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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
ILLINOIS

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>308,232</b>	<b>136,974</b>	<b>163,273</b>	<b>7,767</b>	<b>175</b>	<b>43</b>	<b>3,232,155</b>	<b>1,337,433</b>	<b>1,831,036</b>	<b>61,565</b>	<b>1,763</b>	<b>358</b>
<b>Age</b>												
5 and younger	12	1	1	0	10	0	111	4	12	0	95	0
6-14	31	0	11	0	20	0	337	0	120	0	217	0
15-20	454	0	350	32	72	0	4,962	0	3,860	297	805	0
21-44	45,672	2	40,614	5,018	34	4	498,388	4	457,833	40,240	272	39
45-64	79,540	36	77,123	2,352	9	20	868,967	128	850,284	18,268	85	202
65-74	75,597	40,884	34,356	325	13	19	790,169	391,565	395,923	2,436	128	117
75-84	64,857	55,499	9,312	36	10	0	661,526	554,764	106,362	289	111	0
85 and older	42,069	40,552	1,506	4	7	0	407,695	390,968	16,642	35	50	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	189,714	95,053	89,000	5,551	67	43	1,994,645	940,641	1,007,769	45,167	710	358
Male	118,518	41,921	74,273	2,216	108	0	1,237,510	396,792	823,267	16,398	1,053	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	172,440	80,938	87,624	3,777	74	27	1,777,851	770,656	977,523	28,739	716	217
African American	80,452	26,327	51,597	2,444	73	11	857,817	258,253	578,568	20,152	742	102
Other/unknown	55,340	29,709	24,052	1,546	28	5	596,487	308,524	274,945	12,674	305	39
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	31,608	21,294	10,309	2	3	0	341,109	222,386	118,680	7	36	0
Part year	27,441	19,446	7,963	29	3	0	272,702	185,530	86,833	310	29	0
None	249,183	96,234	145,001	7,736	169	43	2,618,344	929,517	1,625,523	61,248	1,698	358
<b>Maintenance Assistance Status</b>												
Cash	65,091	21,305	43,678	107	1	0	754,165	245,503	507,603	1,056	3	0
Medically needy	98,093	52,346	41,183	4,564	0	0	934,809	471,358	427,353	36,098	0	0
Poverty-related	88,285	29,397	58,611	138	96	43	996,899	324,061	670,502	1,018	960	358
Other/unknown	56,763	33,926	19,801	2,958	78	0	546,282	296,511	225,578	23,393	800	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	284,544	126,839	150,009	7,483	170	43	2,966,919	1,225,572	1,680,284	58,987	1,718	358
Full dual, part year	23,688	10,135	13,264	284	5	0	265,236	111,861	150,752	2,578	45	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	307,858	136,808	163,187	7,645	175	43	3,228,949	1,335,814	1,830,268	60,746	1,763	358
FFS part year, with Rx claims	155	37	32	86	0	0	893	153	202	538	0	0
FFS part year, no Rx claims	34	12	10	12	0	0	184	70	51	63	0	0

