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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
ILLINOIS**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	334,535	167,272	159,487	7,428	315	33	3,287,335	1,441,632	1,781,972	60,960	2,566	205
Age												
5 and younger	14	3	3	0	8	0	162	33	33	0	96	0
6-14	26	0	10	0	16	0	244	0	64	0	180	0
15-20	414	0	321	19	74	0	4,577	0	3,596	179	802	0
21-44	46,665	28	41,692	4,882	61	2	508,812	187	467,466	40,690	456	13
45-64	76,426	270	73,904	2,190	47	15	832,045	1,673	812,422	17,500	345	105
65-74	83,218	49,668	33,176	302	56	16	800,774	417,568	380,433	2,337	349	87
75-84	78,802	69,804	8,924	32	42	0	713,045	610,609	101,966	231	239	0
85 and older	48,970	47,499	1,457	3	11	0	427,676	411,562	15,992	23	99	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	211,725	119,498	86,709	5,337	148	33	2,057,740	1,031,516	980,223	44,604	1,192	205
Male	122,810	47,774	72,778	2,091	167	0	1,229,595	410,116	801,749	16,356	1,374	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	197,180	104,489	88,720	3,810	133	28	1,890,666	871,943	986,674	30,651	1,219	179
African American	87,933	34,782	50,582	2,438	129	2	877,365	289,263	566,275	20,909	902	16
Other/unknown	49,422	28,001	20,185	1,180	53	3	519,304	280,426	229,023	9,400	445	10
Use of Nursing Facilities^c												
Entire year	32,601	22,330	10,265	1	5	0	348,723	230,780	117,890	7	46	0
Part year	27,093	19,522	7,539	25	7	0	267,565	185,272	81,978	254	61	0
None	274,841	125,420	141,683	7,402	303	33	2,671,047	1,025,580	1,582,104	60,699	2,459	205
Maintenance Assistance Status												
Cash	63,505	20,606	42,769	129	1	0	733,923	236,423	496,191	1,306	3	0
Medically needy	102,013	55,323	42,214	4,476	0	0	972,499	498,714	437,405	36,380	0	0
Poverty-related	82,975	28,080	54,557	117	188	33	931,257	307,389	621,374	861	1,428	205
Other/unknown	86,042	63,263	19,947	2,706	126	0	649,656	399,106	227,002	22,413	1,135	0
Dual Medicare Status^d												
Full dual, all year	310,797	156,962	146,454	7,041	307	33	3,023,313	1,329,250	1,634,017	57,353	2,488	205
Full dual, part year	23,738	10,310	13,033	387	8	0	264,022	112,382	147,955	3,607	78	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	334,235	167,154	159,414	7,319	315	33	3,284,970	1,440,687	1,781,385	60,127	2,566	205
FFS part year, with Rx claims	132	25	40	67	0	0	844	132	269	443	0	0
FFS part year, no Rx claims	59	40	11	8	0	0	280	184	54	42	0	0

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 2006. 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.
Beneficiary = 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, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx			
All	35.8	4.8	\$193	\$40	\$8,716	2.2	334,535
Age							
5 and younger	57.1	15.9	2,138	134	47,570	4.5	14
6-14	73.1	26.2	4,553	174	16,615	27.4	26
15-20	71.5	14.0	1,514	108	11,405	13.3	414
21-44	42.9	6.5	365	56	10,349	3.5	46,665
45-64	47.6	7.8	326	42	11,708	2.8	76,426
65-74	32.2	4.6	172	38	5,398	3.2	83,218
75-84	26.7	2.5	64	25	6,850	0.9	78,802
85 and older	30.7	2.5	50	20	11,093	0.5	48,970
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	25.0	2.2	57	26	6,504	0.9	167,272
Disabled	46.5	7.3	310	43	11,311	2.7	159,487
Adults	47.7	10.1	667	66	2,827	23.6	7,428
Children	57.1	12.6	1,590	127	7,919	20.1	315
Unknown	90.9	27.5	2,312	84	9,872	23.4	33
Gender							
Female	36.1	4.7	178	38	7,981	2.2	211,725
Male	35.3	4.9	219	45	9,983	2.2	122,810
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	36.4	5.0	173	34	10,534	1.6	197,180
African American	33.5	4.5	234	53	6,767	3.5	87,933
Other/unknown	37.1	4.5	199	44	4,931	4.0	49,422
Use of Nursing Facilities^f							
Entire year	53.7	6.8	191	28	27,817	0.7	32,601
Part year	57.1	5.8	176	30	17,716	1.0	27,093
None	31.5	4.5	195	44	5,563	3.5	274,841
Maintenance Assistance Status							
Cash	43.7	6.3	292	46	4,148	7.0	63,505
Medically needy	41.6	5.1	211	42	16,770	1.3	102,013
Poverty related	37.5	4.5	153	34	4,780	3.2	82,975
Other/unknown	21.3	3.6	137	38	6,335	2.2	86,042

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 ten states (DE, IA, IL, IN, NC, NE, NY, TN, 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.

Benefit(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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number			
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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		Beneficiaries	Benefit Months
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d					
All	0.5	\$20	2.2	64.2	27.5	3.9	3.2	1.0	0.2	\$887	334,535	3,287,335		
Age														
5 and younger	1.4	185	4.5	42.9	28.6	0.0	21.4	7.1	0.0	4,111	14	162		
6-14	2.8	485	27.4	26.9	30.8	7.7	15.4	19.2	0.0	1,770	26	244		
15-20	1.3	137	13.3	28.5	45.9	9.9	11.6	3.9	0.2	1,032	414	4,577		
21-44	0.6	34	3.5	57.1	31.3	5.0	4.9	1.4	0.2	949	46,665	508,812		
45-64	0.7	30	2.8	52.4	33.8	6.0	5.6	1.9	0.3	1,075	76,426	832,045		
65-74	0.5	18	3.2	67.8	24.6	3.4	2.9	1.1	0.2	561	83,218	800,774		
75-84	0.3	7	0.9	73.3	22.8	2.4	1.3	0.3	0.1	757	78,802	713,045		
85 and older	0.3	6	0.5	69.3	26.6	2.7	1.2	0.2	0.0	1,270	48,970	427,676		
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	0.3	7	0.9	75.0	21.4	2.2	1.1	0.2	0.0	755	167,272	1,441,632		
Disabled	0.7	28	2.7	53.5	34.0	5.5	5.0	1.6	0.3	1,012	159,487	1,781,972		
Adults	1.2	81	23.6	52.3	26.3	6.6	9.5	4.5	0.9	345	7,428	60,960		
Children	1.5	195	20.1	42.9	28.9	8.6	13.3	6.0	0.3	972	315	2,566		
Unknown	4.4	372	23.4	9.1	9.1	18.2	30.3	33.3	0.0	1,589	33	205		
Gender														
Female	0.5	18	2.2	63.9	28.1	3.8	3.0	1.0	0.2	821	211,725	2,057,740		
Male	0.5	22	2.2	64.7	26.5	4.0	3.5	1.1	0.2	997	122,810	1,229,595		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Race														
White	0.5	18	1.6	63.6	27.8	4.1	3.3	1.1	0.2	1,099	197,180	1,890,666		
African American	0.4	23	3.5	66.5	25.8	3.6	3.0	1.0	0.2	678	87,933	877,365		
Other/unknown	0.4	19	4.0	62.9	29.5	3.8	2.9	0.8	0.1	469	49,422	519,304		
Use of Nursing Facilities^f														
Entire year	0.6	18	0.7	46.3	42.0	6.9	3.5	1.0	0.4	2,601	32,601	348,723		
Part year	0.6	18	1.0	42.9	47.4	5.3	3.1	1.0	0.2	1,794	27,093	267,565		
None	0.5	20	3.5	68.5	23.8	3.4	3.1	1.0	0.2	572	274,841	2,671,047		
Maintenance Assistance Status														
Cash	0.5	25	7.0	56.3	33.6	4.5	3.8	1.4	0.3	359	63,505	733,923		
Medically needy	0.5	22	1.3	58.4	32.3	4.7	3.4	1.0	0.2	1,759	102,013	972,499		
Poverty related	0.4	14	3.2	62.5	30.0	3.7	3.0	0.8	0.1	426	82,975	931,257		
Other/unknown	0.5	18	2.2	78.7	15.0	2.6	2.6	0.9	0.2	839	86,042	649,656		

