42,830	0.4	23
75-84	53	27.0	563	0.7	34	1,045	61.5	12,118	0.7	22	650	38.2	7,610	0.4	26
85 and older	14,384	17.5	146,291	0.6	29	108	55.1	1,166	0.7	19	58	29.6	643	0.4	25
Other Eligibles	0	0.0	0	0.0	0	40,466	49.3	420,839	0.6	18	16,726	20.4	179,075	0.4	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	1
6-14	11	25.6	114	0.7	61	5	50.0	56	0.8	12	0	0.0	0	0.0	0
15-20	290	35.6	2,923	0.5	34	14	32.6	163	0.4	14	6	14.0	62	0.1	1
21-44	210	29.5	1,839	0.6	38	147	18.0	1,439	0.6	18	180	22.1	1,847	0.3	29
45-64	4,238	14.0	43,470	0.5	26	228	32.0	2,105	0.7	25	147	20.6	1,420	0.4	17
65-74	6,500	18.0	66,861	0.6	29	14,915	49.4	152,761	0.6	18	6,292	20.8	66,605	0.3	22
75-84	3,135	22.1	31,084	0.6	32	18,626	51.4	197,087	0.6	18	7,443	20.6	80,804	0.4	25
85 and older	3,135	22.1	31,084	0.6	32	6,531	46.1	67,228	0.6	17	2,657	18.8	28,325	0.4	29
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. 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 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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	124,784	28.0 %	1,366,324	0.4	\$26	46,558	10.4 %	501,567	0.6	\$62	445,738	4,571,628
Female	87,005	28.9	959,058	0.4	26	31,908	10.6	346,411	0.6	61	301,204	3,117,530
Disabled	35,557	46.9	408,628	0.4	29	6,836	9.0	78,208	0.6	66	75,765	840,728
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	50.0	12	0.4	66	0	0.0	0	0.0	0	2	24
6-14	46	37.4	534	0.3	12	2	1.6	16	0.2	4	123	1,292
15-20	6,048	36.0	70,198	0.4	23	229	1.4	2,636	0.5	49	16,815	187,556
21-44	16,302	50.8	185,455	0.5	30	2,591	8.1	29,045	0.6	65	32,108	345,790
45-64	9,875	51.7	114,828	0.5	30	2,781	14.6	32,373	0.6	68	19,108	219,520
65-74	2,842	44.8	32,760	0.5	28	1,064	16.8	12,257	0.6	66	6,345	72,560
75-84	443	35.0	4,841	0.5	23	169	13.4	1,881	0.6	65	1,264	13,986
85 and older	51,448	22.8	550,430	0.4	25	25,072	11.1	268,203	0.6	60	225,439	2,276,802
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
5 and younger	1	10.0	12	0.1	12	0	0.0	0	0.0	0	10	94
6-14	16	26.7	179	0.3	18	0	0.0	0	0.0	0	60	581
15-20	732	25.3	7,485	0.3	20	24	0.8	259	0.5	52	2,894	24,499
21-44	277	32.7	2,744	0.4	27	27	3.2	275	0.6	63	847	6,796
45-64	15,232	24.5	160,945	0.4	27	5,336	8.6	56,272	0.6	58	62,295	614,106
65-74	21,985	23.0	239,541	0.4	25	11,270	11.8	121,912	0.6	60	95,575	990,989
75-84	13,205	20.7	139,524	0.4	21	8,415	13.2	89,485	0.6	62	63,757	639,725
85 and older												
Male	37,779	26.1	407,266	0.5	27	14,650	10.1	155,156	0.6	63	144,534	1,454,098
Disabled	17,385	27.9	196,139	0.5	27	4,315	6.9	48,135	0.6	73	62,385	669,584
	1	50.0	11	0.1	7	0	0.0	0	0.0	0	2	23
5 and younger	3	60.0	36	0.2	10	0	0.0	0	0.0	0	5	60
6-14	34	16.5	397	0.3	14	1	0.5	12	0.3	3,065	206	2,237
15-20	4,148	18.4	47,365	0.4	22	311	1.4	3,429	0.5	187	22,586	245,334
21-44	8,199	29.2	91,136	0.5	29	2,064	7.4	22,480	0.6	63	28,048	291,929
45-64	4,200	43.6	48,005	0.5	30	1,608	16.7	18,411	0.6	64	9,642	108,705
65-74	729	42.9	8,425	0.5	28	297	17.5	3,449	0.6	67	1,700	19,199
75-84	71	36.2	764	0.3	14	34	17.3	354	0.6	61	196	2,097
85 and older	20,394	24.8	211,127	0.4	26	10,335	12.6	107,021	0.6	59	82,149	784,514
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
5 and younger	2	20.0	18	0.2	24	0	0.0	0	0.0	0	10	107
6-14	5	11.6	44	0.1	6	0	0.0	0	0.0	0	43	442
15-20	139	17.1	1,440	0.4	30	16	2.0	177	0.7	66	815	6,209
21-44	118	16.5	1,140	0.5	34	41	5.8	386	0.8	86	713	4,989
45-64	7,115	23.6	73,620	0.4	27	3,387	11.2	34,725	0.5	58	30,186	283,213
65-74	9,398	26.0	98,423	0.5	27	4,746	13.1	49,941	0.6	59	36,210	355,687
75-84	3,617	25.5	36,442	0.4	23	2,145	15.1	21,792	0.6	60	14,170	133,851
85 and older												
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

