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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	475,446	321,967	146,534	6,393	527	25	4,907,372	3,234,807	1,616,154	53,564	2,650	197
Age												
5 and younger	9	0	2	0	7	0	87	0	24	0	63	0
6-14	26	0	9	0	17	0	265	0	105	0	160	0
15-20	428	0	327	28	73	0	4,618	0	3,581	244	793	0
21-44	44,925	0	40,444	4,404	77	0	487,377	0	449,228	37,757	392	0
45-64	67,539	20	65,691	1,725	87	16	717,587	95	703,204	13,827	317	144
65-74	128,935	98,385	30,175	216	150	9	1,312,183	962,612	347,416	1,598	504	53
75-84	148,551	139,967	8,471	19	94	0	1,535,646	1,438,000	97,170	133	343	0
85 and older	85,033	83,595	1,415	1	22	0	849,609	834,100	15,426	5	78	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	318,987	234,156	79,890	4,641	275	25	3,323,184	2,387,458	894,115	40,042	1,372	197
Male	156,459	87,811	66,644	1,752	252	0	1,584,188	847,349	722,039	13,522	1,278	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	313,285	225,156	84,560	3,377	175	17	3,219,517	2,261,382	929,768	27,271	973	123
African American	112,988	62,945	47,530	2,201	306	6	1,167,772	621,285	525,483	19,535	1,409	60
Other/unknown	49,173	33,866	14,444	815	46	2	520,083	352,140	160,903	6,758	268	14
Use of Nursing Facilities^c												
Entire year	39,465	28,182	11,272	3	8	0	405,580	278,310	127,235	8	27	0
Part year	22,737	15,819	6,887	28	2	1	220,000	145,934	73,812	240	7	7
None	413,244	277,966	128,375	6,362	517	24	4,281,792	2,810,563	1,415,107	53,316	2,616	190
Maintenance Assistance Status												
Cash	65,009	22,500	42,370	138	1	0	756,417	259,107	495,819	1,479	12	0
Medically needy	94,507	50,932	39,603	3,971	1	0	876,286	451,980	391,879	32,422	5	0
Poverty-related	70,902	22,830	47,482	110	455	25	788,706	248,637	537,096	860	1,916	197
Other/unknown	245,028	225,705	17,079	2,174	70	0	2,485,963	2,275,083	191,360	18,803	717	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	475,185	321,892	146,477	6,266	525	25	4,905,708	3,234,432	1,615,756	52,682	2,641	197
FFS part year, with Rx claims	166	39	39	87	1	0	998	212	281	499	6	0
FFS part year, no Rx claims	50	27	10	12	1	0	182	79	39	61	3	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 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 2005. 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, 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	84.8	42.2	\$2,195	\$52	\$8,169	26.9	475,446
Age							
5 and younger	88.9	26.6	2,872	108	65,592	4.4	9
6-14	96.2	41.1	6,197	151	22,728	27.3	26
15-20	78.0	21.5	2,183	102	12,082	18.1	428
21-44	82.8	33.6	3,093	92	13,452	23.0	44,925
45-64	87.8	52.7	3,726	71	15,774	23.6	67,539
65-74	82.8	39.4	1,880	48	5,242	35.9	128,935
75-84	84.5	41.9	1,777	42	5,542	32.1	148,551
85 and older	86.9	43.1	1,709	40	8,334	20.5	85,033
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	83.3	38.6	1,607	42	5,129	31.3	321,967
Disabled	88.4	50.9	3,514	69	15,025	23.4	146,534
Adults	77.4	22.8	1,637	72	4,378	37.4	6,393
Children	57.5	9.7	996	102	4,629	21.5	527
Unknown	96.0	41.6	3,471	83	15,250	22.8	25
Gender							
Female	87.3	44.9	2,151	48	7,389	29.1	318,987
Male	79.5	36.6	2,284	63	9,759	23.4	156,459
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	85.7	45.2	2,287	51	8,985	25.5	313,285
African American	82.1	35.9	2,008	56	7,039	28.5	112,988
Other/unknown	84.9	37.5	2,032	54	5,568	36.5	49,173
Use of Nursing Facilities^f							
Entire year	96.8	72.1	4,105	57	30,407	13.5	39,465
Part year	96.1	58.4	3,226	55	21,384	15.1	22,737
None	83.0	38.4	1,955	51	5,318	36.8	413,244
Maintenance Assistance Status							
Cash	89.5	45.9	2,653	58	6,533	40.6	65,009
Medically needy	84.8	50.1	3,010	60	21,443	14.0	94,507
Poverty related	88.5	45.8	2,968	65	8,417	35.3	70,902
Other/unknown	82.4	37.1	1,535	41	3,412	45.0	245,028

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 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 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid		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
			FFS \$ ^c	None								
All	4.1	\$213	26.9	15.2	14.4	11.2	31.7	22.6	4.9	\$791	475,446	4,907,372
Age												
5 and younger	2.7	297	4.4	11.1	22.2	11.1	55.6	0.0	0.0	6,785	9	87
6-14	4.0	608	27.3	3.8	11.5	23.1	38.5	19.2	3.8	2,230	26	265
15-20	2.0	202	18.1	22.0	37.1	14.7	17.8	7.2	1.2	1,120	428	4,618
21-44	3.1	285	23.0	17.2	27.0	12.6	24.6	15.0	3.6	1,240	44,925	487,377
45-64	5.0	351	23.6	12.2	14.5	9.8	27.4	26.4	9.8	1,485	67,539	717,587
65-74	3.9	185	35.9	17.2	15.3	11.8	30.8	20.5	4.4	515	128,935	1,312,183
75-84	4.1	172	32.1	15.5	12.0	11.2	34.1	23.2	4.0	536	148,551	1,535,646
85 and older	4.3	171	20.5	13.1	10.4	10.6	35.9	25.8	4.1	834	85,033	849,609
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	3.8	160	31.3	16.7	13.1	11.6	33.7	21.5	3.3	511	321,967	3,234,807
Disabled	4.6	319	23.4	11.6	16.7	10.3	27.5	25.4	8.5	1,362	146,534	1,616,154
Adults	2.7	195	37.4	22.6	28.6	12.5	21.8	11.7	2.8	523	6,393	53,564
Children	1.9	198	21.5	42.5	22.4	11.2	17.1	5.3	1.5	921	527	2,650
Unknown	5.3	440	22.8	4.0	12.0	8.0	48.0	24.0	4.0	1,935	25	197
Gender												
Female	4.3	206	29.1	12.7	13.0	11.3	33.6	24.2	5.2	709	318,987	3,323,184
Male	3.6	226	23.4	20.5	17.3	11.0	27.6	19.2	4.4	964	156,459	1,584,188
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.4	223	25.5	14.3	12.1	10.6	32.3	24.7	5.9	874	313,285	3,219,517
African American	3.5	194	28.5	17.9	18.7	12.1	29.8	18.4	3.1	681	112,988	1,167,772
Other/unknown	3.5	192	36.5	15.1	18.8	12.9	31.5	18.7	3.0	527	49,173	520,083
Use of Nursing Facilities ^f												
Entire year	7.0	400	13.5	3.2	4.6	5.6	27.8	41.7	17.1	2,959	39,465	405,580
Part year	6.0	333	15.1	3.9	8.0	8.6	31.8	36.0	11.7	2,210	22,737	220,000
None	3.7	189	36.8	17.0	15.7	11.9	32.0	20.0	3.4	513	413,244	4,281,792
Maintenance Assistance Status												
Cash	3.9	228	40.6	10.5	20.4	11.8	29.4	22.1	5.7	562	65,009	756,417
Medically needy	5.4	325	14.0	15.2	10.1	8.1	27.0	29.7	9.9	2,313	94,507	876,286
Poverty related	4.1	267	35.3	11.5	19.1	11.8	28.9	22.6	6.1	757	70,902	788,706
Other/unknown	3.7	151	45.0	17.6	13.1	12.0	34.8	20.0	2.5	336	245,028	2,485,963