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 ten states (DE, IA, IL, IN, NC, NE, NY, TN, 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 ten states (DE, IA, IL, IN, NC, NE, NY, TN, 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(t) = 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, 2006

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	0.5	\$20	\$40	0.1	\$13	\$124	0.0	\$2	\$89	0.4	\$5	\$14
Age												
5 and younger	1.4	185	134	0.5	151	302	0.1	7	83	0.8	27	34
6-14	2.8	485	174	1.3	447	358	0.1	7	61	1.4	31	22
15-20	1.3	137	108	0.5	113	231	0.0	4	82	0.7	20	28
21-44	0.6	34	56	0.2	25	165	0.0	2	98	0.4	7	16
45-64	0.7	30	42	0.2	20	122	0.0	2	88	0.5	8	15
65-74	0.5	18	38	0.1	11	108	0.0	2	95	0.4	5	14
75-84	0.3	7	25	0.0	4	90	0.0	1	73	0.2	3	11
85 and older	0.3	6	20	0.0	3	83	0.0	0	60	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	7	26	0.0	4	94	0.0	1	78	0.2	2	11
Disabled	0.7	28	43	0.1	19	126	0.0	2	87	0.5	7	14
Adults	1.2	81	66	0.3	55	174	0.1	8	147	0.9	18	21
Children	1.5	195	127	0.6	163	263	0.1	6	80	0.9	27	31
Unknown	4.4	372	84	1.1	257	228	0.3	37	126	3.0	78	26
Gender												
Female	0.5	18	38	0.1	12	119	0.0	2	91	0.4	5	13
Male	0.5	22	45	0.1	15	131	0.0	1	84	0.4	5	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	18	34	0.1	12	107	0.0	1	81	0.4	5	12
African American	0.4	23	53	0.1	16	162	0.0	2	102	0.3	6	17
Other/unknown	0.4	19	44	0.1	13	129	0.0	2	97	0.3	5	15
Use of Nursing Facilities^e												
Entire year	0.6	18	28	0.1	11	126	0.0	1	72	0.5	6	11
Part year	0.6	18	30	0.1	12	120	0.0	1	75	0.5	5	11
None	0.5	20	44	0.1	14	124	0.0	2	92	0.3	5	15
Maintenance Assistance Status												
Cash	0.5	25	46	0.1	17	142	0.0	2	98	0.4	6	15
Medically needy	0.5	22	42	0.1	15	146	0.0	2	101	0.4	6	14
Poverty related	0.4	14	34	0.1	9	98	0.0	1	75	0.3	4	13
Other/unknown	0.5	18	38	0.1	12	104	0.0	2	76	0.3	5	13

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 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, 2006

Therapeutic Category	Number of Rx per Benefit Month												Total Number of Rx	Total Rx \$	Number of Dual Beneficiaries	As a Percentage of Total Beneficiaries	Number of Benefit Months
	Among Users				\$ per Benefit Month Among Users				\$ per Rx								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.2	0.1	0.0	0.2	\$27	\$23	\$1	\$4	\$112	\$323	\$283	\$23	49,007	\$5,499,030	17,908	5.4	202,130
Biologicals	0.1	0.0	0.0	0.1	27	19	0	8	274	432	0	145	292	79,929	256	0.1	2,929
Antineoplastic Agents	0.3	0.1	0.0	0.2	116	101	1	14	359	938	619	65	4,642	1,664,514	1,369	0.4	14,304
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	21	16	1	4	42	97	77	13	105,905	4,462,826	18,758	5.6	211,870
Cardiovascular Agents	0.8	0.3	0.1	0.5	32	19	6	8	41	72	105	16	273,555	11,091,049	30,340	9.1	341,862
Respiratory Agents	0.3	0.1	0.0	0.2	16	11	1	3	46	106	70	15	89,079	4,134,521	23,263	7.0	266,347
Gastrointestinal Agents	0.3	0.1	0.0	0.2	16	12	1	3	49	141	212	14	55,296	2,686,003	14,477	4.3	163,785
Genitourinary Agents	0.3	0.1	0.0	0.1	12	7	3	2	43	62	52	18	20,205	865,807	6,405	1.9	71,441
CNS Drugs	0.6	0.1	0.0	0.5	19	12	1	5	29	123	67	10	485,252	14,266,637	68,244	20.4	763,994
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	36	32	0	4	83	124	15	21	2,621	217,033	537	0.2	5,988
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	52	44	0	8	193	207	116	140	10,615	2,052,577	3,515	1.1	39,328
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	15	6	3	6	37	153	263	18	101,997	3,789,916	22,301	6.7	251,317
Neuromuscular Agents	0.6	0.1	0.0	0.5	20	12	0	8	32	100	40	16	159,371	5,157,241	23,207	6.9	264,368
Nutritional Products	0.4	0.0	0.0	0.3	5	0	0	5	15	16	25	14	59,065	860,061	14,410	4.3	158,870
Hematological Agents	0.5	0.1	0.0	0.5	19	14	0	5	36	274	21	10	140,573	4,993,436	23,756	7.1	266,063
Topical Products	0.3	0.1	0.0	0.2	7	4	0	3	28	64	38	15	41,728	1,148,963	14,113	4.2	162,160
Miscellaneous Products	0.2	0.1	0.0	0.1	46	42	1	3	189	450	264	23	7,757	1,467,055	2,956	0.9	31,865
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	58	0	0	0	1,794	104,443	841	0.3	9,713
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.	1,608,754	64,541,041	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 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, 0.5 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(t) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

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	\$7,980,417	11,973	3.6	137,208	0.5	\$129	\$58
ANTIHYPERTENSIVE	4,885,883	16,344	4.9	187,070	0.3	81	26
ANTICONVULSANT	4,689,047	21,871	6.5	249,813	0.5	34	19
ANTIVIRAL	3,757,340	1,829	0.5	20,683	0.4	515	182
ANTIDIABETIC	3,271,153	16,433	4.9	185,581	0.3	52	18
ANTIASTHMATIC	3,106,496	14,417	4.3	162,720	0.3	69	19
ANTIDEPRESSANTS	2,980,112	19,027	5.7	214,504	0.4	39	14
ANTIANSIETY AGENTS	2,831,335	50,629	15.1	564,554	0.5	10	5
HEMATOPOIETIC AGENTS	2,797,708	26,022	7.8	294,165	0.5	20	10
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,531,322	6,217	1.9	70,414	0.3	141	36
Total	38,830,813	184,762	n.a.	2,086,712	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERTENSIVES				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	896,591	\$38,830,813	11,973	3.6	137,208	0.5	\$58	16,344	4.9	187,070	0.3	\$26
Female												
All Females	557,134	22,084,924	6,020	2.8	68,861	0.4	56	9,788	4.6	112,844	0.3	27
Female, Disabled												
All Ages	374,803	16,447,129	4,629	5.3	54,000	0.5	58	6,574	7.6	76,945	0.3	29
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	39	6,440	0	0.0	0	0.0	0	1	14.3	12	0.6	50
15-20	475	42,056	15	11.7	179	0.6	58	1	0.8	12	0.2	13
21-44	75,200	4,094,679	1,694	9.6	19,927	0.5	64	527	3.0	6,235	0.4	23
45-64	180,857	7,526,283	2,148	5.5	24,901	0.4	51	3,209	8.3	37,263	0.3	25
65-74	96,341	4,300,006	657	3.0	7,660	0.5	72	2,488	11.4	29,308	0.4	36
75-84	19,021	431,474	100	1.4	1,169	0.4	38	314	4.5	3,723	0.3	27
85 and older	2,870	46,191	15	1.2	164	0.4	26	34	2.7	392	0.3	12
Female, Other Eligibles												
All Ages	182,331	5,637,795	1,391	1.1	14,861	0.3	46	3,214	2.6	35,899	0.3	22
5 and younger	11	3,496	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	25	6,194	0	0.0	0	0.0	0	1	16.7	12	0.8	72
15-20	368	80,086	11	23.4	110	0.5	162	4	8.5	44	0.4	35
21-44	15,605	1,445,370	401	10.0	4,207	0.4	80	143	3.6	1,481	0.4	36
45-64	7,743	595,656	92	6.7	966	0.3	83	210	15.2	2,077	0.4	40
65-74	32,679	1,009,345	169	0.5	1,870	0.3	33	1,161	3.7	13,025	0.2	22
75-84	64,949	1,484,003	360	0.7	3,947	0.2	27	1,166	2.4	13,377	0.2	20
85 and older	60,951	1,013,645	358	0.9	3,761	0.2	22	529	1.4	5,883	0.2	17
Male												
All Males	339,457	16,745,889	5,953	4.8	68,347	0.5	61	6,556	5.3	74,226	0.3	25
Male, Disabled												
All Ages	272,995	14,238,985	5,397	7.4	62,739	0.5	62	4,853	6.7	56,047	0.4	25
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	11	248	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,348	199,618	63	32.6	733	0.7	164	5	2.6	56	0.3	25
21-44	80,996	5,383,154	2,428	10.1	28,153	0.5	70	792	3.3	9,236	0.4	22
45-64	141,219	6,625,789	2,451	7.0	28,498	0.5	51	2,819	8.0	32,268	0.3	23
65-74	43,055	1,889,233	403	3.6	4,760	0.5	61	1,140	10.1	13,365	0.3	31
75-84	5,860	137,030	44	2.2	509	0.5	61	92	4.6	1,062	0.4	19
85 and older	506	3,913	8	4.3	86	0.4	1	5	2.7	60	0.9	3