- 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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

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
All	\$390	6.9	41,687	439,449
Age				
0-64	611	7.9	6,274	71,893
65-74	462	7.8	5,896	64,205
75-84	371	7.0	12,618	131,981
85 and older	284	6.1	16,899	171,370
Unknown	0	0.0	0	0
Gender				
Female	366	6.9	28,562	301,312
Male	441	6.9	13,125	138,137
Unknown	0	0.0	0	0
Race				
White	392	7	34,534	363,057
African American	371	6	5,783	61,935
Other/unknown	422	6.8	1,370	14,457
Basis of Eligibility^c				
Aged	328	6.6	30,101	307,380
Disabled	535	7.6	11,584	132,062
Adults	1,592	13.2	1	6
Children	0	0.0	0	0
Unknown	0	0.0	1	1

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$15	\$2	\$4	\$60	\$98	\$96	\$23	93,571	\$5,605,662	25,621	61.5 %	279,052
Biologicals	0.1	0.0	0.0	0.1	5	0	0	5	57	65	94	57	1,631	92,666	1,559	3.7	17,617
Antineoplastic Agents	0.6	0.1	0.0	0.5	68	23	0	45	119	414	43	88	18,737	2,236,591	3,217	7.7	33,027
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.4	46	36	4	6	42	82	18	14	237,254	9,995,252	19,923	47.8	217,251
Cardiovascular Agents	2.0	0.4	0.1	1.5	57	29	3	25	28	67	33	17	670,496	18,852,465	30,892	74.1	331,367
Respiratory Agents	0.8	0.3	0.0	0.4	34	26	0	8	44	79	27	17	123,394	5,452,306	14,711	35.3	160,660
Gastrointestinal Agents	1.0	0.5	0.1	0.5	64	54	2	9	64	117	29	18	254,685	16,328,168	23,526	56.4	254,108
Genitourinary Agents	0.6	0.3	0.0	0.2	34	28	1	5	59	82	49	24	71,950	4,275,792	11,388	27.3	124,895
CNS Drugs	1.8	0.9	0.2	0.8	166	133	10	23	92	152	66	30	589,339	54,297,249	30,130	72.3	327,450
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.7	21	9	1	11	26	100	48	16	3,737	98,526	434	1.0	4,683
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	116	115	0	0	143	143	91	52	76,386	10,904,126	8,719	20.9	94,236
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	53	44	0	8	53	107	48	14	218,498	11,478,569	20,329	48.8	218,612
Neuromuscular Agents	1.3	0.3	0.2	0.7	78	40	15	23	61	122	73	31	208,055	12,620,486	14,634	35.1	162,378
Nutritional Products	0.7	0.0	0.2	0.6	13	0	4	9	18	34	28	15	113,037	2,038,886	14,388	34.5	152,702
Hematological Agents	1.2	0.4	0.2	0.6	77	66	3	8	66	185	13	14	183,274	12,062,977	14,621	35.1	156,213
Topical Products	0.5	0.2	0.0	0.3	17	9	2	6	33	56	49	19	130,296	4,244,602	21,992	52.8	243,773
Miscellaneous Products	0.3	0.0	0.0	0.2	8	2	0	6	31	74	145	24	8,546	263,333	2,959	7.1	31,493
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	10	0	0	0	20	0	0	0	24,790	484,146	4,423	10.6	48,979
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,027,676	171,331,802	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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 2004. 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.medspan.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.medispanspan.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$39,734,807	26,128	62.7 %	293,569	0.9	\$154	\$135
ULCER DRUGS	13,894,479	21,368	51.3	231,990	0.7	81	60
ANTIDEPRESSANTS	11,857,820	23,401	56.1	256,074	0.8	57	46
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	10,943,936	9,910	23.8	107,200	0.7	141	102
ANTICONVULSANT	9,258,375	12,912	31.0	144,502	0.9	68	64
ANTIHYPERTENSIVE	5,867,325	8,756	21.0	97,679	0.7	81	60
ANTIDIABETIC	5,705,374	15,954	38.3	174,657	0.8	41	33
ANALGESICS - Narcotic	5,086,774	17,605	42.2	185,707	0.6	42	27
MISC. HEMATOLOGICAL	4,788,620	5,736	13.8	61,727	0.7	105	78
ANALGESICS - ANTI-INFLAMMATORY	4,676,339	11,135	26.7	124,896	0.6	62	37
Total	111,813,849	152,905		1,678,001	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