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 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 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 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, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.1	\$213	\$52	1.4	\$160	\$111	0.1	\$9	\$63	2.5	\$44	\$18
Age												
5 and younger	2.7	297	108	0.7	235	315	0.0	3	58	1.9	59	30
6-14	4.0	608	151	1.2	513	428	0.0	0	25	2.8	95	34
15-20	2.0	202	102	0.8	170	203	0.1	5	69	1.1	27	25
21-44	3.1	285	92	1.2	227	195	0.1	11	110	1.8	47	26
45-64	5.0	351	71	1.8	266	152	0.1	15	107	3.1	70	23
65-74	3.9	185	48	1.4	137	99	0.1	7	63	2.4	41	17
75-84	4.1	172	42	1.4	128	89	0.1	7	47	2.5	37	15
85 and older	4.3	171	40	1.4	124	88	0.2	9	44	2.7	38	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.8	160	42	1.3	118	88	0.1	7	48	2.4	35	15
Disabled	4.6	319	69	1.7	244	147	0.1	13	94	2.8	62	22
Adults	2.7	195	72	0.9	139	157	0.1	13	168	1.8	43	25
Children	1.9	198	102	0.7	169	227	0.1	4	78	1.1	25	22
Unknown	5.3	440	83	1.7	345	204	0.2	18	112	3.4	77	23
Gender												
Female	4.3	206	48	1.5	153	102	0.2	9	59	2.7	45	17
Male	3.6	226	63	1.3	175	133	0.1	8	75	2.2	43	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.4	223	51	1.5	167	108	0.2	10	59	2.7	46	17
African American	3.5	194	56	1.2	144	125	0.1	7	82	2.2	43	19
Other/unknown	3.5	192	54	1.4	150	108	0.1	6	68	2.1	37	18
Use of Nursing Facilities^e												
Entire year	7.0	400	57	2.4	302	124	0.4	21	58	4.2	76	18
Part year	6.0	333	55	2.1	250	121	0.3	17	64	3.7	66	18
None	3.7	189	51	1.3	142	108	0.1	7	65	2.3	40	18
Maintenance Assistance Status												
Cash	3.9	228	58	1.5	174	119	0.1	7	75	2.4	47	20
Medically needy	5.4	325	60	1.9	246	128	0.2	16	66	3.2	62	19
Poverty related	4.1	267	65	1.5	201	137	0.1	11	105	2.5	55	22
Other/unknown	3.7	151	41	1.3	112	90	0.1	6	47	2.3	33	15

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

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

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

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

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$26	\$19	\$2	\$4	\$83	\$220	\$75	\$21	763,044	\$63,280,645	220,779	46.4	2,448,088
Biologicals	0.1	0.0	0.0	0.1	19	1	1	17	190	63	1,412	199	5,529	1,053,137	4,999	1.1	56,305
Antineoplastic Agents	0.5	0.1	0.0	0.4	83	59	0	23	151	424	174	58	102,784	15,503,015	17,818	3.7	187,169
Endocrine/Metabolic Drugs	1.0	0.3	0.1	0.6	43	32	3	8	42	93	41	13	2,300,515	96,603,580	205,235	43.2	2,239,115
Cardiovascular Agents	2.0	0.7	0.0	1.3	74	54	1	19	36	73	23	15	7,078,032	255,334,451	321,483	67.6	3,464,094
Respiratory Agents	0.7	0.4	0.0	0.3	42	38	0	4	62	99	43	13	955,720	59,124,399	126,117	26.5	1,394,381
Gastrointestinal Agents	0.5	0.2	0.0	0.3	35	30	0	5	64	135	41	16	980,105	62,400,765	161,474	34.0	1,784,714
Genitourinary Agents	0.5	0.3	0.0	0.1	31	27	0	4	63	80	53	25	355,882	22,485,164	65,121	13.7	717,704
CNS Drugs	1.2	0.5	0.0	0.7	88	74	1	13	76	157	67	19	2,417,222	183,833,017	190,718	40.1	2,077,407
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.4	50	37	1	12	78	142	81	33	22,106	1,724,537	3,167	0.7	34,839
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	116	114	0	2	159	162	96	80	254,265	40,531,520	32,734	6.9	347,988
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	27	9	7	10	40	148	202	18	1,514,487	60,691,017	207,279	43.6	2,277,946
Neuromuscular Agents	0.9	0.2	0.0	0.6	60	35	3	21	69	150	73	36	979,043	67,241,637	101,778	21.4	1,125,488
Nutritional Products	0.6	0.0	0.0	0.6	9	0	2	7	15	30	42	13	585,694	8,966,275	88,975	18.7	958,068
Hematological Agents	0.8	0.3	0.1	0.4	61	53	2	5	74	168	23	13	938,906	69,350,167	106,094	22.3	1,142,996
Topical Products	0.4	0.2	0.0	0.3	17	12	0	5	40	69	43	21	725,115	29,175,920	150,301	31.6	1,682,561
Miscellaneous Products	0.3	0.1	0.0	0.2	40	28	2	11	142	318	253	58	37,058	5,252,195	12,077	2.5	130,641
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	25	0	0	0	32,509	797,935	9,897	2.1	111,895
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.	20,048,016	1,043,349,376	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 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.medispain.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.medispain.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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$127,505,062	90,762	19.1	1,011,671	0.7	\$175	\$126
ANTIHYPERLIPIDEMIC	114,418,875	180,884	38.0	1,996,680	0.7	88	57
ANTIDIABETIC	61,477,857	163,465	34.4	1,792,880	0.7	49	34
ANTICONVULSANT	55,598,040	81,654	17.2	909,277	0.7	83	61
ANTIHYPERTENSIVE	53,710,592	241,849	50.9	2,651,511	0.7	29	20
ULCER DRUGS	50,664,435	180,424	37.9	2,024,154	0.4	59	25
ANTIDEPRESSANTS	48,979,590	152,353	32.0	1,673,739	0.6	46	29
ANTIASTHMATIC	48,333,197	149,874	31.5	1,648,963	0.4	66	29
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	41,452,515	41,504	8.7	444,763	0.6	156	93
MISC. HEMATOLOGICAL	38,962,815	52,081	11.0	565,916	0.6	107	69
Total	641,102,978	1,334,850		14,719,554	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 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 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.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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIHYPERTENSIVE					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	
All	9,060,070	\$641,102,978	90,762	19.1	1,011,671	0.7	\$126	180,884	38.0	1,996,680	0.7	\$57	
Female													
All Females	6,238,049	420,501,508	51,968	16.3	576,461	0.7	110	127,366	39.9	1,414,055	0.7	57	
Female, Disabled													
All Ages	2,215,759	182,951,482	28,307	35.4	327,563	0.8	139	33,503	41.9	388,469	0.6	62	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	63	2,374	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	1,399	138,603	34	25.6	400	0.5	104	8	6.0	96	0.3	27	
21-44	339,823	37,069,703	8,523	50.0	99,574	0.7	142	2,469	14.5	28,762	0.6	52	
45-64	1,015,911	86,347,180	13,677	39.2	157,437	0.8	144	15,094	43.3	171,749	0.6	60	
65-74	633,716	44,037,065	4,096	20.5	47,636	0.7	126	12,285	61.5	144,983	0.7	65	
75-84	197,167	13,476,140	1,640	24.8	18,786	0.7	116	3,352	50.6	39,461	0.7	65	
85 and older	27,680	1,880,417	337	27.4	3,730	0.7	107	295	24.0	3,418	0.7	67	
Female, Other Eligibles													
All Ages	4,022,290	237,550,026	23,661	9.9	248,898	0.5	71	93,863	39.3	1,025,586	0.7	56	
5 and younger	2	230	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	31	1,672	0	0.0	0	0.0	0	1	12.5	12	1.0	80	
15-20	357	26,508	7	11.7	84	0.6	102	2	3.3	24	0.9	70	
21-44	29,443	2,839,130	770	21.5	7,828	0.4	86	247	6.9	2,509	0.5	42	
45-64	15,565	1,259,752	173	16.9	1,830	0.5	99	267	26.1	2,664	0.6	51	
65-74	1,039,055	60,639,790	3,800	5.8	40,527	0.5	69	31,330	47.7	335,802	0.6	54	
75-84	1,828,324	106,958,329	9,179	9.1	99,017	0.6	73	45,316	45.0	501,421	0.7	56	
85 and older	1,109,513	65,824,615	9,732	14.3	99,612	0.6	70	16,700	24.6	183,154	0.7	56	
Male													
All Males	2,822,021	220,601,470	38,794	24.8	435,210	0.8	148	53,518	34.2	582,625	0.7	58	
Male, Disabled													
All Ages	1,515,438	142,167,638	30,697	46.1	353,084	0.9	164	21,299	32.0	243,240	0.7	61	
5 and younger	9	309	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	20	512	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	1,722	213,854	58	29.9	659	0.7	176	9	4.6	108	0.6	37	
21-44	406,296	47,313,787	12,778	54.6	147,780	0.8	166	3,984	17.0	46,031	0.6	54	
45-64	762,154	69,792,133	14,623	47.5	167,823	0.9	168	11,296	36.7	126,867	0.7	61	
65-74	289,770	20,851,173	2,571	25.2	29,376	0.8	142	5,214	51.1	60,904	0.7	65	
75-84	51,525	3,719,918	603	32.6	6,758	0.8	127	760	41.1	8,906	0.7	66	
85 and older	3,942	275,952	64	34.8	688	0.7	113	36	19.6	424	0.7	65	

