The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
ILLINOIS

LIST OF TABLES

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

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

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ILLINOIS, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	2450407 (A)	497357 (E)	1953050 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2427021 (B)	475575 (F)	1951446 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	2354192 (C)	475446 (G)	1878746 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	47418 (D)	39465 (H)	7953 (L)

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Illinois in 2005 was $1,904,278,329, of which $49,333,283 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
ILLINOIS, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**2,354,192**	**342,964**	**322,746**	**448,553**	**1,239,373**	**556**	**22,464,405**	**3,412,069**	**3,483,463**	**3,766,429**	**11,797,464**	**4,980**
Age												
5 and younger	501,102	0	2,566	14	498,522	0	4,568,762	0	27,544	133	4,541,085	0
6-14	537,770	0	12,416	62	525,292	0	5,369,563	0	139,198	409	5,229,956	0
15-20	258,673	1	15,312	31,246	212,104	10	2,437,288	3	162,953	263,582	2,010,661	89
21-44	474,745	1	98,012	374,092	2,529	111	4,235,062	11	1,071,059	3,151,010	12,170	812
45-64	193,171	83	149,261	42,818	583	426	1,922,000	301	1,566,623	348,913	2,137	4,026
65-74	141,697	106,609	34,621	293	165	9	1,432,814	1,033,865	396,149	2,180	567	53
75-84	157,216	148,040	9,051	22	103	0	1,612,033	1,507,942	103,540	167	384	0
85 and older	89,765	88,230	1,507	4	24	0	886,458	869,947	16,397	27	87	0
Unknown	53	0	0	2	51	0	425	0	0	8	417	0
Gender												
Female	1,424,450	248,552	169,690	382,062	623,590	556	13,537,834	2,507,376	1,859,631	3,279,719	5,886,128	4,980
Male	929,741	94,412	153,056	66,491	615,782	0	8,926,559	904,693	1,623,832	486,710	5,911,324	0
Unknown	1	0	0	0	1	0	12	0	0	0	12	0
Race												
White	1,029,701	235,045	151,669	205,236	437,346	405	9,820,074	2,338,909	1,616,282	1,710,660	4,150,556	3,667
African American	796,179	67,135	137,065	158,815	433,064	100	7,712,242	655,343	1,497,652	1,402,298	4,156,078	871
Other/unknown	528,312	40,784	34,012	84,502	368,963	51	4,932,089	417,817	369,529	653,471	3,490,830	442
Use of Nursing Facilities[c]												
Entire year	47,418	29,197	18,187	21	13	0	491,838	288,540	203,177	69	52	0
Part year	29,194	16,420	12,499	253	20	2	287,175	151,548	133,046	2,391	171	19
None	2,277,580	297,347	292,060	448,279	1,239,340	554	21,685,392	2,971,981	3,147,240	3,763,969	11,797,241	4,961
Maintenance Assistance Status												
Cash	280,849	25,439	152,049	19,764	83,597	0	3,003,447	291,439	1,750,738	184,081	777,189	0
Medically needy	386,941	57,124	76,165	250,576	3,076	0	3,282,034	509,175	682,754	2,077,205	12,900	0
Poverty-related	1,175,762	23,918	56,299	32,004	1,062,985	556	11,287,927	258,985	618,053	207,526	10,198,383	4,980
Other/unknown	510,640	236,483	38,233	146,209	89,715	0	4,890,997	2,352,470	431,918	1,297,617	808,992	0
Dual Medicare Status[d]												
Full dual, all year	467,370	318,116	142,526	6,186	517	25	4,819,016	3,192,828	1,571,774	51,616	2,601	197
Full dual, part year	8,076	3,851	4,008	207	10	0	88,356	41,979	44,380	1,948	49	0
Non-dual, all year	1,878,746	20,997	176,212	442,160	1,238,846	531	17,557,033	177,262	1,867,309	3,712,865	11,794,814	4,783
Managed Care (MC) Status												
Fee-for-service (FFS) all year	2,177,067	342,883	321,994	405,206	1,106,428	556	21,207,686	3,411,655	3,478,245	3,459,703	10,853,103	4,980
FFS part year, with Rx claims	82,831	42	484	23,080	59,225	0	513,599	228	3,471	139,222	370,678	0
FFS part year, no Rx claims	52,443	29	241	8,920	43,253	0	262,090	91	1,471	40,294	220,234	0