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, 2006

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 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
Male, Other Eligibles												
All Ages	66,462	2,506,904	556	1.1	5,608	0.3	51	1,703	3.4	18,179	0.3	25
5 and younger	39	5,611	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	54	10,435	0	0.0	0	0.0	0	3	30.0	36	0.4	28
15-20	445	85,389	17	37.0	199	0.8	239	3	6.5	30	0.5	37
21-44	4,554	408,566	85	8.9	820	0.4	91	122	12.8	1,186	0.4	40
45-64	4,776	421,902	59	5.2	590	0.4	95	194	17.0	1,829	0.4	38
65-74	18,898	640,692	127	0.7	1,349	0.3	31	676	3.7	7,423	0.3	24
75-84	25,704	663,111	165	0.8	1,696	0.2	26	566	2.7	6,245	0.2	22
85 and older	11,992	271,198	103	1.2	954	0.2	25	139	1.6	1,430	0.3	20
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/water-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					ANTIDIABETIC				
	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	21,871	6.5	249,813	0.5	\$19	1,829	0.5	20,683	0.4	\$182	16,433	4.9	185,581	0.3	\$18
Female															
All Females	12,992	6.1	148,397	0.5	18	710	0.3	8,101	0.3	151	10,518	5.0	119,889	0.3	17
Female, Disabled															
All Ages	9,763	11.3	113,699	0.6	18	555	0.6	6,467	0.3	160	7,077	8.2	82,010	0.4	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	1.4	89
15-20	21	16.4	247	0.5	50	2	1.6	24	0.1	82	3	2.3	36	0.2	8
21-44	2,763	15.7	32,417	0.6	24	201	1.1	2,338	0.4	188	658	3.7	7,720	0.4	16
45-64	5,047	13.0	58,531	0.6	15	272	0.7	3,174	0.3	158	3,426	8.8	39,359	0.3	18
65-74	1,624	7.4	18,970	0.5	15	76	0.3	887	0.3	102	2,663	12.2	31,121	0.4	22
75-84	268	3.9	3,077	0.5	8	4	0.1	44	0.1	11	298	4.3	3,432	0.3	17
85 and older	40	3.1	457	0.5	7	0	0.0	0	0.0	0	28	2.2	330	0.2	6
Female, Other Eligibles															
All Ages	3,229	2.6	34,698	0.5	18	155	0.1	1,634	0.3	118	3,441	2.8	37,879	0.3	12
5 and younger	0	0.0	0	0.0	0	1	20.0	12	0.3	93	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	16.7	12	0.4	398	0	0.0	0	0.0	0
15-20	8	17.0	82	0.6	70	11	23.4	132	0.6	275	4	8.5	42	0.7	51
21-44	607	15.1	6,066	0.5	51	70	1.7	689	0.4	176	210	5.2	2,111	0.4	30
45-64	250	18.1	2,524	0.5	41	15	1.1	148	0.3	117	232	16.8	2,359	0.5	28
65-74	676	2.1	7,475	0.4	8	29	0.1	333	0.1	17	1,219	3.8	13,534	0.3	12
75-84	1,051	2.1	11,767	0.5	7	16	0.0	175	0.1	36	1,183	2.4	13,317	0.2	10
85 and older	637	1.6	6,784	0.5	7	12	0.0	133	0.1	3	593	1.5	6,516	0.2	7
Male															
All Males	8,879	7.2	101,416	0.6	20	1,119	0.9	12,582	0.4	201	5,915	4.8	65,692	0.3	18
Male, Disabled															
All Ages	7,653	10.5	88,556	0.6	21	1,040	1.4	11,824	0.4	204	4,211	5.8	47,942	0.4	20
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	0	0.0	0	0.0	0
15-20	44	22.8	526	0.7	98	3	1.6	36	0.1	77	5	2.6	60	0.5	25
21-44	2,938	12.2	33,947	0.6	26	443	1.8	5,020	0.4	227	684	2.8	7,843	0.4	20
45-64	3,830	10.9	44,219	0.6	17	536	1.5	6,097	0.4	194	2,366	6.8	26,643	0.4	19
65-74	749	6.6	8,786	0.6	15	58	0.5	671	0.3	129	1,082	9.6	12,586	0.4	21
75-84	90	4.5	1,058	0.6	9	0	0.0	0	0.0	0	70	3.5	762	0.3	15
85 and older	2	1.1	20	0.4	4	0	0.0	0	0.0	0	4	2.2	48	0.4	7