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	Number of Rx per Benefit Month				Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	1,306,583	78,433,832	8,097	9.0	82,126	0.6	78	32,219	35.9	339,385	0.7	56
5 and younger	2	98	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	61	2,800	0	0.0	0	0.0	0	1	11.1	12	0.8	7
15-20	561	59,233	13	31.7	150	0.9	226	4	9.8	48	1.0	95
21-44	7,755	655,641	152	17.0	1,436	0.5	105	143	16.0	1,343	0.6	50
45-64	10,485	824,515	68	8.3	604	0.4	107	282	34.2	2,576	0.6	58
65-74	450,192	26,970,584	2,071	6.3	21,435	0.6	85	13,175	39.9	137,153	0.6	55
75-84	608,278	36,300,268	3,680	9.4	37,891	0.5	77	14,755	37.6	158,010	0.7	57
85 and older	229,249	13,620,693	2,113	13.4	20,610	0.6	67	3,859	24.5	40,243	0.7	55
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					ANTIHYPERTENSIVE				
	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	163,465	34.4	1,792,880	0.7	\$34	81,654	17.2	909,277	0.7	\$61	241,849	50.9	2,651,511	0.7	\$20
Female															
All Females	112,956	35.4	1,248,283	0.7	34	51,445	16.1	573,483	0.7	56	171,706	53.8	1,893,743	0.7	21
Female, Disabled															
All Ages	37,137	46.5	428,199	0.7	41	26,982	33.8	310,703	0.8	76	40,332	50.5	465,946	0.7	22
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	2	66.7	24	0.7	44
15-20	10	7.5	116	0.8	150	41	30.8	483	0.6	69	22	16.5	249	0.5	12
21-44	3,257	19.1	37,849	0.6	40	7,295	42.8	84,811	0.8	102	3,030	17.8	35,102	0.6	17
45-64	16,457	47.2	186,540	0.7	43	13,480	38.6	153,603	0.8	76	16,700	47.9	189,072	0.6	21
65-74	13,103	65.6	153,736	0.7	41	4,621	23.1	54,133	0.7	47	14,872	74.5	174,968	0.7	24
75-84	3,914	59.1	45,574	0.7	36	1,371	20.7	15,711	0.7	37	4,975	75.2	58,212	0.7	23
85 and older	396	32.2	4,384	0.7	28	174	14.1	1,962	0.8	32	731	59.4	8,319	0.7	21
Female, Other Eligibles															
All Ages	75,819	31.7	820,084	0.7	30	24,463	10.2	262,780	0.6	31	131,374	54.9	1,427,797	0.7	21
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	4	50.0	48	0.3	4
15-20	2	3.3	19	0.3	22	7	11.7	84	0.9	100	11	18.3	132	0.6	18
21-44	361	10.1	3,825	0.6	42	945	26.4	9,610	0.5	64	502	14.0	5,103	0.5	16
45-64	358	35.0	3,554	0.6	43	259	25.3	2,442	0.6	62	392	38.3	3,816	0.6	20
65-74	25,998	39.5	277,550	0.7	33	6,374	9.7	68,410	0.6	33	35,290	53.7	376,739	0.7	21
75-84	34,824	34.6	383,141	0.7	30	10,693	10.6	116,990	0.6	29	59,378	58.9	655,849	0.7	21
85 and older	14,276	21.0	151,995	0.7	25	6,185	9.1	65,244	0.7	28	35,797	52.7	386,110	0.7	20
Male															
All Males	50,509	32.3	544,597	0.7	35	30,209	19.3	335,794	0.8	71	70,143	44.8	757,768	0.7	18
Male, Disabled															
All Ages	20,516	30.8	231,773	0.7	41	21,963	33.0	250,357	0.8	83	25,480	38.2	288,586	0.7	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.2	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.9	11
15-20	5	2.6	60	0.6	54	59	30.4	670	0.8	79	16	8.2	188	0.4	5
21-44	3,379	14.4	38,365	0.7	40	8,323	35.6	95,807	0.8	96	4,522	19.3	51,571	0.6	18
45-64	10,863	35.3	120,856	0.7	42	10,696	34.7	120,910	0.9	82	12,967	42.1	144,348	0.7	19
65-74	5,473	53.6	63,335	0.7	40	2,440	23.9	27,985	0.8	53	6,716	65.8	77,912	0.7	20
75-84	741	40.0	8,562	0.7	35	413	22.3	4,627	0.8	50	1,165	62.9	13,493	0.7	22
85 and older	55	29.9	595	0.7	37	32	17.4	358	0.8	31	92	50.0	1,050	0.7	21