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
ILLINOIS, 2005

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	**67.2**	**14.2**	**$788**	**$55**	**$3,988**	**19.8**	**2,354,192**
Age							
5 and younger	64.6	3.4	143	42	1,883	7.6	501,102
6-14	54.9	3.3	224	67	999	22.5	537,770
15-20	57.2	4.3	299	70	1,925	15.5	258,673
21-44	70.3	11.6	803	69	4,873	16.5	474,745
45-64	81.5	40.0	2,681	67	13,827	19.4	193,171
65-74	81.7	38.5	1,850	48	5,675	32.6	141,697
75-84	83.3	41.0	1,746	43	5,604	31.2	157,216
85 and older	85.2	41.9	1,668	40	8,234	20.3	89,765
Unknown	62.3	2.8	93	33	2,016	4.6	53
Basis of Eligibility[e]							
Aged	81.9	37.6	1,571	42	5,166	30.4	342,964
Disabled	82.9	40.4	2,890	72	15,444	18.7	322,746
Adults	67.7	7.6	350	46	2,087	16.8	448,553
Children	58.8	3.4	181	54	1,362	13.3	1,239,373
Unknown	85.8	28.3	3,080	109	13,115	23.5	556
Gender							
Female	69.9	16.1	803	50	3,739	21.5	1,424,450
Male	63.0	11.4	766	67	4,369	17.5	929,741
Unknown	100.0	2.0	22	11	1,121	2.0	1
Race							
White	71.8	20.1	1,093	54	4,887	22.4	1,029,701
African American	63.5	10.8	637	59	3,979	16.0	796,179
Other/unknown	63.7	8.0	420	53	2,249	18.7	528,312
Use of Nursing Facilities[f]							
Entire year	96.8	73.8	4,404	60	34,116	12.9	47,418
Part year	96.3	58.9	3,454	59	30,792	11.2	29,194
None	66.2	12.4	679	55	3,017	22.5	2,277,580
Maintenance Assistance Status							
Cash	77.3	24.1	1,532	64	6,293	24.3	280,849
Medically needy	72.8	20.4	1,197	59	9,074	13.2	386,941
Poverty related	61.7	6.1	353	58	1,799	19.6	1,175,762
Other/unknown	70.0	22.9	1,069	47	3,905	27.4	510,640

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
ILLINOIS, 2005

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.5**	**$83**	**19.8**	**32.8**	**43.3**	**6.3**	**10.0**	**6.1**	**1.4**	**$418**	**2,354,192**	**22,464,405**
Age												
5 and younger	0.4	16	7.6	35.4	60.4	3.1	1.0	0.1	0.0	207	501,102	4,568,762
6-14	0.3	23	22.5	45.1	50.0	3.0	1.7	0.2	0.0	100	537,770	5,369,563
15-20	0.5	32	15.5	42.8	50.3	4.1	2.3	0.4	0.0	204	258,673	2,437,288
21-44	1.3	90	16.5	29.7	48.0	9.0	9.0	3.5	0.8	546	474,745	4,235,062
45-64	4.0	269	19.4	18.5	20.5	10.6	24.3	19.5	6.5	1,390	193,171	1,922,000
65-74	3.8	183	32.6	18.3	15.7	11.7	30.1	19.9	4.3	561	141,697	1,432,814
75-84	4.0	170	31.2	16.7	12.2	11.1	33.4	22.7	3.9	547	157,216	1,612,033
85 and older	4.2	169	20.3	14.8	10.4	10.4	35.2	25.1	4.0	834	89,765	886,458
Unknown	0.4	12	4.6	37.7	60.4	1.9	0.0	0.0	0.0	252	53	425
Basis of Eligibility[e]												
Aged	3.8	158	30.4	18.1	13.3	11.5	33.0	20.9	3.2	519	342,964	3,412,069
Disabled	3.7	268	18.7	17.1	23.0	10.5	23.9	19.3	6.2	1,431	322,746	3,483,463
Adults	0.9	42	16.8	32.3	51.1	8.2	6.4	1.7	0.3	249	448,553	3,766,429
Children	0.4	19	13.3	41.2	54.1	3.1	1.4	0.2	0.0	143	1,239,373	11,797,464
Unknown	3.2	344	23.5	14.2	23.9	16.2	30.8	14.0	0.9	1,464	556	4,980
Gender												
Female	1.7	84	21.5	30.1	43.1	6.8	11.4	7.1	1.6	393	1,424,450	13,537,834
Male	1.2	80	17.5	37.0	43.8	5.5	8.0	4.6	1.1	455	929,741	8,926,559
Unknown	0.2	2	2.0	0.0	100.0	0.0	0.0	0.0	0.0	93	1	12
Race												
White	2.1	115	22.4	28.2	38.4	7.6	14.1	9.4	2.3	512	1,029,701	9,820,074
African American	1.1	66	16.0	36.5	44.9	5.6	7.9	4.2	0.8	411	796,179	7,712,242
Other/unknown	0.9	45	18.7	36.3	50.6	4.7	5.4	2.6	0.4	241	528,312	4,932,089
Use of Nursing Facilities[f]												
Entire year	7.1	425	12.9	3.2	4.4	5.4	27.3	41.7	17.9	3,289	47,418	491,838
Part year	6.0	351	11.2	3.7	8.8	9.0	31.6	34.8	12.0	3,130	29,194	287,175
None	1.3	71	22.5	33.8	44.6	6.3	9.4	5.0	0.9	317	2,277,580	21,685,392
Maintenance Assistance Status												
Cash	2.3	143	24.3	22.7	39.3	8.9	16.1	10.3	2.6	589	280,849	3,003,447
Medically needy	2.4	141	13.2	27.2	37.4	8.8	13.4	10.1	3.1	1,070	386,941	3,282,034
Poverty related	0.6	37	19.6	38.3	52.9	3.7	3.1	1.6	0.4	187	1,175,762	11,287,927
Other/unknown	2.4	112	27.4	30.0	28.0	9.1	20.1	11.1	1.6	408	510,640	4,890,997