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	Percentage with at				Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
	Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx			
<b>All</b>	<b>33.8</b>	<b>4.6</b>	<b>\$165</b>	<b>\$36</b>	<b>\$9,684</b>	<b>1.7</b>	<b>308,232</b>
<b>Age</b>							
5 and younger	58.3	21.5	2,441	114	84,252	2.9	12
6-14	71.0	29.0	4,722	163	21,157	22.3	31
15-20	61.7	11.7	1,252	107	11,144	11.2	454
21-44	37.4	5.9	306	52	10,130	3.0	45,672
45-64	41.3	6.9	242	35	11,535	2.1	79,540
65-74	30.6	4.7	177	37	6,364	2.8	75,597
75-84	27.1	2.3	38	16	8,412	0.5	64,857
85 and older	31.5	2.2	24	11	13,583	0.2	42,069
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	25.5	2.0	37	18	8,200	0.4	136,974
Disabled	40.4	6.6	246	37	11,238	2.2	163,273
Adults	41.3	9.5	648	68	2,960	21.9	7,767
Children	56.0	17.9	2,584	144	19,044	13.6	175
Unknown	83.7	28.7	3,653	127	14,206	25.7	43
<b>Gender</b>							
Female	35.1	4.7	157	34	9,148	1.7	189,714
Male	31.7	4.6	178	38	10,542	1.7	118,518
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	36.7	5.1	149	29	11,984	1.2	172,440
African American	29.7	4.1	204	50	7,640	2.7	80,452
Other/unknown	30.7	4.0	159	40	5,489	2.9	55,340
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	50.6	6.1	145	24	29,020	0.5	31,608
Part year	55.1	5.1	132	26	18,322	0.7	27,441
None	29.3	4.4	171	39	6,280	2.7	249,183
<b>Maintenance Assistance Status</b>							
Cash	36.0	5.3	230	43	4,051	5.7	65,091
Medically needy	38.3	4.6	182	40	17,477	1.0	98,093
Poverty related	30.3	3.9	101	26	4,770	2.1	88,285
Other/unknown	29.1	5.1	162	31	10,321	1.6	56,763

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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			
<b>All</b>	<b>0.4</b>	<b>\$16</b>	<b>1.7</b>	<b>66.2</b>	<b>26.8</b>	<b>3.0</b>	<b>2.7</b>	<b>1.2</b>	<b>0.2</b>	<b>\$924</b>	<b>308,232</b>	<b>3,232,155</b>
<b>Age</b>												
5 and younger	2.3	264	2.9	41.7	25.0	0.0	16.7	8.3	8.3	9,108	12	111
6-14	2.7	434	22.3	29.0	25.8	16.1	9.7	12.9	6.5	1,946	31	337
15-20	1.1	115	11.2	38.3	40.5	8.1	8.4	4.6	0.0	1,020	454	4,962
21-44	0.5	28	3.0	62.6	27.4	3.8	4.4	1.5	0.2	928	45,672	498,388
45-64	0.6	22	2.1	58.7	30.3	4.2	4.5	2.0	0.3	1,056	79,540	868,967
65-74	0.5	17	2.8	69.4	23.8	2.5	2.6	1.4	0.3	609	75,597	790,169
75-84	0.2	4	0.5	72.9	24.1	1.8	0.8	0.3	0.0	825	64,857	661,526
85 and older	0.2	2	0.2	68.5	28.8	2.0	0.6	0.2	0.0	1,402	42,069	407,695
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	4	0.4	74.5	22.8	1.7	0.7	0.2	0.0	840	136,974	1,337,433
Disabled	0.6	22	2.2	59.6	30.3	3.9	4.1	1.8	0.3	1,002	163,273	1,831,036
Adults	1.2	82	21.9	58.7	22.3	5.2	8.2	4.6	1.0	373	7,767	61,565
Children	1.8	257	13.6	44.0	26.3	6.3	10.9	10.9	1.7	1,890	175	1,763
Unknown	3.4	439	25.7	16.3	14.0	16.3	37.2	11.6	4.7	1,706	43	358
<b>Gender</b>												
Female	0.4	15	1.7	64.9	28.3	2.9	2.5	1.2	0.2	870	189,714	1,994,645
Male	0.4	17	1.7	68.3	24.3	3.0	3.1	1.2	0.2	1,010	118,518	1,237,510
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.5	14	1.2	63.3	29.0	3.4	2.9	1.3	0.2	1,162	172,440	1,777,851
African American	0.4	19	2.7	70.3	23.5	2.4	2.5	1.1	0.2	717	80,452	857,817
Other/unknown	0.4	15	2.9	69.3	24.7	2.4	2.5	1.0	0.1	509	55,340	596,487
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.6	13	0.5	49.4	41.3	5.8	2.4	0.8	0.3	2,689	31,608	341,109
Part year	0.5	13	0.7	44.9	48.0	4.0	2.0	0.8	0.2	1,844	27,441	272,702
None	0.4	16	2.7	70.7	22.6	2.5	2.8	1.2	0.2	598	249,183	2,618,344
<b>Maintenance Assistance Status</b>												
Cash	0.5	20	5.7	64.0	28.5	2.9	2.9	1.4	0.3	350	65,091	754,165
Medically needy	0.5	19	1.0	61.7	31.0	3.6	2.5	0.9	0.2	1,834	98,093	934,809
Poverty related	0.3	9	2.1	69.7	24.6	2.3	2.4	0.9	0.1	423	88,285	996,899
Other/unknown	0.5	17	1.6	70.9	20.8	3.0	3.4	1.7	0.3	1,072	56,763	546,282