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month
Male, Other Eligibles															
All Ages	29,993	33.4	312,824	0.7	30	8,246	9.2	85,437	0.6	34	44,663	49.7	469,182	0.7	17
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	1	11.1	12	0.1	1	8	88.9	83	0.5	24
15-20	1	2.4	12	1.0	16	10	24.4	118	0.7	51	13	31.7	146	0.5	12
21-44	127	14.2	1,160	0.6	42	219	24.4	2,013	0.5	56	192	21.4	1,810	0.6	17
45-64	345	41.9	3,225	0.7	45	167	20.3	1,480	0.7	90	300	36.4	2,777	0.6	22
65-74	12,834	38.9	132,702	0.7	32	2,802	8.5	29,368	0.6	36	16,374	49.6	170,115	0.7	18
75-84	12,887	32.8	136,780	0.7	30	3,649	9.3	38,393	0.6	32	20,401	51.9	217,862	0.7	17
85 and older	3,799	24.2	38,945	0.7	26	1,398	8.9	14,053	0.7	28	7,375	46.9	76,389	0.7	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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIASTHMATIC				
	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	180,424	37.9	2,024,154	0.4	\$25	152,353	32.0	1,673,739	0.6	\$29	149,874	31.5	1,648,963	0.4	\$29
Female															
All Females	129,513	40.6	1,459,308	0.4	25	109,855	34.4	1,210,037	0.6	29	104,720	32.8	1,160,249	0.4	29
Female, Disabled															
All Ages	47,483	59.4	553,099	0.4	26	45,967	57.5	528,256	0.6	33	41,878	52.4	482,539	0.5	31
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	1	33.3	12	0.9	28	0	0.0	0	0.0	0	3	100.0	36	1.0	28
15-20	38	28.6	442	0.4	28	45	33.8	534	0.6	26	50	37.6	556	0.3	26
21-44	6,682	39.2	78,488	0.4	23	10,570	62.0	122,760	0.6	33	7,001	41.1	81,569	0.4	24
45-64	20,691	59.3	238,515	0.4	27	23,657	67.8	268,478	0.7	34	19,552	56.0	222,784	0.5	33
65-74	14,668	73.5	172,856	0.4	25	9,042	45.3	105,797	0.6	29	11,395	57.1	133,013	0.5	34
75-84	4,627	69.9	54,028	0.4	28	2,302	34.8	26,708	0.6	28	3,419	51.6	39,557	0.5	30
85 and older	776	63.0	8,758	0.5	31	351	28.5	3,979	0.7	34	458	37.2	5,024	0.5	26
Female, Other Eligibles															
All Ages	82,030	34.3	906,209	0.4	24	63,888	26.7	681,781	0.6	26	62,842	26.3	677,710	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.1	10
6-14	2	25.0	24	0.3	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	11.7	79	0.5	22	8	13.3	96	0.4	13	8	13.3	96	0.5	22
21-44	881	24.6	9,352	0.3	19	1,739	48.5	17,786	0.5	27	1,041	29.0	11,040	0.3	18
45-64	443	43.3	4,476	0.3	22	606	59.2	5,979	0.6	34	447	43.7	4,479	0.4	31
65-74	20,397	31.0	226,935	0.4	20	15,252	23.2	162,798	0.6	23	18,207	27.7	194,951	0.4	31
75-84	35,052	34.8	394,072	0.4	23	26,170	26.0	284,653	0.6	25	26,722	26.5	293,667	0.4	28
85 and older	25,248	37.2	271,271	0.5	29	20,113	29.6	210,469	0.7	30	16,415	24.2	173,453	0.4	23
Male															
All Males	50,911	32.5	564,846	0.4	26	42,498	27.2	463,702	0.6	30	45,154	28.9	488,714	0.5	30
Male, Disabled															
All Ages	26,176	39.3	299,849	0.5	28	26,546	39.8	300,697	0.6	32	20,661	31.0	233,415	0.5	30
5 and younger	3	150.0	36	0.1	4	0	0.0	0	0.0	0	2	100.0	24	0.1	7
6-14	3	50.0	36	0.3	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	31	16.0	371	0.4	34	51	26.3	588	0.5	27	30	15.5	351	0.4	24
21-44	6,288	26.9	72,675	0.4	26	9,441	40.4	108,021	0.6	32	4,738	20.3	54,443	0.4	24
45-64	12,633	41.0	143,337	0.5	29	13,140	42.7	147,185	0.7	33	10,077	32.7	112,248	0.5	31
65-74	6,003	58.8	69,444	0.4	28	3,340	32.7	38,355	0.6	30	4,848	47.5	55,522	0.5	34
75-84	1,114	60.2	12,856	0.5	30	529	28.6	6,054	0.7	31	898	48.5	10,186	0.5	35
85 and older	101	54.9	1,094	0.6	36	45	24.5	494	0.8	38	68	37.0	641	0.4	20

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	24,735	27.5	264,997	0.4	24	15,952	17.8	163,005	0.6	26	24,493	27.3	255,299	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	40.0	21	0.1	5
6-14	3	33.3	30	0.4	25	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	31.7	155	0.5	39	13	31.7	156	0.8	36	7	17.1	82	0.2	14
21-44	252	28.1	2,468	0.3	22	360	40.2	3,308	0.5	29	193	21.5	1,857	0.4	24
45-64	222	26.9	2,143	0.4	25	310	37.6	2,851	0.6	32	202	24.5	1,894	0.4	32
65-74	7,936	24.0	85,853	0.4	21	4,687	14.2	48,698	0.6	25	8,403	25.4	87,583	0.5	31
75-84	11,257	28.6	122,143	0.4	25	7,065	18.0	73,443	0.6	26	11,217	28.5	118,798	0.5	30
85 and older	5,052	32.1	52,205	0.5	29	3,517	22.4	34,549	0.6	28	4,469	28.4	45,064	0.5	26
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	41,504	8.7	444,763	0.6	\$93	52,081	11.0	565,916	0.6	\$69	475,446	4,907,372
Female												
All Females	29,751	9.3	320,142	0.6	97	35,283	11.1	386,859	0.7	69	318,987	3,323,184
Female, Disabled												
All Ages	5,982	7.5	69,200	0.5	138	7,596	9.5	87,416	0.6	70	79,890	894,115
5 and younger	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	3	36
15-20	1	0.8	12	0.1	3	0	0.0	0	0.0	0	133	1,456
21-44	982	5.8	11,461	0.4	235	244	1.4	2,837	0.5	56	17,047	193,056
45-64	2,584	7.4	29,645	0.4	158	2,971	8.5	33,511	0.6	70	34,893	378,218
65-74	1,405	7.0	16,416	0.5	74	2,994	15.0	34,926	0.6	73	19,963	231,535
75-84	805	12.2	9,385	0.6	83	1,200	18.1	13,998	0.6	70	6,620	76,290
85 and older	205	16.7	2,281	0.7	94	187	15.2	2,144	0.6	65	1,231	13,524
Female, Other Eligibles												
All Ages	23,769	9.9	250,942	0.7	85	27,687	11.6	299,443	0.7	68	239,097	2,429,069
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	77
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	60	614
21-44	114	3.2	1,211	0.4	271	40	1.1	432	0.5	51	3,585	31,295
45-64	51	5.0	532	0.3	184	38	3.7	371	0.6	74	1,024	8,281
65-74	2,585	3.9	27,768	0.5	69	5,921	9.0	63,312	0.6	66	65,739	652,477
75-84	10,023	9.9	106,769	0.6	82	12,394	12.3	135,889	0.7	68	100,786	1,051,606
85 and older	10,996	16.2	114,662	0.7	90	9,294	13.7	99,439	0.7	70	67,893	684,695
Male												
All Males	11,753	7.5	124,621	0.6	84	16,798	10.7	179,057	0.6	70	156,459	1,584,188
Male, Disabled												
All Ages	4,080	6.1	46,617	0.5	90	4,964	7.4	55,749	0.6	78	66,644	722,039
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	69
15-20	1	0.5	12	0.1	14	0	0.0	0	0.0	0	194	2,125
21-44	953	4.1	10,945	0.4	112	321	1.4	3,654	0.5	208	23,397	256,172
45-64	1,981	6.4	22,485	0.4	86	2,439	7.9	26,664	0.6	68	30,798	324,986
65-74	863	8.5	9,998	0.5	74	1,827	17.9	21,100	0.6	68	10,212	115,881
75-84	248	13.4	2,807	0.6	88	347	18.7	4,014	0.7	71	1,851	20,880
85 and older	34	18.5	370	0.6	71	30	16.3	317	0.6	61	184	1,902

Dual Eligible Beneficiaries

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, 2005

MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL														MISC. HEMATOLOGICAL			
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months					
Male, Other Eligibles																	
All Ages	7,673	8.5	78,004	0.6	81	11,834	13.2	123,308	0.6	66	89,815	862,149					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	39					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	83					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	41	423					
21-44	31	3.5	303	0.3	112	26	2.9	239	0.6	67	896	6,854					
45-64	21	2.5	213	0.4	131	52	6.3	488	0.7	81	824	6,102					
65-74	1,417	4.3	14,748	0.5	69	3,837	11.6	39,666	0.6	66	33,021	312,290					
75-84	3,773	9.6	38,738	0.6	82	5,472	13.9	57,967	0.6	65	39,294	386,870					
85 and older	2,431	15.5	24,002	0.7	87	2,447	15.6	24,948	0.7	67	15,725	149,488					
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2005

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	\$400	7.0	39,465	405,580
Age				
0-64	619	8.0	6,225	70,637
65-74	466	7.8	5,651	60,103
75-84	379	7.1	11,697	118,905
85 and older	290	6.2	15,892	155,935
Unknown	0	0.0	0	0
Gender				
Female	373	7.0	27,120	278,891
Male	457	7.1	12,345	126,689
Unknown	0	0.0	0	0
Race				
White	398	7.1	32,859	336,938
African American	398	6.2	5,226	54,567
Other/unknown	433	7.1	1,380	14,075
Basis of Eligibility^c				
Aged	333	6.7	28,182	278,310
Disabled	544	7.8	11,272	127,235
Adults	18	0.6	3	8
Children	209	3.6	8	27
Unknown	0	0.0	0	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 22,737 beneficiaries who were in nursing facilities for part of their enrollment and their 220,000 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.