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

TABLE 5

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

ILLINOIS, 2005

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.5**	**$83**	**$55**	**0.5**	**$62**	**$122**	**0.0**	**$3**	**$71**	**0.9**	**$17**	**$18**
Age												
5 and younger	0.4	16	42	0.1	11	117	0.0	1	54	0.3	4	15
6-14	0.3	23	67	0.1	18	126	0.0	1	80	0.2	4	19
15-20	0.5	32	70	0.2	25	149	0.0	1	63	0.3	5	20
21-44	1.3	90	69	0.4	68	163	0.0	4	88	0.8	18	21
45-64	4.0	269	67	1.4	202	149	0.1	12	112	2.6	56	22
65-74	3.8	183	48	1.4	136	100	0.1	7	64	2.3	41	17
75-84	4.0	170	43	1.4	127	90	0.1	6	47	2.4	37	15
85 and older	4.2	169	40	1.4	122	88	0.2	9	45	2.7	38	14
Unknown	0.4	12	33	0.1	8	81	0.0	0	76	0.3	4	14
Basis of Eligibility[d]												
Aged	3.8	158	42	1.3	116	89	0.1	7	48	2.3	35	15
Disabled	3.7	268	72	1.3	206	158	0.1	11	100	2.3	51	22
Adults	0.9	42	46	0.3	28	110	0.0	3	75	0.6	11	18
Children	0.4	19	54	0.1	15	118	0.0	1	65	0.2	4	17
Unknown	3.2	344	109	1.0	267	268	0.1	13	157	2.1	64	31
Gender												
Female	1.7	84	50	0.6	62	110	0.1	4	65	1.1	19	18
Male	1.2	80	67	0.4	62	145	0.0	3	85	0.7	15	20
Unknown	0.2	2	11	0.0	0	0	0.0	0	0	0.2	2	11
Race												
White	2.1	115	54	0.7	86	116	0.1	5	66	1.3	23	18
African American	1.1	66	59	0.4	49	140	0.0	3	85	0.7	14	19
Other/unknown	0.9	45	53	0.3	34	117	0.0	2	72	0.5	9	17
Use of Nursing Facilities[e]												
Entire year	7.1	425	60	2.5	324	131	0.3	21	60	4.3	79	19
Part year	6.0	351	59	2.0	265	132	0.3	18	70	3.7	68	18
None	1.3	71	55	0.4	53	120	0.0	3	73	0.8	15	18
Maintenance Assistance Status												
Cash	2.3	143	64	0.8	110	141	0.1	5	89	1.4	28	20
Medically needy	2.4	141	59	0.8	105	131	0.1	7	73	1.5	29	19
Poverty related	0.6	37	58	0.2	28	126	0.0	2	83	0.4	8	19
Other/unknown	2.4	112	47	0.8	83	101	0.1	5	56	1.5	24	16