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 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 \$
All	1,305,450	\$111,813,849	26,128	62.7 %	293,569	0.9	\$135	21,368	51.3 %	231,990	0.7	\$60
Female	859,107	70,285,267	15,509	54.3	173,469	0.8	121	14,740	51.6	160,151	0.7	60
Disabled	258,803	24,582,479	6,052	104.7	70,779	1.0	163	3,196	55.3	36,575	0.7	60
64 or younger	127,864	13,114,514	3,335	135.4	39,089	1.1	174	1,262	51.2	14,536	0.7	61
65-74	77,484	6,861,283	1,585	93.4	18,585	1.0	162	990	58.3	11,383	0.7	59
75-84	43,354	3,753,340	890	74.6	10,327	0.9	142	706	59.2	8,008	0.7	61
85 and older	10,101	853,342	242	56.5	2,778	0.8	112	238	55.6	2,648	0.7	52
Other Eligibles	600,304	45,702,788	9,457	41.5	102,690	0.7	92	11,544	50.7	123,576	0.7	60
64 or younger	164	26,195	2	66.7	24	0.9	223	2	66.7	18	1.0	95
65-74	56,699	4,343,866	953	63.8	10,457	0.7	108	839	56.2	9,046	0.7	58
75-84	235,199	18,176,043	3,675	49.1	40,713	0.7	99	3,929	52.5	42,666	0.7	61
85 and older	308,242	23,156,684	4,827	35.0	51,496	0.7	83	6,774	49.1	71,846	0.8	60
Male	446,343	41,528,582	10,619	80.9	120,100	1.0	156	6,628	50.5	71,839	0.7	60
Disabled	257,708	26,612,639	7,168	123.5	83,842	1.1	181	2,849	49.1	32,725	0.7	59
64 or younger	185,274	20,078,775	5,472	143.7	64,247	1.1	190	1,777	46.7	20,502	0.7	58
65-74	56,514	5,090,857	1,285	88.0	14,951	1.0	152	789	54.0	9,076	0.7	61
75-84	13,642	1,248,990	355	81.4	4,025	0.9	143	227	52.1	2,529	0.7	56
85 and older	2,278	194,017	56	56.6	619	0.8	128	56	56.6	618	0.7	61
Other Eligibles	188,635	14,915,943	3,451	47.1	36,258	0.7	100	3,779	51.6	39,114	0.7	61
64 or younger	5	219	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	40,314	3,401,203	747	60.0	8,201	0.8	119	679	54.5	7,215	0.7	62
75-84	93,508	7,386,278	1,739	49.7	18,371	0.7	101	1,825	52.2	18,915	0.7	60
85 and older	54,808	4,128,243	965	37.4	9,686	0.7	81	1,275	49.5	12,984	0.8	62
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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 2004. 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 2004 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.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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 \$
All	23,401	56.1 %	256,074	0.8	\$46	9,910	23.8 %	107,200	0.7	\$102	12,912	31.0 %	144,502	0.9	\$64
Female	16,350	57.2	179,172	0.8	47	7,166	25.1	77,839	0.7	104	7,442	26.1	82,676	0.9	58
Disabled	3,640	63.0	42,092	0.9	51	802	13.9	9,251	0.7	154	3,232	55.9	37,446	1.0	74
64 or younger	1,806	73.3	20,998	0.9	52	253	10.3	2,871	0.6	284	1,843	74.8	21,409	1.0	87
65-74	1,082	63.8	12,510	0.9	50	229	13.5	2,680	0.7	95	873	51.4	10,102	1.0	67
75-84	598	50.1	6,853	0.8	49	222	18.6	2,564	0.7	95	440	36.9	5,076	0.9	45
85 and older	154	36.0	1,731	0.7	46	98	22.9	1,136	0.7	98	76	17.8	859	0.9	30
Other Eligibles	12,710	55.8	137,080	0.8	46	6,364	27.9	68,588	0.7	97	4,210	18.5	45,230	0.9	44
64 or younger	2	66.7	24	0.6	7	0	0.0	0	0.0	0	2	66.7	24	1.8	402
65-74	1,054	70.6	11,349	0.8	46	466	31.2	4,854	0.7	94	588	39.4	6,380	0.9	54
75-84	4,684	62.5	51,298	0.8	47	2,426	32.4	26,596	0.7	98	1,858	24.8	20,199	0.9	47
85 and older	6,970	50.5	74,409	0.8	45	3,472	25.2	37,138	0.7	97	1,762	12.8	18,627	0.8	37
Male	7,051	53.7	76,902	0.8	45	2,744	20.9	29,361	0.7	98	5,470	41.7	61,826	1.0	72
Disabled	3,181	54.8	36,744	0.8	47	630	10.9	7,218	0.6	112	3,825	65.9	44,402	1.0	82
64 or younger	2,241	58.9	25,960	0.8	47	323	8.5	3,669	0.6	129	2,866	75.3	33,357	1.0	88
65-74	717	49.1	8,291	0.8	48	212	14.5	2,475	0.7	94	758	51.9	8,803	1.0	63
75-84	194	44.5	2,175	0.8	41	77	17.7	888	0.7	100	175	40.1	1,959	0.9	53
85 and older	29	29.3	318	0.8	42	18	18.2	186	0.7	82	26	26.3	283	1.0	45
Other Eligibles	3,870	52.9	40,158	0.8	44	2,114	28.9	22,143	0.7	93	1,645	22.5	17,424	0.9	49
64 or younger	1	100.0	12	0.3	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	782	62.8	8,335	0.8	46	314	25.2	3,397	0.7	92	444	35.7	4,824	0.9	63
75-84	1,904	54.4	19,815	0.8	43	1,098	31.4	11,460	0.7	93	821	23.5	8,634	0.9	45