Dual Eligible Beneficiaries

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, 2005

	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users			
									</							

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, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users		Among Users		Rx \$ per Benefit Month	Benefit Months per Rx
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month		
ANTIPSYCHOTICS	\$39,008,805	25,057	63.5	280,561	0.9	\$156	\$139
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	13,970,725	11,483	29.1	123,308	0.8	145	113
ULCER DRUGS	10,793,239	21,097	53.5	227,837	0.7	67	47
ANTIDEPRESSANTS	10,667,552	23,277	59.0	251,691	0.8	51	42
ANTICONVULSANT	8,786,271	11,988	30.4	132,985	1.0	68	66
ANTHYPERLIPIDEMIC	7,473,589	10,348	26.2	114,254	0.8	84	65
ANTIDIABETIC	5,491,123	15,540	39.4	167,608	0.8	40	33
HEMATOPOIETIC AGENTS	4,998,691	12,539	31.8	135,216	0.6	63	37
ANALGESICS - Narcotic	4,731,840	16,622	42.1	172,560	0.7	41	27
MISC. HEMATOLOGICAL	4,690,778	5,274	13.4	56,012	0.8	108	84
Total	110,612,613	153,225		1,662,032	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 22,737 beneficiaries who were in nursing facilities for part of their enrollment and their 220,000 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL			
	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	1,310,019	\$110,612,613	25,057	63.5	280,561	0.9	\$139	11,483	29.1	123,308	0.8	\$113
Female												
All Females	861,277	69,432,870	14,700	54.2	163,692	0.8	126	8,371	30.9	90,633	0.8	116
Female, Disabled												
All Ages	263,707	24,928,193	6,150	109.5	71,620	1.0	163	1,002	17.8	11,506	0.7	158
64 or younger	132,141	13,513,652	3,500	143.3	40,934	1.1	171	312	12.8	3,589	0.6	270
65-74	77,866	6,915,847	1,583	95.2	18,475	1.0	161	297	17.9	3,429	0.7	110
75-84	43,474	3,673,758	848	75.8	9,794	0.9	145	285	25.5	3,308	0.8	106
85 and older	10,226	824,936	219	55.6	2,417	0.8	123	108	27.4	1,180	0.7	106
Female, Other Eligibles												
All Ages	597,570	44,504,677	8,550	39.8	92,072	0.7	97	7,369	34.3	79,127	0.8	110
64 or younger	66	6,672	3	60.0	27	0.9	179	0	0.0	0	0.0	0
65-74	55,825	4,337,945	829	58.1	9,041	0.7	115	487	34.1	5,228	0.8	114
75-84	233,697	17,833,577	3,368	48.1	37,237	0.7	106	2,764	39.5	29,969	0.8	110
85 and older	307,982	22,326,483	4,350	33.3	45,767	0.7	86	4,118	31.5	43,930	0.8	109
Male												
All Males	448,742	41,179,743	10,357	83.9	116,869	1.0	158	3,112	25.2	32,675	0.8	107
Male, Disabled												
All Ages	263,859	26,641,824	7,262	128.4	84,716	1.1	177	712	12.6	8,145	0.7	114
64 or younger	190,855	20,198,708	5,593	148.1	65,549	1.1	184	347	9.2	3,948	0.6	133
65-74	57,213	5,032,504	1,266	91.3	14,655	0.9	158	236	17.0	2,759	0.7	95
75-84	14,245	1,282,617	361	85.5	4,060	0.9	145	117	27.7	1,303	0.7	99
85 and older	1,546	127,995	42	60.0	452	0.7	118	12	17.1	135	0.8	85
Male, Other Eligibles												
All Ages	184,883	14,537,919	3,095	46.3	32,153	0.7	106	2,400	35.9	24,530	0.8	104
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39,687	3,236,310	698	59.4	7,402	0.8	125	356	30.3	3,645	0.8	105
75-84	90,560	7,117,914	1,497	47.4	15,717	0.7	110	1,183	37.4	12,157	0.8	104
85 and older	54,636	4,183,695	900	38.2	9,034	0.6	84	861	36.6	8,728	0.8	104
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 22,737 beneficiaries who were in nursing facilities for part of their enrollment and their 220,000 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 2005. 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 2005 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, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					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	21,097	53.5	227,837	0.7	\$47	23,277	59.0	251,691	0.8	\$42	11,988	30.4	132,985	1.0	\$66
Female															
All Females	14,706	54.2	159,189	0.7	47	16,229	59.8	175,777	0.8	43	6,902	25.4	76,199	0.9	60
Female, Disabled															
All Ages	3,316	59.0	37,957	0.7	48	3,854	68.6	44,449	0.8	45	3,033	54.0	35,077	1.0	78
64 or younger	1,336	54.7	15,465	0.7	49	1,980	81.0	22,954	0.8	46	1,753	71.8	20,418	1.0	91
65-74	1,028	61.9	11,817	0.7	47	1,104	66.4	12,732	0.9	45	799	48.1	9,318	1.0	68
75-84	712	63.6	8,074	0.7	47	618	55.2	7,102	0.8	43	404	36.1	4,506	0.9	49
85 and older	240	60.9	2,601	0.7	47	152	38.6	1,661	0.8	42	77	19.5	835	0.9	31
Female, Other Eligibles															
All Ages	11,390	53.0	121,232	0.7	46	12,375	57.6	131,328	0.8	42	3,869	18.0	41,122	0.9	45
64 or younger	2	40.0	24	0.5	10	1	20.0	2	0.5	5	2	40.0	24	0.3	34
65-74	855	59.9	9,169	0.7	49	1,024	71.7	10,813	0.8	44	552	38.7	5,936	0.9	56
75-84	3,837	54.9	41,449	0.7	48	4,567	65.3	49,346	0.8	43	1,613	23.1	17,379	0.9	48
85 and older	6,696	51.2	70,590	0.7	46	6,783	51.9	71,167	0.8	42	1,702	13.0	17,783	0.9	37
Male															
All Males	6,391	51.8	68,648	0.7	49	7,048	57.1	75,914	0.8	41	5,086	41.2	56,786	1.0	74
Male, Disabled															
All Ages	2,902	51.3	32,958	0.7	48	3,392	60.0	38,780	0.8	42	3,569	63.1	41,169	1.0	84
64 or younger	1,862	49.3	21,340	0.7	49	2,406	63.7	27,593	0.8	43	2,687	71.2	31,175	1.0	90
65-74	777	56.1	8,777	0.7	48	784	56.6	8,896	0.8	40	717	51.7	8,173	1.0	65
75-84	226	53.6	2,477	0.7	45	179	42.4	2,028	0.8	41	150	35.5	1,666	1.0	68
85 and older	37	52.9	364	0.7	55	23	32.9	263	0.9	48	15	21.4	155	1.1	45
Male, Other Eligibles															
All Ages	3,489	52.1	35,690	0.7	49	3,656	54.6	37,134	0.8	41	1,517	22.7	15,617	0.9	49
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	607	51.7	6,389	0.7	49	763	64.9	7,917	0.8	43	421	35.8	4,493	0.9	61
75-84	1,676	53.0	17,170	0.7	51	1,779	56.3	18,343	0.8	41	741	23.4	7,652	0.9	48
85 and older	1,206	51.2	12,131	0.7	47	1,114	47.3	10,874	0.8	38	355	15.1	3,472	0.8	37
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 22,737 beneficiaries who were in nursing facilities for part of their enrollment and their 220,000 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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, DELAWARE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIDIABETIC					HEMATOPOIETIC AGENTS				
	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	10,348	26.2	114,254	0.8	\$65	15,540	39.4	167,608	0.8	\$33	12,539	31.8	135,216	0.6	\$37	
Female																
All Females	6,373	23.5	70,471	0.8	66	10,423	38.4	112,866	0.8	33	8,761	32.3	94,902	0.6	36	
Female, Disabled																
All Ages	2,032	36.2	23,580	0.8	67	2,836	50.5	32,299	0.9	37	1,859	33.1	21,121	0.6	33	
64 or younger	912	37.3	10,581	0.8	67	1,081	44.2	12,369	0.9	38	733	30.0	8,528	0.6	26	
65-74	711	42.8	8,320	0.8	68	1,026	61.7	11,754	0.9	39	576	34.7	6,538	0.6	44	
75-84	349	31.2	4,003	0.8	68	600	53.6	6,824	0.8	35	403	36.0	4,484	0.6	37	
85 and older	60	15.2	676	0.7	60	129	32.7	1,352	0.7	24	147	37.3	1,571	0.5	18	
Female, Other Eligibles																
All Ages	4,341	20.2	46,891	0.8	65	7,587	35.3	80,567	0.8	31	6,902	32.1	73,781	0.6	36	
64 or younger	2	40.0	24	0.3	16	1	20.0	12	0.1	14	0	0.0	0	0.0	0	
65-74	575	40.3	6,331	0.8	69	872	61.1	9,263	0.8	37	452	31.7	4,717	0.6	45	
75-84	1,969	28.1	21,438	0.8	67	3,315	47.4	35,640	0.8	32	2,276	32.5	24,905	0.6	42	
85 and older	1,795	13.7	19,098	0.8	63	3,399	26.0	35,652	0.8	28	4,174	31.9	44,159	0.6	32	
Male																
All Males	3,975	32.2	43,783	0.8	65	5,117	41.4	54,742	0.8	33	3,778	30.6	40,314	0.6	40	
Male, Disabled																
All Ages	2,185	38.6	25,489	0.8	65	2,341	41.4	26,752	0.8	35	1,553	27.5	17,641	0.6	32	
64 or younger	1,544	40.9	18,070	0.8	64	1,369	36.3	15,668	0.9	36	886	23.5	10,128	0.6	37	
65-74	531	38.3	6,151	0.8	67	810	58.4	9,297	0.8	35	476	34.3	5,403	0.6	25	
75-84	103	24.4	1,188	0.8	65	140	33.2	1,581	0.8	32	164	38.9	1,841	0.6	30	
85 and older	7	10.0	80	0.4	45	22	31.4	206	0.7	26	27	38.6	269	0.6	26	
Male, Other Eligibles																
All Ages	1,790	26.8	18,294	0.8	64	2,776	41.5	27,990	0.8	31	2,225	33.3	22,673	0.6	46	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	462	39.3	4,797	0.8	64	643	54.7	6,710	0.8	34	368	31.3	3,846	0.6	44	
75-84	880	27.8	9,054	0.8	64	1,384	43.8	14,015	0.8	31	1,061	33.6	10,911	0.6	39	
85 and older	448	19.0	4,443	0.8	64	749	31.8	7,265	0.8	29	796	33.8	7,916	0.6	57	
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 22,737 beneficiaries who were in nursing facilities for part of their enrollment and their 220,000 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