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, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					ANTIDIABETIC				
	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
Male, Other Eligibles															
All Ages	1,226	2.5	12,860	0.4	19	79	0.2	758	0.3	159	1,704	3.4	17,750	0.3	15
5 and younger	1	16.7	12	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	30.0	28	0.2	20	1	10.0	12	0.2	13
15-20	10	21.7	115	0.8	93	6	13.0	66	0.3	267	0	0.0	0	0.0	0
21-44	180	18.9	1,715	0.5	54	10	1.1	106	0.4	174	83	8.7	828	0.6	47
45-64	136	11.9	1,310	0.5	46	29	2.5	253	0.4	192	176	15.4	1,496	0.5	33
65-74	357	1.9	3,893	0.4	9	20	0.1	187	0.2	139	732	4.0	7,944	0.3	14
75-84	397	1.9	4,337	0.5	8	8	0.0	96	0.3	87	544	2.6	5,769	0.3	10
85 and older	145	1.7	1,478	0.4	6	3	0.0	22	0.2	35	168	1.9	1,701	0.2	8
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/mater-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ANTIANKXIETY AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	per Rx \$ Benefit Month				Rx per Benefit Month	per Rx \$ Benefit Month				Rx per Benefit Month	per Rx \$ Benefit Month
All	14,417	4.3	162,720	0.3	\$19	19,027	5.7	214,504	0.4	\$14	50,629	15.1	564,554	0.5	\$5
Female															
All Females	9,480	4.5	107,587	0.3	19	12,328	5.8	139,427	0.3	14	34,245	16.2	382,054	0.5	5
Female, Disabled															
All Ages	7,034	8.1	81,861	0.3	20	8,728	10.1	101,307	0.4	14	19,428	22.4	225,422	0.5	5
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	0	0.0	0	0.0	0
15-20	14	10.9	168	0.3	11	30	23.4	356	0.3	9	13	10.2	153	0.2	2
21-44	1,232	7.0	14,454	0.2	15	2,258	12.8	26,421	0.4	15	3,487	19.8	40,779	0.5	5
45-64	3,492	9.0	40,309	0.3	20	4,866	12.0	53,835	0.3	14	9,411	24.2	108,809	0.5	6
65-74	2,036	9.3	23,902	0.4	25	1,625	7.4	18,981	0.4	15	4,864	22.3	56,869	0.5	5
75-84	227	3.3	2,639	0.2	15	120	1.7	1,374	0.4	11	1,434	20.7	16,394	0.5	5
85 and older	33	2.6	389	0.2	10	29	2.3	340	0.3	9	219	17.2	2,418	0.5	5
Female, Other Eligibles															
All Ages	2,446	2.0	25,726	0.2	16	3,600	2.9	38,120	0.3	14	14,817	11.9	156,632	0.5	5
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	16.7	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	23.4	118	0.1	6	9	19.1	88	0.4	13	6	12.8	57	0.1	1
21-44	462	11.5	4,701	0.3	21	971	24.1	9,936	0.4	23	649	16.1	6,401	0.5	5
45-64	289	21.0	3,008	0.3	24	423	30.7	4,299	0.4	25	248	18.0	2,413	0.5	5
65-74	604	1.9	6,523	0.2	15	562	1.8	6,120	0.2	9	2,701	8.5	29,819	0.5	4
75-84	643	1.3	6,996	0.2	13	806	1.6	8,892	0.2	10	5,496	11.2	59,608	0.5	5
85 and older	436	1.1	4,368	0.2	10	829	2.1	8,785	0.2	9	5,717	14.7	58,334	0.5	5
Male															
All Males	4,937	4.0	55,133	0.3	19	6,699	5.5	75,077	0.4	13	16,384	13.3	182,500	0.5	5
Male, Disabled															
All Ages	3,687	5.1	42,053	0.3	20	5,415	7.4	62,122	0.4	13	11,948	16.4	137,042	0.5	5
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	2	66.7	10	0.4	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	26	13.5	312	0.3	29	39	20.2	455	0.4	25	20	10.4	238	0.4	4
21-44	846	3.5	9,709	0.3	16	1,919	8.0	22,036	0.4	14	3,507	14.6	40,445	0.5	5
45-64	1,843	5.3	20,940	0.3	20	2,783	7.9	31,772	0.4	12	6,247	17.8	71,511	0.6	6
65-74	886	7.8	10,137	0.3	23	628	5.5	7,328	0.4	14	1,818	16.1	20,902	0.5	5
75-84	81	4.1	909	0.3	15	41	2.1	471	0.4	4	327	16.4	3,634	0.5	5
85 and older	3	1.6	36	0.5	1	5	2.7	60	0.5	3	29	15.8	312	0.6	6

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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ANTIANSIETY AGENTS				
	Number of Users	Users	Number of Benefit Months Among Users	Mean		Number of Users	Users	Number of Benefit Months Among Users	Mean		Number of Users	Users	Number of Benefit Months Among Users	Mean	
		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,250	2.5	13,080	0.2	17	1,284	2.6	12,955	0.3	15	4,436	8.9	45,458	0.5	4
5 and younger	4	66.7	48	0.1	15	0	0.0	0	0.0	0	1	16.7	12	0.1	1
6-14	1	10.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	8.7	48	0.5	42	13	28.3	155	0.6	22	2	4.3	24	0.7	7
21-44	88	9.3	856	0.3	18	271	28.5	2,708	0.4	25	162	17.0	1,533	0.5	5
45-64	154	13.5	1,514	0.3	30	231	20.2	2,192	0.4	25	130	11.4	1,182	0.5	5
65-74	387	2.1	4,195	0.2	14	253	1.4	2,627	0.3	10	1,239	6.8	13,263	0.5	5
75-84	454	2.2	4,839	0.2	17	343	1.6	3,585	0.2	9	1,882	9.1	19,561	0.5	4
85 and older	158	1.8	1,568	0.2	13	173	2.0	1,688	0.2	9	1,020	11.7	9,883	0.4	4
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/water-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	26,022	7.8	294,165	0.5	\$10	6,217	1.9	70,414	0.3	\$36	334,535	3,287,335
Female												
All Females	17,177	8.1	194,634	0.5	9	3,661	1.7	41,668	0.2	40	211,725	2,057,740
Female, Disabled												
All Ages	8,681	10.0	101,570	0.4	10	2,054	2.4	24,115	0.3	46	86,709	980,223
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	5	71.4	48	0.3	99	0	0.0	0	0.0	0	7	44
15-20	15	11.7	180	0.3	63	2	1.6	24	0.2	12	128	1,462
21-44	1,674	9.5	19,714	0.4	8	425	2.4	5,014	0.2	71	17,649	201,522
45-64	3,528	9.1	41,163	0.5	12	1,127	2.9	13,200	0.3	41	38,867	431,802
65-74	2,441	11.2	28,646	0.4	11	418	1.9	4,940	0.3	37	21,851	251,881
75-84	845	12.2	9,871	0.4	5	67	1.0	776	0.4	31	6,933	79,445
85 and older	173	13.6	1,948	0.5	6	15	1.2	161	0.3	12	1,273	14,058
Female, Other Eligibles												
All Ages	8,496	6.8	93,064	0.5	7	1,607	1.3	17,553	0.2	33	125,016	1,077,517
5 and younger	3	60.0	33	0.2	72	0	0.0	0	0.0	0	5	57
6-14	2	33.3	24	0.4	23	0	0.0	0	0.0	0	6	72
15-20	13	27.7	151	0.5	96	0	0.0	0	0.0	0	47	498
21-44	297	7.4	3,056	0.3	19	76	1.9	775	0.3	193	4,022	33,749
45-64	85	6.2	789	0.4	58	32	2.3	348	0.2	25	1,378	11,051
65-74	1,244	3.9	13,901	0.4	7	236	0.7	2,624	0.2	21	31,703	264,564
75-84	3,253	6.6	36,494	0.5	7	625	1.3	6,913	0.2	28	49,090	429,157
85 and older	3,599	9.3	38,616	0.5	5	638	1.6	6,893	0.2	25	38,765	338,369
Male												
All Males	8,845	7.2	99,531	0.5	11	2,556	2.1	28,746	0.3	30	122,810	1,229,595
Male, Disabled												
All Ages	5,442	7.5	62,719	0.5	13	1,848	2.5	21,378	0.3	29	72,778	801,749
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	2	66.7	8	0.9	2	0	0.0	0	0.0	0	3	20
15-20	8	4.1	96	0.4	3	2	1.0	24	0.2	25	193	2,134
21-44	983	4.1	11,340	0.4	15	489	2.0	5,617	0.2	32	24,043	265,944
45-64	2,759	7.9	31,580	0.5	15	1,043	3.0	12,108	0.3	27	35,037	380,620
65-74	1,358	12.0	15,873	0.5	10	276	2.4	3,205	0.3	32	11,325	128,552
75-84	304	15.3	3,503	0.5	6	35	1.8	395	0.4	30	1,991	22,521
85 and older	28	15.2	319	0.5	3	3	1.6	29	0.6	12	184	1,934

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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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	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	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	3,403	6.8	36,812	0.5	7	708	1.4	7,368	0.2	31	50,032	427,846
5 and younger	7	116.7	84	0.4	58	0	0.0	0	0.0	0	6	72
6-14	6	60.0	64	0.5	136	0	0.0	0	0.0	0	10	108
15-20	10	21.7	109	0.2	26	0	0.0	0	0.0	0	46	483
21-44	33	3.5	319	0.4	58	26	2.7	260	0.2	108	951	7,597
45-64	50	4.4	476	0.4	28	21	1.8	204	0.2	98	1,144	8,572
65-74	881	4.8	9,668	0.5	6	186	1.0	2,023	0.2	24	18,339	155,777
75-84	1,541	7.4	16,923	0.5	6	300	1.4	3,099	0.3	27	20,788	181,922
85 and older	875	10.0	9,169	0.5	8	175	2.0	1,782	0.2	29	8,748	73,315
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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, 2006