85 and older	1,183	45.9	11,996	0.8	43	702	27.2	7,286	0.7	95	380	14.7	3,966	0.8	38
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANALGESICS - Narcotic				
	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 \$
All	8,756	21.0 %	97,679	0.7	\$60	15,954	38.3 %	174,657	0.8	\$33	17,605	42.2 %	185,707	0.6	\$27
Female	5,402	18.9	60,212	0.7	60	10,685	37.4	117,171	0.8	32	13,086	45.8	138,695	0.7	29
Disabled	1,658	28.7	19,370	0.8	63	2,820	48.8	32,533	0.8	38	2,527	43.7	28,593	0.7	30
64 or younger	724	29.4	8,472	0.7	62	1,058	43.0	12,206	0.9	40	1,111	45.1	12,587	0.8	28
65-74	595	35.1	6,930	0.8	65	1,061	62.5	12,323	0.9	38	766	45.1	8,734	0.7	32
75-84	298	25.0	3,495	0.8	64	582	48.8	6,642	0.8	35	520	43.6	5,880	0.7	33
85 and older	41	9.6	473	0.7	57	119	27.8	1,362	0.6	20	130	30.4	1,392	0.6	25
Other Eligibles	3,744	16.4	40,842	0.7	59	7,865	34.5	84,638	0.8	30	10,559	46.4	110,102	0.6	29
64 or younger	2	66.7	24	0.3	21	2	66.7	24	0.3	14	2	66.7	24	1.6	25
65-74	507	34.0	5,465	0.8	61	927	62.1	10,095	0.8	36	856	57.3	9,075	0.8	29
75-84	1,765	23.6	19,343	0.7	60	3,575	47.7	38,894	0.8	32	3,580	47.8	38,235	0.7	31
85 and older	1,470	10.7	16,010	0.7	57	3,361	24.4	35,625	0.7	27	6,121	44.4	62,768	0.6	28
Male	3,354	25.6	37,467	0.7	60	5,269	40.1	57,486	0.8	33	4,519	34.4	47,012	0.6	22
Disabled	1,779	30.7	20,787	0.7	61	2,228	38.4	25,837	0.8	37	1,706	29.4	19,206	0.6	24
64 or younger	1,239	32.5	14,503	0.7	60	1,260	33.1	14,615	0.8	37	1,111	29.2	12,606	0.7	26
65-74	442	30.3	5,162	0.8	64	777	53.2	9,098	0.8	37	454	31.1	5,069	0.5	20
75-84	91	20.9	1,038	0.8	65	158	36.2	1,772	0.7	31	118	27.1	1,295	0.6	25
85 and older	7	7.1	84	0.8	72	33	33.3	352	0.7	26	23	23.2	236	0.4	10
Other Eligibles	1,575	21.5	16,680	0.7	58	3,041	41.5	31,649	0.8	31	2,813	38.4	27,806	0.6	20
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	1
65-74	400	32.1	4,293	0.7	60	670	53.8	7,029	0.8	34	508	40.8	5,144	0.6	26
75-84	817	23.3	8,668	0.7	57	1,590	45.4	16,786	0.8	32	1,297	37.1	13,000	0.6	20
85 and older	358	13.9	3,719	0.7	57	781	30.3	7,834	0.7	27	1,007	39.1	9,650	0.5	17
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Benefit Months Among All-Year	
	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 \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	5,736	13.8 %	61,727	0.7	\$78	11,135	26.7 %	124,896	0.6	\$37	41,687	439,449
Female	3,839	13.4	41,421	0.7	79	8,105	28.4	90,800	0.6	41	28,562	301,312
Disabled	556	9.6	6,290	0.7	78	1,859	32.2	21,799	0.6	32	5,781	65,786
64 or younger	162	6.6	1,801	0.7	81	827	33.6	9,655	0.6	18	2,463	28,222
65-74	207	12.2	2,404	0.7	80	564	33.2	6,653	0.6	36	1,697	19,412
75-84	136	11.4	1,524	0.7	76	354	29.7	4,158	0.6	55	1,193	13,477
85 and older	51	11.9	561	0.7	72	114	26.6	1,333	0.6	45	428	4,675
Other Eligibles	3,283	14.4	35,131	0.8	79	6,246	27.4	69,001	0.6	44	22,781	235,526
64 or younger	0	0.0	0	0.0	0	1	33.3	12	1.2	657	3	30
65-74	243	16.3	2,599	0.8	79	443	29.7	4,911	0.6	40	1,493	15,515
75-84	1,175	15.7	12,737	0.8	79	2,150	28.7	24,051	0.6	43	7,490	78,987
85 and older	1,865	13.5	19,795	0.8	78	3,652	26.5	40,027	0.6	45	13,795	140,994
Male	1,897	14.5	20,306	0.7	76	3,030	23.1	34,096	0.6	27	13,125	138,137
Disabled	553	9.5	6,308	0.7	73	1,408	24.3	16,490	0.5	17	5,803	66,276
64 or younger	242	6.4	2,772	0.7	73	954	25.1	11,174	0.5	10	3,807	43,629
65-74	237	16.2	2,687	0.7	73	340	23.3	4,006	0.5	29	1,461	16,714
75-84	62	14.2	728	0.7	71	91	20.9	1,057	0.6	37	436	4,859
85 and older	12	12.1	121	0.7	84	23	23.2	253	0.6	32	99	1,074
Other Eligibles	1,344	18.4	13,998	0.7	77	1,622	22.2	17,606	0.6	38	7,322	71,861
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	265	21.3	2,830	0.8	81	320	25.7	3,514	0.6	35	1,245	12,564
75-84	621	17.7	6,517	0.7	75	757	21.6	8,197	0.6	37	3,499	34,658
85 and older	458	17.8	4,651	0.7	76	545	21.1	5,895	0.6	40	2,577	24,627
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 2004. A total of 19,926 beneficiaries who were in nursing facilities for part of their enrollment and their 189,085 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a,b}
ILLINOIS, 2004