ANALGESICS - Narcotic													MISC. HEMATOLOGICAL												
Beneficiary Characteristics	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	Benefit Months Among All-Year Nursing Facility Residents													
All	16,622	42.1	172,560	0.7	\$27	5,274	13.4	56,012	0.8	\$84	39,465	405,580													
Female																									
All Females	12,441	45.9	129,895	0.7	30	3,531	13.0	37,907	0.8	86	27,120	278,891													
Female, Disabled																									
All Ages	2,488	44.3	28,061	0.8	31	550	9.8	6,270	0.7	83	5,618	63,430													
64 or younger	1,082	44.3	12,328	0.8	27	154	6.3	1,710	0.7	84	2,443	27,748													
65-74	748	45.0	8,477	0.8	36	206	12.4	2,404	0.8	86	1,662	19,019													
75-84	502	44.9	5,629	0.7	34	141	12.6	1,590	0.7	81	1,119	12,524													
85 and older	156	39.6	1,627	0.6	28	49	12.4	566	0.7	70	394	4,139													
Female, Other Eligibles																									
All Ages	9,953	46.3	101,834	0.7	29	2,981	13.9	31,637	0.8	86	21,502	215,461													
64 or younger	2	40.0	14	1.0	14	0	0.0	0	0.0	0	5	21													
65-74	815	57.1	8,452	0.8	29	221	15.5	2,365	0.8	89	1,428	14,257													
75-84	3,307	47.3	34,549	0.7	32	1,054	15.1	11,432	0.8	85	6,995	71,761													
85 and older	5,829	44.6	58,819	0.6	27	1,706	13.0	17,840	0.8	86	13,074	129,422													
Male																									
All Males	4,181	33.9	42,665	0.6	21	1,743	14.1	18,105	0.8	80	12,345	126,689													
Male, Disabled																									
All Ages	1,586	28.1	17,511	0.7	25	523	9.3	5,839	0.7	79	5,654	63,805													
64 or younger	1,093	28.9	12,210	0.7	25	246	6.5	2,772	0.7	81	3,776	42,865													
65-74	379	27.3	4,038	0.8	24	206	14.9	2,292	0.8	80	1,386	15,595													
75-84	101	23.9	1,135	0.6	22	63	14.9	701	0.7	67	422	4,628													
85 and older	13	18.6	128	0.6	10	8	11.4	74	0.7	94	70	717													
Male, Other Eligibles																									
All Ages	2,595	38.8	25,154	0.6	19	1,220	18.2	12,266	0.8	81	6,691	62,884													
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3													
65-74	461	39.2	4,564	0.6	20	244	20.8	2,565	0.8	84	1,175	11,232													
75-84	1,221	38.6	12,021	0.6	19	559	17.7	5,624	0.8	81	3,161	29,992													
85 and older	913	38.8	8,569	0.5	17	417	17.7	4,077	0.8	78	2,354	21,657													
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 2005 file for Illinois, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 22,737 beneficiaries who were in nursing facilities for part of their enrollment and their 220,000 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 2005. 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 2005 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
DELAWARE, 2005