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	\$18	0.6	32,601	348,723
Age				
0-64	34	1.0	5,767	66,885
65-74	34	0.9	4,719	52,016
75-84	12	0.5	9,308	97,865
85 and older	8	0.4	12,807	131,957
Unknown	0	0.0	0	0
Gender				
Female	15	0.6	22,139	236,912
Male	24	0.8	10,462	111,811
Unknown	0	0.0	0	0
Race				
White	15	0.6	26,639	283,704
African American	33	0.8	4,293	46,761
Other/unknown	25	0.8	1,669	18,258
Basis of Eligibility^c				
Aged	10	0.5	22,330	230,780
Disabled	34	1.0	10,265	117,890
Adults	757	9.0	1	7
Children	41	0.7	5	46
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 267,565 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.
 Benef(s) = beneficiary (or beneficiaries); Bene M(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.2	0.1	0.0	0.2	\$18	\$13	\$0	\$4	\$75	\$174	\$202	\$25	2,679	\$201,797	1,051	3.2	11,350
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	26	15	0	31	114	2,948	110	0.3	1,295
Antineoplastic Agents	0.3	0.0	0.0	0.3	43	24	0	19	140	539	0	73	542	75,847	186	0.6	1,761
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	18	11	3	3	39	86	134	11	6,467	252,130	1,304	4.0	14,372
Cardiovascular Agents	0.7	0.2	0.0	0.5	24	14	3	6	34	72	89	13	19,332	647,962	2,448	7.5	27,090
Respiratory Agents	0.3	0.0	0.0	0.3	7	4	0	3	20	103	66	10	10,587	211,285	2,686	8.2	30,399
Gastrointestinal Agents	0.4	0.2	0.0	0.2	26	24	0	2	73	130	46	10	5,716	417,174	1,442	4.4	15,891
Genitourinary Agents	0.2	0.1	0.0	0.2	11	5	2	4	45	78	96	26	3,236	146,496	1,188	3.6	13,050
CNS Drugs	0.8	0.1	0.0	0.7	19	12	1	6	25	144	64	10	91,472	2,285,446	10,939	33.6	120,276
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.0	0.3	6	2	0	4	18	105	0	12	72	1,264	22	0.1	197
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	43	42	0	1	144	146	0	81	2,693	387,130	804	2.5	8,947
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	18	8	5	5	35	155	128	12	6,200	219,087	1,116	3.4	12,171
Neuromuscular Agents	0.8	0.1	0.0	0.7	18	9	0	10	24	131	43	14	19,270	463,222	2,255	6.9	25,557
Nutritional Products	0.4	0.0	0.0	0.3	4	0	0	4	10	15	13	10	10,542	109,938	2,581	7.9	27,624
Hematological Agents	0.7	0.0	0.0	0.7	13	8	0	5	18	231	15	7	37,567	682,023	4,667	14.3	51,751
Topical Products	0.2	0.1	0.0	0.2	6	3	0	2	24	62	49	12	3,825	91,756	1,432	4.4	16,154
Miscellaneous Products	0.2	0.0	0.0	0.2	4	3	0	1	21	60	0	9	1,713	36,236	779	2.4	8,294
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	24	0	0	0	127	3,074	62	0.2	715
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.	222,154	6,234,815	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 287,565 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Illinois, 0.5 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.
 Beneficiary (b) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; RX = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,321,167	1,581	4.8	17,998	0.5	\$151	\$73
DERMATOLOGICAL	651,604	17,450	53.5	195,927	0.3	11	3
ANTIANKXIETY AGENTS	613,010	9,024	27.7	98,844	0.7	9	6
HEMATOPOIETIC AGENTS	431,537	5,044	15.5	56,278	0.7	12	8
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	414,756	1,180	3.6	13,252	0.3	113	31
MINERALS & ELECTROLYTES	405,092	12,216	37.5	136,253	0.6	5	3
ANTICONVULSANT	398,915	2,121	6.5	24,069	0.7	23	17
ULCER DRUGS	349,353	1,245	3.8	13,812	0.3	84	25
ANTHYPERLIPIDEMIC	318,645	1,002	3.1	11,336	0.3	88	28
ANTIDEPRESSANTS	258,968	1,585	4.9	17,480	0.3	44	15
Total	5,163,047	52,448	n.a.	585,249	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 267,565 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(t) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS							DERMATOLOGICAL						
	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$				
All	290,583	\$5,163,047	1,581	4.8	17,998	0.5	\$73	17,450	53.5	195,927	0.3	\$3									
Female																					
All Females	201,762	3,106,975	873	3.9	9,933	0.5	70	12,105	54.7	136,028	0.3	4									
Female, Disabled																					
All Ages	63,964	1,484,445	465	9.2	5,463	0.6	104	2,888	57.0	33,508	0.3	3									
64 or younger	31,191	732,941	235	10.4	2,763	0.6	100	1,230	54.6	14,464	0.3	3									
65-74	19,554	587,319	187	12.6	2,205	0.7	117	890	59.9	10,374	0.3	3									
75-84	10,178	135,174	38	3.9	444	0.4	61	548	56.0	6,223	0.3	3									
85 and older	3,041	29,011	5	1.4	51	0.3	52	220	63.8	2,447	0.3	4									
Female, Other Eligibles																					
All Ages	137,798	1,622,530	408	2.4	4,470	0.2	30	9,217	54.0	102,520	0.3	4									
64 or younger	38	3,949	2	100.0	14	0.6	214	2	100.0	14	0.1	2									
65-74	9,904	150,124	49	4.7	531	0.3	48	573	54.8	6,499	0.3	4									
75-84	46,863	615,089	166	3.0	1,881	0.2	30	2,878	52.3	32,292	0.3	4									
85 and older	80,993	853,368	191	1.8	2,044	0.2	23	5,764	54.8	63,715	0.3	4									
Male																					
All Males	88,821	2,056,072	708	6.8	8,065	0.5	77	5,345	51.1	59,899	0.3	3									
Male, Disabled																					
All Ages	54,801	1,537,213	547	10.5	6,397	0.6	89	2,367	45.5	27,643	0.2	3									
64 or younger	37,823	1,010,990	392	11.2	4,566	0.6	84	1,445	41.2	17,014	0.2	3									
65-74	13,704	466,766	132	10.5	1,580	0.7	105	693	55.0	8,045	0.2	3									
75-84	2,847	55,964	19	5.1	213	0.5	87	196	52.7	2,229	0.3	3									
85 and older	427	3,493	4	6.9	38	0.2	1	33	56.9	355	0.4	5									
Male, Other Eligibles																					
All Ages	34,020	518,859	161	3.1	1,668	0.2	32	2,978	56.6	32,256	0.3	3									
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
65-74	6,663	124,413	45	4.8	497	0.3	44	478	51.5	5,327	0.2	3									
75-84	16,086	238,369	63	2.6	668	0.2	30	1,405	57.4	15,147	0.3	3									
85 and older	11,271	156,077	53	2.8	503	0.2	22	1,095	58.1	11,782	0.3	3									
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 267,565 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIANSXIETY AGENTS					HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year		Mean Rx	Mean Rx \$	Number of Users	Users as % of All-Year		Mean Rx	Mean Rx \$	Number of Users	Users as % of All-Year		Mean Rx	Mean Rx \$
		Nursing Facility Residents	Benefit Months Among Users				Nursing Facility Residents	Benefit Months Among Users				Nursing Facility Residents	Benefit Months Among Users		
All	9,024	27.7	98,844	0.7	\$6	5,044	15.5	56,278	0.7	\$8	1,180	3.6	13,252	0.3	\$31
Female															
All Females	5,986	27.0	65,261	0.7	6	3,313	15.0	36,973	0.6	7	756	3.4	8,546	0.3	31
Female, Disabled															
All Ages	1,857	36.7	21,550	0.8	7	780	15.4	8,973	0.6	9	166	3.3	1,951	0.4	42
64 or younger	1,032	45.8	12,135	0.8	8	349	15.5	4,106	0.7	10	100	4.4	1,183	0.3	39
65-74	477	32.1	5,531	0.8	7	219	14.7	2,501	0.6	10	49	3.3	571	0.4	49
75-84	280	28.6	3,151	0.7	7	153	15.6	1,712	0.7	6	15	1.5	173	0.6	39
85 and older	68	19.7	733	0.6	5	59	17.1	654	0.5	7	2	0.6	24	0.1	12
Female, Other Eligibles															
All Ages	4,129	24.2	43,711	0.6	6	2,533	14.8	28,000	0.6	6	590	3.5	6,595	0.2	28
64 or younger	1	50.0	7	0.4	3	0	0.0	0	0.0	0	1	50.0	7	0.6	34
65-74	318	30.4	3,415	0.7	6	159	15.2	1,734	0.6	11	42	4.0	452	0.3	18