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

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

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

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

**TABLE D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007**

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
<b>All</b>	<b>0.4</b>	<b>\$16</b>	<b>\$36</b>	<b>0.1</b>	<b>\$10</b>	<b>\$128</b>	<b>0.0</b>	<b>\$1</b>	<b>\$87</b>	<b>0.4</b>	<b>\$4</b>	<b>\$13</b>
<b>Age</b>												
5 and younger	2.3	264	114	0.9	201	221	0.1	15	268	1.4	49	36
6-14	2.7	434	163	1.0	392	381	0.1	8	64	1.5	35	23
15-20	1.1	115	107	0.4	96	220	0.0	5	115	0.6	14	24
21-44	0.5	28	52	0.1	21	165	0.0	1	98	0.4	5	13
45-64	0.6	22	35	0.1	14	114	0.0	2	90	0.5	6	13
65-74	0.5	17	37	0.1	11	129	0.0	1	84	0.4	5	14
75-84	0.2	4	16	0.0	2	78	0.0	0	48	0.2	2	10
85 and older	0.2	2	11	0.0	1	51	0.0	0	36	0.2	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.2	4	18	0.0	2	94	0.0	0	68	0.2	2	10
Disabled	0.6	22	37	0.1	15	126	0.0	1	82	0.5	6	13
Adults	1.2	82	68	0.3	59	189	0.0	7	163	0.8	17	19
Children	1.8	257	144	0.8	225	274	0.1	7	114	0.9	24	27
Unknown	3.4	439	127	1.1	389	340	0.1	11	76	2.2	39	18
<b>Gender</b>												
Female	0.4	15	34	0.1	10	127	0.0	1	89	0.4	5	13
Male	0.4	17	38	0.1	12	131	0.0	1	83	0.3	4	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.5	14	29	0.1	9	105	0.0	1	78	0.4	4	11
African American	0.4	19	50	0.1	13	183	0.0	1	101	0.3	5	16
Other/unknown	0.4	15	40	0.1	10	136	0.0	1	89	0.3	4	14
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.6	13	24	0.1	8	154	0.0	0	79	0.5	5	10
Part year	0.5	13	26	0.1	8	138	0.0	1	80	0.5	5	11
None	0.4	16	39	0.1	11	126	0.0	1	88	0.3	4	13
<b>Maintenance Assistance Status</b>												
Cash	0.5	20	43	0.1	14	158	0.0	1	86	0.4	5	15
Medically needy	0.5	19	40	0.1	13	176	0.0	1	125	0.4	5	13
Poverty related	0.3	9	26	0.1	5	80	0.0	1	66	0.3	3	11
Other/unknown	0.5	17	31	0.1	11	98	0.0	1	68	0.4	5	11