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	270,153	56.8	7.0	3,338,881	\$72	\$34,115,070	\$10	3.3	475,446
Age									
5 and younger	7	77.8	14.7	132	409	3,680	28	14.2	9
6-14	21	80.8	11.6	302	241	6,274	21	3.9	26
15-20	201	47.0	3.5	1,505	55	23,682	16	2.5	428
21-44	24,083	53.6	5.5	248,660	79	3,547,673	14	2.6	44,925
45-64	46,120	68.3	9.6	648,579	110	7,444,617	11	3.0	67,539
65-74	67,662	52.5	6.3	806,829	62	8,038,051	10	3.3	128,935
75-84	79,255	53.4	6.3	937,573	59	8,817,909	9	3.3	148,551
85 and older	52,804	62.1	8.2	695,301	73	6,233,184	9	4.3	85,033
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	167,172	51.9	5.8	1,870,789	55	17,829,571	10	3.4	321,967
Disabled	99,645	68.0	9.9	1,445,165	109	15,979,338	11	3.1	146,534
Adults	3,185	49.8	3.4	21,929	45	289,554	13	2.8	6,393
Children	135	25.6	1.7	879	29	15,227	17	2.9	527
Unknown	16	64.0	4.8	119	55	1,380	12	1.6	25
Gender									
Female	190,241	59.6	7.5	2,390,227	76	24,225,279	10	3.5	318,987
Male	79,912	51.1	6.1	948,654	63	9,889,791	10	2.8	156,459
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	178,703	57.0	7.3	2,299,470	74	23,280,353	10	3.2	313,285
African American	62,068	54.9	6.1	690,512	69	7,773,782	11	3.4	112,988
Other/unknown	29,382	59.8	7.1	348,899	62	3,060,935	9	3.1	49,173
Use of Nursing Facilities^d									
Entire year	36,109	91.5	18.8	741,141	175	6,891,843	9	4.3	39,465
Part year	20,277	89.2	13.9	317,037	137	3,124,449	10	4.3	22,737
None	213,767	51.7	5.5	2,280,703	58	24,098,778	11	3.0	413,244
Maintenance Assistance Status									
Cash	44,271	68.1	9.7	630,855	92	5,995,757	10	3.5	65,009
Medically needy	67,898	71.8	11.7	1,108,887	115	10,902,248	10	3.8	94,507
Poverty related	44,803	63.2	7.4	527,741	91	6,463,405	12	3.1	70,902
Other/unknown	113,181	46.2	4.4	1,071,398	44	10,753,660	10	2.9	245,028

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 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 2005.

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}
DELAWARE, 2005

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	\$1	4,907,372
Age						
5 and younger	1.5	42	28	0	0	87
6-14	1.1	24	21	0	0	265
15-20	0.3	5	16	0	1	4,618
21-44	0.5	7	14	0	2	487,377
45-64	0.9	10	11	0	2	717,587
65-74	0.6	6	10	0	1	1,312,183
75-84	0.6	6	9	0	1	1,535,646
85 and older	0.8	7	9	0	1	849,609
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	6	10	0	1	3,234,807
Disabled	0.9	10	11	0	2	1,616,154
Adults	0.4	5	13	0	2	53,564
Children	0.3	6	17	0	0	2,650
Unknown	0.6	7	12	0	2	197
Gender						
Female	0.7	7	10	0	1	3,323,184
Male	0.6	6	10	0	1	1,584,188
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	7	10	0	1	3,219,517
African American	0.6	7	11	0	1	1,167,772
Other/unknown	0.7	6	9	0	1	520,083
Use of Nursing Facilities^d						
Entire year	1.8	17	9	0	2	405,580
Part year	1.4	14	10	0	2	220,000
None	0.5	6	11	0	1	4,281,792
Maintenance Assistance Status						
Cash	0.8	8	10	0	1	756,417
Medically needy	1.3	12	10	0	2	876,286
Poverty related	0.7	8	12	0	2	788,706
Other/unknown	0.4	4	10	0	1	2,485,963

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 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 2005.

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}
DELAWARE, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Rx
All	433,823	\$79	\$34,115,070	100.0	3,338,881	\$10	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	171	171	0.0	3	57	0.0	
Drugs for cosmetic purposes	62	22	1,343	0.0	120	11	0.0	
Cough and cold medications	27,649	43	1,195,501	3.5	59,210	20	1.8	
Vitamins and minerals	87,833	100	8,745,993	25.6	577,857	15	17.3	
Non-prescription drugs	204,297	80	16,351,686	47.9	2,008,428	8	60.2	
Barbiturates	3,142	80	250,268	0.7	32,319	8	1.0	
Benzodiazepines	99,193	60	5,924,744	17.4	621,183	10	18.6	
Other Part D Excl Rx Drugs	11,646	141	1,645,364	4.8	39,761	41	1.2	

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 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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries: 475,446
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,043,349,376
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,194

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	72,502	15.2	\$0	0.0
1-500	82,016	17.3	18,168,045	1.7
501-1,000	58,811	12.4	43,795,896	4.2
1,001-1,500	49,005	10.3	60,886,215	5.8
1,501-2,000	41,675	8.8	72,650,223	7.0
2,001-2,500	33,995	7.2	76,132,549	7.3
2,501-3,000	26,047	5.5	71,386,884	6.8
3,001-3,500	20,353	4.3	65,914,923	6.3
3,501-4,000	15,776	3.3	58,989,264	5.7
4,001-4,500	12,068	2.5	51,168,337	4.9
4,501-5,000	9,909	2.1	46,980,960	4.5
5,001-5,500	7,833	1.6	41,053,061	3.9
5,501-6,000	6,525	1.4	37,454,400	3.6
6,001-6,500	5,516	1.2	34,429,709	3.3
6,501-7,000	4,478	0.9	30,208,587	2.9
7,001-7,500	3,804	0.8	27,552,496	2.6
7,501-8,000	3,307	0.7	25,607,068	2.5
8,001-8,500	2,819	0.6	23,242,229	2.2
8,501-9,000	2,295	0.5	20,065,127	1.9
9,001-9,500	2,017	0.4	18,639,859	1.8
9,501-10,000	1,630	0.3	15,882,820	1.5
10,001+	13,065	2.7	203,140,724	19.5

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. 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 2005.

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}
 DELAWARE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 106,473
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$380,962,165
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,578

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	14,603	13.7		0	0.0
1-500	18,338	17.2		3,609,062	0.9
501-1,000	9,411	8.8		6,946,672	1.8
1,001-1,500	7,395	6.9		9,189,765	2.4
1,501-2,000	6,064	5.7		10,561,447	2.8
2,001-2,500	5,261	4.9		11,809,809	3.1
2,501-3,000	4,533	4.3		12,450,638	3.3
3,001-3,500	4,147	3.9		13,453,893	3.5
3,501-4,000	3,832	3.6		14,349,911	3.8
4,001-4,500	3,286	3.1		13,944,960	3.7
4,501-5,000	3,061	2.9		14,520,491	3.8
5,001-5,500	2,616	2.5		13,720,233	3.6
5,501-6,000	2,397	2.3		13,769,833	3.6
6,001-6,500	2,219	2.1		13,851,329	3.6
6,501-7,000	1,947	1.8		13,140,636	3.4
7,001-7,500	1,759	1.7		12,743,508	3.3
7,501-8,000	1,678	1.6		12,994,771	3.4
8,001-8,500	1,400	1.3		11,546,022	3.0
8,501-9,000	1,266	1.2		11,075,940	2.9
9,001-9,500	1,171	1.1		10,824,402	2.8
9,501-10,000	910	0.9		8,871,384	2.3
10,001+	9,179	8.6		147,587,459	38.7

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. 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 2005.

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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 362,519
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$651,647,663
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$1,797

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	56,419	15.6		0	0.0
1-500	61,736	17.0		14,194,978	2.2
501-1,000	48,676	13.4		36,325,331	5.6
1,001-1,500	41,133	11.3		51,108,283	7.8
1,501-2,000	35,299	9.7		61,551,019	9.4
2,001-2,500	28,484	7.9		63,767,716	9.8
2,501-3,000	21,324	5.9		58,416,834	9.0
3,001-3,500	16,042	4.4		51,927,158	8.0
3,501-4,000	11,811	3.3		44,144,136	6.8
4,001-4,500	8,673	2.4		36,760,769	5.6
4,501-5,000	6,766	1.9		32,070,158	4.9
5,001-5,500	5,135	1.4		26,902,182	4.1
5,501-6,000	4,066	1.1		23,327,873	3.6
6,001-6,500	3,241	0.9		20,226,930	3.1
6,501-7,000	2,482	0.7		16,737,836	2.6
7,001-7,500	2,011	0.6		14,563,253	2.2
7,501-8,000	1,597	0.4		12,364,662	1.9
8,001-8,500	1,393	0.4		11,482,514	1.8
8,501-9,000	1,008	0.3		8,806,188	1.4
9,001-9,500	830	0.2		7,666,873	1.2
9,501-10,000	700	0.2		6,816,429	1.0
10,001+	3,693	1.0		52,486,541	8.1

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. 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 2005.