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 Part D 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 \$	Total Number of Beneficiaries
All	240,262	53.9 %	7.0	3,103,775	\$73	\$32,388,907	\$10	3.4 %	445,738
Age									
5 and younger	4	80.0	17.4	87	622	3,111	36	71.2	5
6-14	20	74.1	9.6	258	236	6,385	25	3.8	27
15-20	166	38.4	2.7	1,187	48	20,844	18	2.1	432
21-44	22,097	51.3	5.5	236,024	78	3,368,155	14	2.5	43,110
45-64	40,173	65.1	9.5	585,380	114	7,049,529	12	3.1	61,716
65-74	59,883	49.4	6.1	739,661	61	7,392,543	10	3.3	121,231
75-84	70,125	50.2	6.2	865,848	60	8,326,079	10	3.5	139,830
85 and older	47,794	60.2	8.5	675,330	78	6,222,261	9	4.7	79,387
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	147,947	49.0	5.7	1,732,364	56	16,788,789	10	3.6	302,005
Disabled	89,699	64.9	9.8	1,352,065	111	15,337,141	11	3.2	138,150
Adults	2,529	47.1	3.4	18,522	47	252,359	14	2.9	5,375
Children	76	40.2	4.0	756	50	9,411	12	2.2	189
Unknown	11	57.9	3.6	68	64	1,207	18	2.7	19
Gender									
Female	169,561	56.3	7.3	2,210,566	76	22,828,898	10	3.6	301,204
Male	70,701	48.9	6.2	893,209	66	9,560,009	11	2.9	144,534
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	159,837	53.8	7.3	2,166,686	76	22,642,391	10	3.4	296,936
African American	55,115	53.1	6.1	632,899	68	7,078,004	11	3.5	103,841
Other/unknown	25,310	56.3	6.8	304,190	59	2,668,512	9	2.9	44,961
Use of Nursing Facilities^d									
Entire year	38,511	92.4	21.1	879,779	203	8,451,907	10	4.9	41,687
Part year	17,726	89.0	14.4	286,792	146	2,908,680	10	4.6	19,926
None	184,025	47.9	5.0	1,937,204	55	21,028,320	11	2.9	384,125
Maintenance Assistance Status									
Cash	27,694	73.2	13.7	519,749	120	4,532,463	9	3.9	37,815
Medically needy	72,270	69.6	12.1	1,256,564	122	12,630,854	10	4.3	103,809
Poverty related	49,085	59.0	6.8	562,029	84	6,972,210	12	2.9	83,177
Other/unknown	91,213	41.3	3.5	765,433	37	8,253,380	11	2.7	220,937