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$30	\$25	\$1	\$4	\$110	\$369	\$300	\$21	34,692	\$3,833,378	11,294	3.7	129,013
Biologicals	0.1	0.1	0.0	0.0	54	54	0	0	482	482	0	0	214	103,085	162	0.1	1,902
Antineoplastic Agents	0.4	0.2	0.0	0.3	181	167	1	13	408	979	399	47	3,460	1,413,167	701	0.2	7,805
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.5	29	23	1	5	41	96	55	12	85,128	3,487,321	10,572	3.4	119,991
Cardiovascular Agents	1.2	0.3	0.1	0.9	44	21	7	16	36	82	75	18	211,352	7,574,011	15,413	5.0	173,735
Respiratory Agents	0.4	0.1	0.0	0.2	17	13	0	4	46	106	40	17	85,481	3,915,345	20,314	6.6	231,096
Gastrointestinal Agents	0.5	0.1	0.0	0.4	21	15	1	4	42	149	120	12	47,135	1,986,679	8,357	2.7	95,008
Genitourinary Agents	0.4	0.2	0.0	0.2	17	14	1	2	39	58	66	11	14,662	572,046	2,950	1.0	33,894
CNS Drugs	0.7	0.1	0.0	0.6	17	11	0	5	25	112	78	10	470,650	11,727,616	62,235	20.2	698,347
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	46	42	0	4	77	119	45	15	2,413	184,829	362	0.1	4,039
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	47	37	0	10	151	171	71	107	8,464	1,280,609	2,391	0.8	27,187
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	16	5	4	7	32	389	331	15	74,799	2,430,550	13,567	4.4	153,852
Neuromuscular Agents	0.7	0.1	0.0	0.5	20	13	1	6	28	87	66	11	162,910	4,633,204	19,852	6.4	227,043
Nutritional Products	0.4	0.0	0.0	0.4	6	0	1	5	15	27	34	13	53,625	785,181	11,765	3.8	130,130
Hematological Agents	0.6	0.0	0.0	0.5	18	14	0	5	33	360	23	9	132,151	4,318,219	20,985	6.8	235,517
Topical Products	0.3	0.1	0.0	0.2	7	4	0	3	24	66	38	12	35,773	874,413	10,491	3.4	121,480
Miscellaneous Products	0.2	0.1	0.0	0.1	56	52	1	3	225	463	260	24	7,063	1,591,610	2,622	0.9	28,264
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	46	0	0	0	3,035	138,271	1,197	0.4	13,920
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,433,007	50,849,534	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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, 0.6 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 2007.