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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 128,935
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$242,359,586
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$1,879

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	22,219	17.2		0	0.0
1-500	22,774	17.7		5,034,094	2.1
501-1,000	16,286	12.6		12,143,361	5.0
1,001-1,500	13,479	10.5		16,711,506	6.9
1,501-2,000	11,313	8.8		19,720,251	8.1
2,001-2,500	9,293	7.2		20,800,638	8.6
2,501-3,000	7,076	5.5		19,411,571	8.0
3,001-3,500	5,484	4.3		17,759,944	7.3
3,501-4,000	4,041	3.1		15,108,738	6.2
4,001-4,500	3,139	2.4		13,303,877	5.5
4,501-5,000	2,574	2.0		12,207,027	5.0
5,001-5,500	1,989	1.5		10,427,317	4.3
5,501-6,000	1,645	1.3		9,445,644	3.9
6,001-6,500	1,311	1.0		8,182,488	3.4
6,501-7,000	1,034	0.8		6,978,062	2.9
7,001-7,500	849	0.7		6,147,601	2.5
7,501-8,000	698	0.5		5,404,781	2.2
8,001-8,500	650	0.5		5,360,275	2.2
8,501-9,000	480	0.4		4,196,798	1.7
9,001-9,500	392	0.3		3,623,483	1.5
9,501-10,000	335	0.3		3,263,451	1.3
10,001+	1,874	1.5		27,128,679	11.2

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. 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 2005.

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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 148,551
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$263,973,037
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$1,777

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	23,072	15.5	0	0.0
1-500	23,737	16.0	5,554,520	2.1
501-1,000	19,851	13.4	14,841,061	5.6
1,001-1,500	17,371	11.7	21,616,900	8.2
1,501-2,000	15,245	10.3	26,597,832	10.1
2,001-2,500	12,418	8.4	27,792,981	10.5
2,501-3,000	9,128	6.1	24,981,807	9.5
3,001-3,500	6,674	4.5	21,599,824	8.2
3,501-4,000	4,896	3.3	18,293,806	6.9
4,001-4,500	3,577	2.4	15,164,895	5.7
4,501-5,000	2,671	1.8	12,658,651	4.8
5,001-5,500	1,959	1.3	10,259,340	3.9
5,501-6,000	1,526	1.0	8,747,046	3.3
6,001-6,500	1,312	0.9	8,181,464	3.1
6,501-7,000	952	0.6	6,416,367	2.4
7,001-7,500	795	0.5	5,756,080	2.2
7,501-8,000	620	0.4	4,798,905	1.8
8,001-8,500	511	0.3	4,213,188	1.6
8,501-9,000	369	0.2	3,216,911	1.2
9,001-9,500	312	0.2	2,879,712	1.1
9,501-10,000	270	0.2	2,627,328	1.0
10,001+	1,285	0.9	17,774,419	6.7

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. 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 2005.

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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 85,033
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$145,315,040
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,708

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	11,128	13.1	0	0.0
1-500	15,225	17.9	3,606,364	2.5
501-1,000	12,539	14.7	9,340,909	6.4
1,001-1,500	10,283	12.1	12,779,877	8.8
1,501-2,000	8,741	10.3	15,232,936	10.5
2,001-2,500	6,773	8.0	15,174,097	10.4
2,501-3,000	5,120	6.0	14,023,456	9.7
3,001-3,500	3,884	4.6	12,567,390	8.6
3,501-4,000	2,874	3.4	10,741,592	7.4
4,001-4,500	1,957	2.3	8,291,997	5.7
4,501-5,000	1,521	1.8	7,204,480	5.0
5,001-5,500	1,187	1.4	6,215,525	4.3
5,501-6,000	895	1.1	5,135,183	3.5
6,001-6,500	618	0.7	3,862,978	2.7
6,501-7,000	496	0.6	3,343,407	2.3
7,001-7,500	367	0.4	2,659,572	1.8
7,501-8,000	279	0.3	2,160,976	1.5
8,001-8,500	232	0.3	1,909,051	1.3
8,501-9,000	159	0.2	1,392,479	1.0
9,001-9,500	126	0.1	1,163,678	0.8
9,501-10,000	95	0.1	925,650	0.6
10,001+	534	0.6	7,583,443	5.2

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. 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 2005.

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, DELAWARE, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	475,575	322,054	146,568	6,400	528	25	4,909,929	3,236,160	1,616,751	54,162	2,659	197
Age												
5 and younger	9	0	2	0	7	0	87	0	24	0	63	0
6-14	27	0	9	0	18	0	267	0	105	0	162	0
15-20	428	0	327	28	73	0	4,637	0	3,581	257	799	0
21-44	44,926	0	40,444	4,405	77	0	487,864	0	449,278	38,193	393	0
45-64	67,558	20	65,705	1,730	87	16	717,961	95	703,439	13,966	317	144
65-74	128,986	98,418	30,192	217	150	9	1,312,980	963,147	347,668	1,608	504	53
75-84	148,588	140,002	8,473	19	94	0	1,536,221	1,438,529	97,216	133	343	0
85 and older	85,053	83,614	1,416	1	22	0	849,912	834,389	15,440	5	78	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	319,073	234,219	79,912	4,642	275	25	3,325,002	2,388,440	894,499	40,493	1,373	197
Male	156,502	87,835	66,656	1,758	253	0	1,584,927	847,720	722,252	13,669	1,286	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	313,293	225,161	84,561	3,378	176	17	3,219,780	2,261,477	929,802	27,397	981	123
African American	113,097	63,021	47,560	2,204	306	6	1,169,845	622,446	525,995	19,934	1,410	60
Other/unknown	49,185	33,872	14,447	818	46	2	520,304	352,237	160,954	6,831	268	14
Use of Nursing Facilities^c												
Entire year	39,465	28,182	11,272	3	8	0	405,580	278,310	127,235	8	27	0
Part year	22,737	15,819	6,887	28	2	1	220,077	145,978	73,845	240	7	7
None	413,373	278,053	128,409	6,369	518	24	4,284,272	2,811,872	1,415,671	53,914	2,625	190
Maintenance Assistance Status												
Cash	65,024	22,508	42,376	139	1	0	756,705	259,237	495,936	1,520	12	0
Medically needy	94,576	50,975	39,625	3,975	1	0	877,665	452,631	392,186	32,843	5	0
Poverty related	70,937	22,861	47,486	110	455	25	789,269	249,078	537,210	861	1,923	197
Other/unknown	245,038	225,710	17,081	2,176	71	0	2,486,290	2,275,214	191,419	18,938	719	0
Dual Status^d												
Full dual, all year	467,499	318,203	142,560	6,193	518	25	4,821,506	3,194,135	1,572,350	52,214	2,610	197
Full dual, part year	8,076	3,851	4,008	207	10	0	88,423	42,025	44,401	1,948	49	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	475,185	321,892	146,477	6,266	525	25	4,905,708	3,234,432	1,615,756	52,682	2,641	197
FFS part year, with Rx claims	166	39	39	87	1	0	1,876	430	446	993	7	0
FFS part year, no Rx claims	50	27	10	12	1	0	471	251	94	117	9	0
MC all year, with Rx claims	45	9	8	28	0	0	484	84	78	322	0	0
MC all year, no Rx claims	128	87	34	7	0	0	1,388	963	377	48	0	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 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 2005. 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, DELAWARE, 2005

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	475,575	4,909,929	475,446	4,907,372	0	2,557
Fee-for-service (FFS) all year	475,185	4,905,708	475,185	4,905,708	0	0
FFS part year, with Rx claims	166	1,876	166	998	0	878
FFS part year, with no Rx claims	50	471	50	182	0	289
Managed care (MC) all year, with Rx claims	45	484	45	484	0	0
MC all year, with no Rx claims	128	1,388	0	0	0	1,388

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. 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.

Dual Eligible Beneficiaries