Table D11

Dual Eligible Beneficiaries

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 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 2004.

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^{a,b}
ILLINOIS, 2004

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	0.7	\$7	\$10	\$0	\$2	4,571,628
Age						
5 and younger	1.7	61	36	0	0	51
6-14	0.9	22	25	0	0	285
15-20	0.3	5	18	0	1	4,552
21-44	0.5	7	14	0	3	463,598
45-64	0.9	11	12	0	3	649,504
65-74	0.6	6	10	0	1	1,225,544
75-84	0.6	6	10	0	1	1,438,435
85 and older	0.9	8	9	0	1	789,659
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	6	10	0	1	3,016,240
Disabled	0.9	10	11	0	3	1,510,312
Adults	0.4	6	14	0	2	43,595
Children	0.6	7	12	0	1	1,318
Unknown	0.4	7	18	0	5	163
Gender						
Female	0.7	7	10	0	2	3,117,530
Male	0.6	7	11	0	2	1,454,098
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	7	10	0	2	3,030,603
African American	0.6	7	11	0	1	1,068,246
Other/unknown	0.6	6	9	0	1	472,779
Use of Nursing Facilities^d						
Entire year	2.0	19	10	0	4	439,449
Part year	1.5	15	10	0	3	189,085
None	0.5	5	11	0	1	3,943,094
Maintenance Assistance Status						
Cash	1.2	10	9	0	2	436,225
Medically needy	1.3	13	10	0	3	982,341
Poverty related	0.6	7	12	0	2	931,582
Other/unknown	0.3	4	11	0	1	2,221,480

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 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 2004.

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^{a,b,c}
ILLINOIS, 2004

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
All	377,713	\$86	\$32,388,907	100.0 %	3,103,775	\$10	100.0 %
Anorexia or weight loss/gain	13	264	3,428	0.0	43	80	0.0
Fertility drugs	1	210	210	0.0	4	53	0.0
Drugs for cosmetic purposes	57	18	1,034	0.0	103	10	0.0
Cough and cold medications	23,525	53	1,255,722	3.9	52,617	24	1.7
Vitamins and minerals	81,651	107	8,762,298	27.1	507,417	17	16.3
Non-prescription drugs	172,244	76	13,025,762	40.2	1,939,425	7	62.5
Barbiturates	3,090	78	240,048	0.7	31,414	8	1.0
Benzodiazepines	87,212	88	7,712,538	23.8	538,545	14	17.4
Other Part D Excl Rx Drugs	9,920	140	1,387,867	4.3	34,207	41	1.1

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 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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ILLINOIS, 2004

Total Number of Dual Eligible Beneficiaries	445,738
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$961,541,454
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,157

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	66,646	15.0 %	\$0	0.0 %
1-500	77,576	17.4	17,840,757	1.9
501-1,000	58,332	13.1	43,303,649	4.5
1,001-1,500	48,046	10.8	59,841,346	6.2
1,501-2,000	40,143	9.0	69,811,206	7.3
2,001-2,500	30,681	6.9	68,676,239	7.1
2,501-3,000	23,147	5.2	63,436,528	6.6
3,001-3,500	17,737	4.0	57,427,097	6.0
3,501-4,000	13,436	3.0	50,243,688	5.2
4,001-4,500	10,724	2.4	45,470,107	4.7
4,501-5,000	8,815	2.0	41,815,520	4.3
5,001-5,500	7,338	1.6	38,481,498	4.0
5,501-6,000	6,188	1.4	35,545,712	3.7
6,001-6,500	5,289	1.2	33,011,711	3.4
6,501-7,000	4,352	1.0	29,349,473	3.1
7,001-7,500	3,722	0.8	26,944,460	2.8
7,501-8,000	3,207	0.7	24,828,709	2.6
8,001-8,500	2,652	0.6	21,870,674	2.3
8,501-9,000	2,310	0.5	20,209,379	2.1
9,001-9,500	1,880	0.4	17,380,550	1.8
9,501-10,000	1,680	0.4	16,370,999	1.7
10,001+	11,837	2.7	179,682,152	18.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ILLINOIS, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	99,895
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$353,313,534
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,537

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,606	14.6 %	0	0.0 %
1-500	16,465	16.5	3,318,101	0.9
501-1,000	8,534	8.5	6,302,709	1.8
1,001-1,500	6,734	6.7	8,373,485	2.4
1,501-2,000	5,602	5.6	9,757,398	2.8
2,001-2,500	5,041	5.0	11,312,114	3.2
2,501-3,000	4,301	4.3	11,821,527	3.3
3,001-3,500	3,973	4.0	12,894,480	3.6
3,501-4,000	3,506	3.5	13,136,439	3.7
4,001-4,500	3,171	3.2	13,455,449	3.8
4,501-5,000	2,853	2.9	13,543,461	3.8
5,001-5,500	2,578	2.6	13,529,872	3.8
5,501-6,000	2,360	2.4	13,566,701	3.8
6,001-6,500	2,175	2.2	13,581,639	3.8
6,501-7,000	1,865	1.9	12,584,766	3.6
7,001-7,500	1,760	1.8	12,745,609	3.6
7,501-8,000	1,497	1.5	11,590,268	3.3
8,001-8,500	1,304	1.3	10,757,254	3.0
8,501-9,000	1,194	1.2	10,440,648	3.0
9,001-9,500	1,073	1.1	9,924,238	2.8
9,501-10,000	983	1.0	9,578,708	2.7
10,001+	8,320	8.3	131,098,668	37.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ILLINOIS, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	340,448
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$599,176,881
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,760