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Illinois, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

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

ILLINOIS, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$16	$11	$2	$3	$65	$181	$73	$20	2,700,451	$175,607,623	998,900	42.4	10,769,805
Biologicals	0.2	0.1	0.0	0.0	122	109	3	11	736	868	2,680	266	25,541	18,787,494	14,242	0.6	154,048
Antineoplastic Agents	0.5	0.1	0.0	0.4	109	82	1	26	202	572	342	66	139,035	28,072,393	24,460	1.0	256,718
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	31	22	2	6	45	94	51	16	3,648,480	165,677,007	500,079	21.2	5,352,455
Cardiovascular Agents	1.8	0.6	0.0	1.1	67	48	1	18	37	75	27	16	8,883,857	328,931,130	460,798	19.6	4,935,532
Respiratory Agents	0.4	0.2	0.0	0.2	23	20	0	3	54	101	36	13	2,695,171	145,511,135	597,156	25.4	6,443,772
Gastrointestinal Agents	0.5	0.2	0.0	0.3	30	25	0	5	66	139	47	17	1,482,547	97,446,346	298,320	12.7	3,254,558
Genitourinary Agents	0.3	0.2	0.0	0.1	20	16	1	3	59	80	62	25	524,982	30,997,966	143,252	6.1	1,540,409
CNS Drugs	1.0	0.4	0.0	0.6	82	69	1	12	81	163	67	20	4,132,725	335,456,916	380,976	16.2	4,108,841
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	59	54	0	5	88	100	62	35	405,057	35,553,891	54,460	2.3	599,757
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	112	108	0	4	174	180	105	98	288,005	50,227,824	42,021	1.8	448,273
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	15	5	3	6	35	161	213	16	3,058,896	105,607,013	662,247	28.1	7,134,681
Neuromuscular Agents	0.7	0.2	0.0	0.5	54	35	3	16	73	154	82	34	1,721,440	126,221,703	212,735	9.0	2,326,381
Nutritional Products	0.5	0.0	0.0	0.4	8	1	1	6	17	33	46	14	863,551	14,899,693	173,993	7.4	1,808,948
Hematological Agents	0.8	0.3	0.1	0.4	78	71	2	6	102	243	25	14	1,165,687	118,786,589	141,518	6.0	1,518,986
Topical Products	0.3	0.1	0.0	0.2	10	6	0	4	37	75	44	21	1,619,050	59,327,956	573,551	24.4	6,243,288
Miscellaneous Products	0.2	0.1	0.0	0.1	26	21	1	4	141	187	290	58	114,900	16,232,160	57,171	2.4	618,171
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	28	0	0	0	56,723	1,600,207	22,400	1.0	250,282
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.	33,526,098	1,854,945,046	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than

the original patent holder. In Illinois, 0.4 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 2005.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
ILLINOIS, 2005

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$236,392,731	179,996	7.6	2,012,470	0.6	$181	$117
ANTIHYPERLIPIDEMIC	146,002,329	237,351	10.1	2,614,197	0.6	89	56
ANTIASTHMATIC	113,882,436	539,126	22.9	5,888,818	0.3	62	19
ANTICONVULSANT	109,414,951	156,778	6.7	1,739,017	0.7	92	63
ANTIDIABETIC	90,792,668	239,250	10.2	2,610,141	0.7	52	35
ANTIDEPRESSANTS	86,789,508	309,873	13.2	3,372,169	0.5	48	26
ANTIVIRAL	82,928,998	42,873	1.8	470,934	0.4	435	176
ULCER DRUGS	76,351,090	320,116	13.6	3,548,538	0.4	59	22
ANTIHYPERTENSIVE	69,892,388	334,594	14.2	3,657,608	0.7	29	19
MISC. HEMATOLOGICAL	68,872,583	62,947	2.7	682,994	0.6	161	101
Total	1,081,319,682	2,422,904		26,596,886	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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