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



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,383,388	8,174	2.7	94,644	0.6	\$114	\$67
ANTICONVULSANT	4,301,466	19,821	6.4	227,165	0.6	30	19
ANTIANKXIETY AGENTS	2,859,242	50,108	16.3	560,850	0.5	9	5
ANTIASTHMATIC	2,741,410	8,980	2.9	102,635	0.3	77	27
ANTHYPERLIPIDEMIC	2,719,360	9,213	3.0	105,177	0.5	55	26
ANTIVIRAL	2,676,363	1,001	0.3	11,255	0.4	575	238
ANTIDIABETIC	2,559,532	9,274	3.0	104,828	0.5	53	24
HEMATOPOIETIC AGENTS	2,402,095	30,681	10.0	347,534	0.5	15	7
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,267,428	5,074	1.6	58,320	0.3	116	39
ANTIDEPRESSANTS	2,077,687	11,735	3.8	133,304	0.5	33	16
Total	30,987,971	154,061	n.a.	1,745,712	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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
<b>All</b>	<b>885,672</b>	<b>\$30,987,971</b>	<b>8,174</b>	<b>2.7</b>	<b>94,644</b>	<b>0.6</b>	<b>\$67</b>	<b>19,821</b>	<b>6.4</b>	<b>227,165</b>	<b>0.6</b>	<b>\$19</b>
<b>Female</b>												
All Females	551,214	17,838,684	4,015	2.1	46,392	0.6	69	11,730	6.2	134,471	0.6	18
<b>Female, Disabled</b>												
All Ages	374,968	13,736,935	3,374	3.8	39,749	0.6	66	9,111	10.2	106,606	0.6	18
5 and younger	2	250	0	0.0	0	0.0	0	1	100.0	12	0.1	20
6-14	82	3,031	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	534	56,538	23	18.0	262	0.4	81	24	18.8	281	0.6	86
21-44	70,344	3,293,796	1,202	7.0	14,253	0.6	68	2,444	14.1	28,655	0.6	24
45-64	178,812	5,852,237	1,503	3.7	17,575	0.6	54	4,738	11.7	55,110	0.6	15
65-74	102,273	4,230,783	578	2.6	6,874	0.7	97	1,624	7.2	19,253	0.6	18
75-84	19,896	271,315	60	0.8	696	0.7	48	244	3.4	2,890	0.6	7
85 and older	3,025	28,985	8	0.6	89	0.6	39	36	2.7	405	0.6	8
<b>Female, Other Eligibles</b>												
All Ages	176,246	4,101,749	641	0.6	6,643	0.4	84	2,619	2.6	27,865	0.6	18
5 and younger	21	4,227	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	37	5,133	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	400	70,543	9	16.4	108	1.1	293	10	18.2	120	0.9	86
21-44	15,862	1,372,465	374	9.1	3,846	0.4	95	598	14.6	5,862	0.5	49
45-64	8,398	704,362	90	6.8	943	0.4	100	200	15.0	1,928	0.5	39
65-74	30,686	701,083	61	0.2	659	0.4	55	526	2.1	5,786	0.5	8
75-84	60,355	719,256	62	0.2	649	0.4	30	804	2.1	8,987	0.6	7
85 and older	60,487	524,680	45	0.1	438	0.4	25	481	1.5	5,182	0.6	6
<b>Male</b>												
All Males	334,458	13,149,287	4,159	3.5	48,252	0.6	66	8,091	6.8	92,694	0.7	20
<b>Male, Disabled</b>												
All Ages	272,304	11,289,136	3,897	5.2	45,556	0.6	64	7,101	9.6	82,460	0.7	20
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	594	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,184	153,588	54	24.3	629	0.5	129	49	22.1	576	0.6	89
21-44	76,654	4,195,779	1,718	7.4	20,115	0.6	82	2,670	11.4	31,089	0.7	27
45-64	141,552	5,001,858	1,705	4.7	19,893	0.6	43	3,552	9.7	41,103	0.7	14
65-74	46,161	1,832,445	381	3.2	4,488	0.7	70	747	6.3	8,740	0.7	18
75-84	6,204	102,235	34	1.6	380	0.7	36	82	3.9	940	0.8	10
85 and older	531	2,637	5	2.7	51	0.7	2	1	0.5	12	0.2	2
<b>Male, Other Eligibles</b>												
All Ages	62,154	1,860,151	262	0.6	2,696	0.5	102	990	2.2	10,234	0.6	24
5 and younger	64	6,183	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	79	9,351	1	7.7	12	0.1	1	1	7.7	12	0.1	1
15-20	534	100,488	23	46.9	266	0.7	190	14	28.6	157	1.0	177