75-84	1,430	26.0	15,425	0.7	6	814	14.8	9,081	0.6	8	244	4.4	2,820	0.2	29
85 and older	2,380	22.6	24,864	0.6	5	1,560	14.8	17,185	0.6	5	303	2.9	3,316	0.2	28
Male															
All Males	3,038	29.0	33,583	0.7	6	1,731	16.5	19,305	0.7	9	424	4.1	4,706	0.3	32
Male, Disabled															
All Ages	1,869	35.9	21,716	0.7	7	815	15.7	9,400	0.7	11	199	3.8	2,304	0.3	35
64 or younger	1,432	40.8	16,727	0.7	7	514	14.6	5,911	0.7	8	154	4.4	1,786	0.3	26
65-74	344	27.3	3,949	0.7	7	246	19.5	2,853	0.7	19	37	2.9	430	0.6	67
75-84	83	22.3	940	0.6	6	47	12.6	542	0.8	6	7	1.9	76	0.5	82
85 and older	10	17.2	100	0.8	8	8	13.8	94	0.6	3	1	1.7	12	0.3	0
Male, Other Eligibles															
All Ages	1,169	22.2	11,867	0.6	5	916	17.4	9,905	0.6	7	225	4.3	2,402	0.3	29
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	254	27.4	2,671	0.7	7	173	18.6	1,891	0.7	11	38	4.1	412	0.3	28
75-84	547	22.3	5,568	0.6	5	424	17.3	4,623	0.6	6	100	4.1	1,063	0.3	30
85 and older	368	19.5	3,628	0.5	5	319	16.9	3,391	0.6	6	87	4.6	927	0.2	28
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 267,565 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medicapen.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ANTICONVULSANT					ULCER DRUGS				
	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	12,216	37.5	136,253	0.6	\$3	2,121	6.5	24,069	0.7	\$17	1,245	3.8	13,812	0.3	\$25
Female															
All Females	9,519	43.0	106,342	0.6	3	1,214	5.5	13,641	0.7	14	757	3.4	8,468	0.3	24
Female, Disabled															
All Ages	2,407	47.5	27,955	0.7	3	627	12.4	7,287	0.8	19	227	4.5	2,627	0.4	37
64 or younger	945	41.9	11,138	0.7	3	377	16.7	4,433	0.8	19	99	4.4	1,150	0.4	32
65-74	770	51.8	8,960	0.7	3	175	11.8	1,991	0.7	20	96	6.5	1,117	0.5	44
75-84	506	51.7	5,782	0.7	3	61	6.2	699	0.8	11	25	2.6	284	0.3	35
85 and older	186	53.9	2,075	0.6	3	14	4.1	164	0.5	5	7	2.0	76	0.2	14
Female, Other Eligibles															
All Ages	7,112	41.7	78,387	0.6	3	587	3.4	6,354	0.6	9	530	3.1	5,841	0.2	18
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	7	0.3	29
65-74	467	44.7	5,232	0.6	3	77	7.4	824	0.6	11	49	4.7	506	0.2	19
75-84	2,355	42.8	26,331	0.6	3	251	4.6	2,791	0.6	9	168	3.1	1,892	0.2	20
85 and older	4,290	40.8	46,824	0.7	3	259	2.5	2,739	0.6	8	312	3.0	3,436	0.2	17
Male															
All Males	2,697	25.8	29,911	0.6	3	907	8.7	10,428	0.7	20	488	4.7	5,344	0.3	28
Male, Disabled															
All Ages	1,412	27.1	16,409	0.6	4	713	13.7	8,370	0.8	23	288	5.5	3,236	0.4	34
64 or younger	832	23.7	9,775	0.6	3	554	15.8	6,487	0.8	23	176	5.0	1,981	0.4	29
65-74	435	34.5	4,993	0.6	4	138	11.0	1,635	0.8	25	99	7.9	1,127	0.4	42
75-84	124	33.3	1,399	0.6	4	20	5.4	236	0.5	14	10	2.7	102	0.4	38
85 and older	21	36.2	242	0.5	3	1	1.7	12	0.1	3	3	5.2	26	0.2	1
Male, Other Eligibles															
All Ages	1,285	24.4	13,502	0.6	3	194	3.7	2,058	0.6	8	200	3.8	2,108	0.2	18
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	231	24.9	2,523	0.5	3	47	5.1	523	0.5	10	36	3.9	395	0.2	17
75-84	613	25.0	6,381	0.6	3	104	4.2	1,110	0.6	8	98	4.0	1,052	0.3	20
85 and older	441	23.4	4,598	0.6	3	43	2.3	425	0.5	6	66	3.5	661	0.2	16
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 267,565 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	1,002	3.1	11,336	0.3	\$28	1,585	4.9	17,480	0.3	\$15	32,601	348,723
Female												
All Females	545	2.5	6,247	0.3	27	1,018	4.6	11,286	0.3	14	22,139	236,912
Female, Disabled												
All Ages	199	3.9	2,325	0.5	42	320	6.3	3,707	0.5	20	5,064	58,140
64 or younger	85	3.8	985	0.4	37	173	7.7	2,004	0.5	18	2,254	26,231
65-74	91	6.1	1,070	0.5	48	118	7.9	1,355	0.5	23	1,486	17,143
75-84	22	2.2	264	0.3	31	23	2.3	276	0.3	18	979	11,030
85 and older	1	0.3	6	0.3	7	6	1.7	72	0.2	10	345	3,736
Female, Other Eligibles												
All Ages	346	2.0	3,922	0.2	18	698	4.1	7,579	0.2	11	17,075	178,772
64 or younger	0	0.0	0	0.0	0	3	150.0	21	0.9	22	2	19
65-74	45	4.3	512	0.2	19	67	6.4	694	0.2	11	1,045	10,977
75-84	144	2.6	1,645	0.2	19	233	4.2	2,618	0.3	12	5,508	58,474
85 and older	157	1.5	1,765	0.2	16	395	3.8	4,246	0.2	10	10,520	109,302
Male												
All Males	457	4.4	5,089	0.3	30	567	5.4	6,194	0.4	17	10,462	111,811
Male, Disabled												
All Ages	288	5.5	3,339	0.4	34	312	6.0	3,597	0.5	22	5,201	59,750
64 or younger	200	5.7	2,321	0.4	33	214	6.1	2,465	0.4	21	3,511	40,635
65-74	77	6.1	910	0.4	40	89	7.1	1,034	0.5	25	1,260	14,415
75-84	11	3.0	108	0.3	23	8	2.2	86	0.3	8	372	4,102
85 and older	0	0.0	0	0.0	0	1	1.7	12	0.2	0	58	598
Male, Other Eligibles												
All Ages	169	3.2	1,750	0.3	22	255	4.8	2,597	0.3	11	5,261	52,061
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	45	4.8	478	0.3	25	54	5.8	557	0.3	14	928	9,481
75-84	86	3.5	894	0.2	21	119	4.9	1,242	0.2	10	2,449	24,259
85 and older	38	2.0	378	0.3	20	82	4.4	798	0.2	10	1,884	18,321
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 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 27,093 beneficiaries who were in nursing facilities for part of their enrollment and their 257,265 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
ILLINOIS, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx per Beneficiary		Number of Part D Excluded Rx	Total Number 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	142,958	42.7	4.4	1,488,522	\$33	\$11,064,856	\$7	17.1	334,535	
Age										
5 and younger	8	57.1	9.6	134	243	3,404	25	11.4	14	
6-14	17	65.4	8.7	225	138	3,593	16	3.0	26	
15-20	171	41.3	3.1	1,287	82	33,787	26	5.4	414	
21-44	18,227	39.1	3.4	156,758	32	1,473,461	9	8.7	46,665	
45-64	38,088	49.8	5.3	404,602	45	3,425,939	8	13.8	76,426	
65-74	33,202	39.9	4.2	352,468	29	2,378,577	7	16.6	83,218	
75-84	29,995	38.1	4.2	330,910	27	2,126,926	6	42.2	78,802	
85 and older	23,250	47.5	4.9	242,138	33	1,619,169	7	65.8	48,970	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	59,140	35.4	3.6	603,048	24	3,944,697	7	41.3	167,272	
Disabled	81,254	50.9	5.5	870,527	44	6,939,872	8	14.0	159,487	
Adults	2,430	32.7	1.9	13,866	19	144,766	10	2.9	7,428	
Children	118	37.5	3.1	972	104	32,779	34	6.5	315	
Unknown	16	48.5	3.3	109	83	2,742	25	3.6	33	
Gender										
Female	93,924	44.4	4.7	996,318	34	7,173,110	7	19.1	211,725	
Male	49,034	39.9	4.0	492,204	32	3,891,746	8	14.4	122,810	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	84,909	43.1	4.8	955,653	36	7,068,352	7	20.7	197,180	
African American	35,706	40.6	3.5	310,932	29	2,532,332	8	12.3	87,933	
Other/unknown	22,343	45.2	4.5	221,937	30	1,464,172	7	14.9	49,422	
Use of Nursing Facilities^d										
Entire year	26,408	81.0	10.4	338,072	74	2,409,497	7	38.6	32,601	
Part year	20,434	75.4	7.3	197,901	54	1,475,904	7	31.0	27,093	
None	96,116	35.0	3.5	952,549	26	7,179,455	8	13.4	274,841	
Maintenance Assistance Status										
Cash	32,059	50.5	5.3	339,260	38	2,420,354	7	13.1	63,505	
Medically needy	55,254	54.2	5.6	570,576	41	4,231,952	7	19.6	102,013	
Poverty related	34,278	41.3	3.7	304,087	29	2,432,887	8	19.2	82,975	
Other/unknown	21,367	24.8	3.2	274,599	23	1,979,663	7	16.8	86,042	