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	50,681	14.9 %	0	0.0 %
1-500	59,629	17.5	14,237,418	2.4
501-1,000	49,203	14.5	36,566,458	6.1
1,001-1,500	40,924	12.0	50,990,973	8.5
1,501-2,000	34,251	10.1	59,548,860	9.9
2,001-2,500	25,454	7.5	56,947,211	9.5
2,501-3,000	18,685	5.5	51,171,633	8.5
3,001-3,500	13,603	4.0	44,008,613	7.3
3,501-4,000	9,815	2.9	36,678,031	6.1
4,001-4,500	7,457	2.2	31,607,587	5.3
4,501-5,000	5,894	1.7	27,949,350	4.7
5,001-5,500	4,692	1.4	24,594,968	4.1
5,501-6,000	3,776	1.1	21,681,090	3.6
6,001-6,500	3,081	0.9	19,224,200	3.2
6,501-7,000	2,451	0.7	16,522,666	2.8
7,001-7,500	1,928	0.6	13,954,203	2.3
7,501-8,000	1,668	0.5	12,912,762	2.2
8,001-8,500	1,325	0.4	10,924,159	1.8
8,501-9,000	1,090	0.3	9,540,438	1.6
9,001-9,500	795	0.2	7,345,182	1.2
9,501-10,000	682	0.2	6,646,232	1.1
10,001+	3,364	1.0	46,124,847	7.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 ILLINOIS, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	121,231
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$225,727,043
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,862

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	19,789	16.3 %	0	0.0 %
1-500	21,713	17.9	5,047,334	2.2
501-1,000	16,536	13.6	12,283,116	5.4
1,001-1,500	13,331	11.0	16,602,133	7.4
1,501-2,000	11,086	9.1	19,266,059	8.5
2,001-2,500	8,321	6.9	18,619,982	8.2
2,501-3,000	6,430	5.3	17,605,358	7.8
3,001-3,500	4,678	3.9	15,136,483	6.7
3,501-4,000	3,568	2.9	13,340,879	5.9
4,001-4,500	2,793	2.3	11,831,677	5.2
4,501-5,000	2,222	1.8	10,539,413	4.7
5,001-5,500	1,776	1.5	9,312,355	4.1
5,501-6,000	1,526	1.3	8,763,349	3.9
6,001-6,500	1,263	1.0	7,880,228	3.5
6,501-7,000	1,044	0.9	7,037,081	3.1
7,001-7,500	833	0.7	6,029,752	2.7
7,501-8,000	747	0.6	5,782,891	2.6
8,001-8,500	586	0.5	4,832,545	2.1
8,501-9,000	480	0.4	4,201,690	1.9
9,001-9,500	397	0.3	3,668,897	1.6
9,501-10,000	348	0.3	3,390,545	1.5
10,001+	1,764	1.5	24,555,276	10.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ILLINOIS, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	139,830
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$241,103,171
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$1,724

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,583	14.7 %	0	0.0 %
1-500	23,394	16.7	5,670,164	2.4
501-1,000	20,465	14.6	15,221,509	6.3
1,001-1,500	17,548	12.5	21,879,482	9.1
1,501-2,000	14,894	10.7	25,921,477	10.8
2,001-2,500	11,036	7.9	24,671,288	10.2
2,501-3,000	7,775	5.6	21,303,184	8.8
3,001-3,500	5,607	4.0	18,130,991	7.5
3,501-4,000	3,934	2.8	14,700,373	6.1
4,001-4,500	2,911	2.1	12,338,534	5.1
4,501-5,000	2,323	1.7	11,011,323	4.6
5,001-5,500	1,856	1.3	9,726,953	4.0
5,501-6,000	1,435	1.0	8,241,108	3.4
6,001-6,500	1,168	0.8	7,290,942	3.0
6,501-7,000	939	0.7	6,336,277	2.6
7,001-7,500	721	0.5	5,216,827	2.2
7,501-8,000	611	0.4	4,730,764	2.0
8,001-8,500	512	0.4	4,225,619	1.8
8,501-9,000	411	0.3	3,595,859	1.5
9,001-9,500	289	0.2	2,667,861	1.1
9,501-10,000	245	0.2	2,386,461	1.0
10,001+	1,173	0.8	15,836,175	6.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ILLINOIS, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	79,387
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$132,346,667
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,667