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 2006.

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 1 on Table 1 for methodology used to determine use of nursing facilities.

Benefit(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ILLINOIS, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit	Benzodiazepine \$ per Benefit	Number of Benefit Months
				Month	Month	
All	0.5	\$3	\$7	\$0	\$1	3,287,335
Age						
5 and younger	0.8	21	25	0	0	162
6-14	0.9	15	16	0	0	244
15-20	0.3	7	26	0	0	4,577
21-44	0.3	3	9	0	1	508,812
45-64	0.5	4	8	0	2	832,045
65-74	0.4	3	7	0	1	800,774
75-84	0.5	3	6	0	1	713,045
85 and older	0.6	4	7	0	1	427,676
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	3	7	0	1	1,441,632
Disabled	0.5	4	8	0	1	1,781,972
Adults	0.2	2	10	0	1	60,960
Children	0.4	13	34	0	0	2,566
Unknown	0.5	13	25	0	1	205
Gender						
Female	0.5	3	7	0	1	2,057,740
Male	0.4	3	8	0	1	1,229,595
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	4	7	0	1	1,890,666
African American	0.4	3	8	0	1	877,365
Other/unknown	0.4	3	7	0	1	519,304
Use of Nursing Facilities^d						
Entire year	1.0	7	7	0	2	348,723
Part year	0.7	6	7	0	2	267,565
None	0.4	3	8	0	1	2,671,047
Maintenance Assistance Status						
Cash	0.5	3	7	0	1	733,923
Medically needy	0.6	4	7	0	1	972,499
Poverty related	0.3	3	8	0	1	931,257
Other/unknown	0.4	3	7	0	1	649,656

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 2006.

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 1 on Table 1 for methodology used to determine use of nursing facilities.

Benefit(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 ILLINOIS, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx	\$ per Rx	Excluded Rx
All	200,385	\$55	\$11,064,856	100.0	1,488,522	\$7	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	8	9	70	0.0	19	4	0.0
Cough and cold medications	8,391	34	287,005	2.6	15,115	19	1.0
Vitamins and minerals	13,549	59	793,282	7.2	54,634	15	3.7
Non-prescription drugs	108,794	53	5,793,423	52.4	985,020	6	66.2
Barbiturates	2,509	92	231,598	2.1	25,809	9	1.7
Benzodiazepines	60,551	60	3,634,692	32.8	387,918	9	26.1
Other Part D Excl Rx Drugs	6,583	49	324,786	2.9	20,007	16	1.3

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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.
 Benefit(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}
 ILLINOIS, 2006

Total Number of Dual Eligible Beneficiaries: 334,535
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$64,541,041
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$192

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	214,852	64.2	\$0	0.0
1-500	97,051	29.0	9,187,383	14.2
501-1,000	8,131	2.4	5,874,346	9.1
1,001-1,500	4,230	1.3	5,190,947	8.0
1,501-2,000	2,577	0.8	4,463,754	6.9
2,001-2,500	1,680	0.5	3,741,747	5.8
2,501-3,000	1,142	0.3	3,124,261	4.8
3,001-3,500	847	0.3	2,747,395	4.3
3,501-4,000	645	0.2	2,410,397	3.7
4,001-4,500	523	0.2	2,223,787	3.4
4,501-5,000	407	0.1	1,927,063	3.0
5,001-5,500	316	0.1	1,655,849	2.6
5,501-6,000	294	0.1	1,688,761	2.6
6,001-6,500	231	0.1	1,446,646	2.2
6,501-7,000	204	0.1	1,379,233	2.1
7,001-7,500	174	0.1	1,260,082	2.0
7,501-8,000	147	0.0	1,139,991	1.8
8,001-8,500	133	0.0	1,098,955	1.7
8,501-9,000	123	0.0	1,074,401	1.7
9,001-9,500	76	0.0	703,302	1.1
9,501-10,000	80	0.0	780,167	1.2
10,001+	672	0.2	11,422,654	17.7

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^a, b, c
 ILLINOIS, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 115,930
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$37,279,447
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$321

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	62,764	54.1		\$0	0.0
1-500	41,293	35.6		4,323,080	11.6
501-1,000	3,903	3.4		2,827,272	7.6
1,001-1,500	2,086	1.8		2,566,073	6.9
1,501-2,000	1,329	1.1		2,305,269	6.2
2,001-2,500	925	0.8		2,059,178	5.5
2,501-3,000	662	0.6		1,813,396	4.9
3,001-3,500	465	0.4		1,510,436	4.1
3,501-4,000	360	0.3		1,349,230	3.6
4,001-4,500	309	0.3		1,313,721	3.5
4,501-5,000	234	0.2		1,109,210	3.0
5,001-5,500	183	0.2		957,179	2.6
5,501-6,000	194	0.2		1,112,696	3.0
6,001-6,500	146	0.1		913,514	2.5
6,501-7,000	131	0.1		886,965	2.4
7,001-7,500	114	0.1		824,825	2.2
7,501-8,000	95	0.1		736,577	2.0
8,001-8,500	90	0.1		742,998	2.0
8,501-9,000	78	0.1		680,778	1.8
9,001-9,500	55	0.0		509,474	1.4
9,501-10,000	51	0.0		497,166	1.3
10,001+	463	0.4		8,240,410	22.1

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ILLINOIS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+ 210,990
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$21,841,281
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$103

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	148,060	70.2	0	0.0
1-500	53,804	25.5	4,610,703	21.1
501-1,000	3,792	1.8	2,735,018	12.5
1,001-1,500	1,871	0.9	2,291,454	10.5
1,501-2,000	1,062	0.5	1,833,162	8.4
2,001-2,500	656	0.3	1,461,829	6.7
2,501-3,000	386	0.2	1,053,911	4.8
3,001-3,500	298	0.1	966,151	4.4
3,501-4,000	224	0.1	834,028	3.8
4,001-4,500	150	0.1	639,188	2.9
4,501-5,000	122	0.1	577,560	2.6
5,001-5,500	94	0.0	493,552	2.3
5,501-6,000	73	0.0	420,982	1.9
6,001-6,500	52	0.0	325,860	1.5
6,501-7,000	49	0.0	330,413	1.5
7,001-7,500	47	0.0	340,945	1.6
7,501-8,000	34	0.0	263,993	1.2
8,001-8,500	30	0.0	247,752	1.1
8,501-9,000	28	0.0	245,288	1.1
9,001-9,500	13	0.0	120,623	0.6
9,501-10,000	22	0.0	214,665	1.0
10,001+	123	0.1	1,834,204	8.4

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ILLINOIS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 83,218
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$14,342,315
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$172

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	56,403	67.8	\$0	0.0
1-500	21,143	25.4	2,076,108	14.5
501-1,000	2,044	2.5	1,482,083	10.3
1,001-1,500	1,109	1.3	1,361,143	9.5
1,501-2,000	684	0.8	1,182,787	8.2
2,001-2,500	443	0.5	990,359	6.9
2,501-3,000	300	0.4	818,486	5.7
3,001-3,500	228	0.3	738,124	5.1
3,501-4,000	180	0.2	670,919	4.7
4,001-4,500	119	0.1	506,562	3.5
4,501-5,000	97	0.1	460,507	3.2
5,001-5,500	76	0.1	398,157	2.8
5,501-6,000	61	0.1	351,526	2.5
6,001-6,500	43	0.1	269,974	1.9
6,501-7,000	38	0.0	256,599	1.8
7,001-7,500	37	0.0	268,227	1.9
7,501-8,000	25	0.0	193,766	1.4
8,001-8,500	26	0.0	214,791	1.5
8,501-9,000	21	0.0	183,601	1.3
9,001-9,500	12	0.0	111,200	0.8
9,501-10,000	21	0.0	205,009	1.4
10,001+	108	0.1	1,602,387	11.2

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ILLINOIS, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 78,802
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$5,039,590
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$64

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	57,736	73.3	\$0	0.0
1-500	18,775	23.8	1,519,935	30.2
501-1,000	1,092	1.4	787,018	15.6
1,001-1,500	525	0.7	643,761	12.8
1,501-2,000	252	0.3	436,184	8.7
2,001-2,500	151	0.2	335,262	6.7
2,501-3,000	59	0.1	161,710	3.2
3,001-3,500	56	0.1	182,640	3.6
3,501-4,000	32	0.0	117,957	2.3
4,001-4,500	26	0.0	111,047	2.2
4,501-5,000	16	0.0	74,728	1.5
5,001-5,500	14	0.0	74,351	1.5
5,501-6,000	12	0.0	69,456	1.4
6,001-6,500	8	0.0	49,589	1.0
6,501-7,000	8	0.0	53,574	1.1
7,001-7,500	9	0.0	65,546	1.3
7,501-8,000	7	0.0	54,558	1.1
8,001-8,500	3	0.0	24,949	0.5
8,501-9,000	6	0.0	52,876	1.0
9,001-9,500	1	0.0	9,423	0.2
9,501-10,000	1	0.0	9,656	0.2
10,001+	13	0.0	205,370	4.1

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ILLINOIS, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+ 48,970
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$2,459,376
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$50

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	33,921	69.3	\$0	0.0
1-500	13,886	28.4	1,014,660	41.3
501-1,000	656	1.3	465,917	18.9
1,001-1,500	237	0.5	286,550	11.7
1,501-2,000	126	0.3	214,191	8.7
2,001-2,500	62	0.1	136,208	5.5
2,501-3,000	27	0.1	73,715	3.0
3,001-3,500	14	0.0	45,387	1.8
3,501-4,000	12	0.0	45,152	1.8
4,001-4,500	5	0.0	21,579	0.9
4,501-5,000	9	0.0	42,325	1.7
5,001-5,500	4	0.0	21,044	0.9
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,297	0.3
6,501-7,000	3	0.0	20,240	0.8
7,001-7,500	1	0.0	7,172	0.3
7,501-8,000	2	0.0	15,669	0.6
8,001-8,500	1	0.0	8,012	0.3
8,501-9,000	1	0.0	8,811	0.4
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	26,447	1.1

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006.
 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 BENEFICIARIES, ILLINOIS, 2006

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	334,628	167,336	159,513	7,431	315	33	3,289,357	1,442,774	1,782,535	61,277	2,566	205
Age												
5 and younger	14	3	3	0	8	0	162	33	33	0	96	0
6-14	26	0	10	0	16	0	251	0	71	0	180	0
15-20	414	0	321	19	74	0	4,586	0	3,596	188	802	0
21-44	46,665	28	41,692	4,882	61	2	509,119	187	467,562	40,901	456	13
45-64	76,441	270	73,916	2,193	47	15	832,363	1,673	812,651	17,589	345	105
65-74	83,250	49,690	33,186	302	56	16	801,372	417,997	380,594	2,345	349	87
75-84	78,834	69,834	8,926	32	42	0	713,648	611,166	102,012	231	239	0
85 and older	48,984	47,511	1,459	3	11	0	427,856	411,718	16,016	23	99	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	211,786	119,546	86,721	5,338	148	33	2,059,147	1,032,325	980,540	44,885	1,192	205
Male	122,842	47,790	72,792	2,093	167	0	1,230,210	410,449	801,995	16,392	1,374	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	197,182	104,491	88,720	3,810	133	28	1,890,755	871,977	986,701	30,679	1,219	179
African American	88,012	34,835	50,606	2,440	129	2	879,068	290,244	566,764	21,142	902	16
Other/unknown	49,434	28,010	20,187	1,181	53	3	519,534	280,553	229,070	9,456	445	10
Use of Nursing Facilities^c												
Entire year	32,601	22,330	10,265	1	5	0	348,723	230,780	117,890	7	46	0
Part year	27,093	19,522	7,539	25	7	0	267,578	185,279	81,984	254	61	0
None	274,934	125,484	141,709	7,405	303	33	2,673,056	1,026,715	1,582,661	61,016	2,459	205
Maintenance Assistance Status												
Cash	63,513	20,611	42,772	129	1	0	734,153	236,495	496,329	1,326	3	0
Medically needy	102,062	55,361	42,224	4,477	0	0	973,530	499,338	437,624	36,568	0	0
Poverty related	83,000	28,097	54,565	117	188	33	931,755	307,738	621,518	866	1,428	205
Other/unknown	86,053	63,267	19,952	2,708	126	0	649,919	399,203	227,064	22,517	1,135	0
Dual Status^d												
Full dual, all year	310,884	157,022	146,478	7,044	307	33	3,025,174	1,330,290	1,634,533	57,658	2,488	205
Full dual, part year	23,744	10,314	13,035	387	8	0	264,183	112,484	148,002	3,619	78	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	334,235	167,154	159,414	7,319	315	33	3,284,970	1,440,687	1,781,385	60,127	2,566	205
FFS part year, with Rx claims	132	25	40	67	0	0	1,484	289	474	721	0	0
FFS part year, no Rx claims	59	40	11	8	0	0	628	441	122	65	0	0
MC all year, with Rx claims	109	53	22	34	0	0	1,241	629	264	348	0	0
MC all year, no Rx claims	93	64	26	3	0	0	1,034	728	290	16	0	0

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 1 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 2006. 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 BENEFICIARIES, ILLINOIS, 2006

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	334,628	3,289,357	334,535	3,287,335	0	2,022
Fee-for-service (FFS) all year	334,235	3,284,970	334,235	3,284,970	0	0
FFS part year, with Rx claims	132	1,484	132	844	0	640
FFS part year, with no Rx claims	59	628	59	280	0	348
Managed care (MC) all year, with Rx claims	109	1,241	109	1,241	0	0
MC all year, with no Rx claims	93	1,034	0	0	0	1,034

Source: Data for this table are from the MAX 2006 file for Illinois, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

All Medicaid Beneficiaries