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,309	13.0 %	0	0.0 %
1-500	14,522	18.3	3,519,920	2.7
501-1,000	12,202	15.4	9,061,833	6.8
1,001-1,500	10,045	12.7	12,509,358	9.5
1,501-2,000	8,271	10.4	14,361,324	10.9
2,001-2,500	6,097	7.7	13,655,941	10.3
2,501-3,000	4,480	5.6	12,263,091	9.3
3,001-3,500	3,318	4.2	10,741,139	8.1
3,501-4,000	2,313	2.9	8,636,779	6.5
4,001-4,500	1,753	2.2	7,437,376	5.6
4,501-5,000	1,349	1.7	6,398,614	4.8
5,001-5,500	1,060	1.3	5,555,660	4.2
5,501-6,000	815	1.0	4,676,633	3.5
6,001-6,500	650	0.8	4,053,030	3.1
6,501-7,000	468	0.6	3,149,308	2.4
7,001-7,500	374	0.5	2,707,624	2.0
7,501-8,000	310	0.4	2,399,107	1.8
8,001-8,500	227	0.3	1,865,995	1.4
8,501-9,000	199	0.3	1,742,889	1.3
9,001-9,500	109	0.1	1,008,424	0.8
9,501-10,000	89	0.1	869,226	0.7
10,001+	427	0.5	5,733,396	4.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	445,903	302,099	138,189	5,404	192	19	4,574,292	3,017,539	1,511,004	44,248	1,338	163
Age												
5 and younger	5	0	2	0	3	0	51	0	23	0	28	0
6-14	27	0	7	0	20	0	288	0	84	0	204	0
15-20	432	0	329	31	72	0	4,568	0	3,529	290	749	0
21-44	43,131	0	39,401	3,661	67	2	464,150	0	432,960	30,890	276	24
45-64	61,736	16	60,166	1,520	24	10	649,815	95	637,875	11,688	68	89
65-74	121,286	92,324	28,772	177	6	7	1,226,320	896,423	328,549	1,285	13	50
75-84	139,877	131,812	8,050	15	0	0	1,439,148	1,347,177	91,876	95	0	0
85 and older	79,409	77,947	1,462	0	0	0	789,952	773,844	16,108	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	301,327	221,615	75,792	3,808	93	19	3,119,530	2,245,158	841,222	32,382	605	163
Male	144,576	80,484	62,397	1,596	99	0	1,454,762	772,381	669,782	11,866	733	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	296,947	213,989	80,133	2,719	92	14	3,030,874	2,133,372	874,953	21,792	634	123
African American	103,985	57,250	44,710	1,952	70	3	1,070,436	564,408	488,772	16,725	513	18
Other/unknown	44,971	30,860	13,346	733	30	2	472,982	319,759	147,279	5,731	191	22
Use of Nursing Facilities^c												
Entire year	41,687	30,101	11,584	1	0	1	439,449	307,380	132,062	6	0	1
Part year	19,926	13,809	6,084	33	0	0	189,166	124,139	64,713	314	0	0
None	384,290	258,189	120,521	5,370	192	18	3,945,677	2,586,020	1,314,229	43,928	1,338	162
Maintenance Assistance Status												
Cash	37,820	17,977	19,783	59	1	0	436,327	207,384	228,338	593	12	0
Medically needy	103,901	54,077	45,922	3,901	1	0	983,864	486,973	465,056	31,829	6	0
Poverty related	83,232	25,860	57,150	80	123	19	932,362	282,672	648,261	571	695	163
Other/unknown	220,950	204,185	15,334	1,364	67	0	2,221,739	2,040,510	169,349	11,255	625	0
Dual Status^d												
Full dual, all year	437,959	298,563	134,145	5,041	192	18	4,488,571	2,979,402	1,466,636	41,044	1,338	151
Full dual, part year	7,944	3,536	4,044	363	0	1	85,721	38,137	44,368	3,204	0	12
Managed Care (MC) Status												
Fee-for-service (FFS) all year	445,554	301,957	138,097	5,293	188	19	4,570,659	3,016,038	1,510,013	43,125	1,320	163
FFS part year, with Rx claims	126	23	40	62	1	0	1,332	235	440	645	12	0
FFS part year, no Rx claims	58	25	13	20	0	0	541	227	123	191	0	0
MC all year, with Rx claims	7	1	2	2	2	0	39	3	24	7	5	0
MC all year, no Rx claims	158	93	37	27	1	0	1,721	1,036	404	280	1	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 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 2004. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2004

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	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	445,903	4,574,292	445,738	4,571,628	0	2,664
Fee-for-service (FFS) all year	445,554	4,570,659	445,554	4,570,656	0	3
FFS part year, with Rx claims	126	1,332	126	811	0	521
FFS part year, with no Rx claims	58	541	58	161	0	380
Managed care (MC) all year, with Rx claims	7	39	0	0	0	39
MC all year, with no Rx claims	158	1,721	0	0	0	1,721

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. 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.