21-44	4,420	418,728	87	9.1	895	0.5	124	170	17.7	1,514	0.6	61
45-64	5,552	429,082	51	4.7	456	0.5	159	128	11.8	1,139	0.6	47
65-74	17,328	440,311	50	0.3	537	0.5	37	274	1.7	2,974	0.5	13
75-84	22,547	355,854	43	0.2	475	0.4	37	290	1.6	3,236	0.6	7
85 and older	11,630	100,154	7	0.1	55	0.4	51	113	1.4	1,202	0.6	5
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.  
 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 2007. 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 2007. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-ASTHMATIC					ANTI-HYPERLIPIDEMIC				
	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
<b>All</b>	<b>50,108</b>	<b>16.3</b>	<b>560,850</b>	<b>0.5</b>	<b>\$5</b>	<b>8,980</b>	<b>2.9</b>	<b>102,635</b>	<b>0.3</b>	<b>\$27</b>	<b>9,213</b>	<b>3.0</b>	<b>105,177</b>	<b>0.5</b>	<b>\$26</b>
<b>Female</b>															
All Females	33,895	17.9	379,881	0.5	5	6,022	3.2	69,078	0.3	27	5,390	2.8	61,784	0.5	27
<b>Female, Disabled</b>															
All Ages	19,585	22.0	227,857	0.6	5	4,848	5.4	56,608	0.4	28	4,099	4.6	48,131	0.5	27
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	20.0	12	0.1	7
15-20	11	8.6	132	0.2	2	19	14.8	224	0.2	20	2	1.6	24	0.6	66
21-44	3,384	19.6	39,576	0.5	5	751	4.3	8,840	0.3	18	391	2.3	4,575	0.5	19
45-64	9,566	23.6	110,823	0.6	6	2,340	5.8	27,063	0.3	28	1,879	4.6	21,824	0.4	23
65-74	4,920	21.9	57,631	0.5	5	1,664	7.4	19,605	0.4	33	1,717	7.6	20,402	0.5	34
75-84	1,468	20.4	17,105	0.6	5	72	1.0	854	0.4	18	101	1.4	1,201	0.6	24
85 and older	236	17.9	2,590	0.5	4	2	0.2	22	0.1	0	8	0.6	93	0.6	8
<b>Female, Other Eligibles</b>															
All Ages	14,310	14.2	152,024	0.5	5	1,174	1.2	12,470	0.3	25	1,291	1.3	13,653	0.4	27
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.2	11	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	1	1.8	12	0.2	7	9	16.4	102	0.3	21	1	1.8	12	0.1	7
21-44	661	16.1	6,420	0.5	5	413	10.1	4,379	0.3	26	141	3.4	1,420	0.4	28
45-64	261	19.6	2,544	0.5	6	261	19.6	2,693	0.4	34	199	15.0	2,058	0.5	38
65-74	2,629	10.5	29,126	0.5	4	210	0.8	2,264	0.2	24	508	2.0	5,426	0.4	30
75-84	5,180	13.8	56,725	0.5	5	191	0.5	2,112	0.3	22	326	0.9	3,530	0.4	21
85 and older	5,578	17.1	57,197	0.5	5	88	0.3	896	0.2	9	116	0.4	1,207	0.4	14
<b>Male</b>															
All Males	16,213	13.7	180,969	0.5	5	2,958	2.5	33,557	0.3	26	3,823	3.2	43,393	0.5	24
<b>Male, Disabled</b>															
All Ages	11,869	16.0	136,666	0.6	6	2,466	3.3	28,346	0.4	25	3,122	4.2	36,244	0.5	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	23	10.4	271	0.5	5	26	11.7	288	0.4	37	1	0.5	12	0.1	7
21-44	3,278	14.1	37,943	0.5	6	516	2.2	5,978	0.3	18	523	2.2	6,091	0.5	17
45-64	6,339	17.4	72,917	0.6	6	1,214	3.3	13,853	0.3	25	1,778	4.9	20,476	0.5	21
65-74	1,888	15.9	21,806	0.5	5	666	5.6	7,755	0.4	32	760	6.4	8,965	0.5	30
75-84	311	14.6	3,420	0.5	5	40	1.9	424	0.4	8	55	2.6	640	0.7	16
85 and older	30	16.1	309	0.6	4	4	2.2	48	0.5	1	5	2.7	60	0.9	1
<b>Male, Other Eligibles</b>															
All Ages	4,344	9.8	44,303	0.5	4	492	1.1	5,211	0.3	27	701	1.6	7,149	0.5	33
5 and younger	0	0.0	0	0.0	0	3	37.5	36	0.8	91	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	15.4	24	0.1	11	4	30.8	44	0.6	47
15-20	1	2.0	12	0.2	9	5	10.2	60	0.2	27	1	2.0	12	0.8	70
21-44	159	16.6	1,448	0.5	5	75	7.8	728	0.3	21	80	8.3	779	0.5	40
45-64	157	14.4	1,391	0.6	6	129	11.9	1,279	0.4	38	178	16.4	1,722	0.5	44
65-74	1,221	7.6	12,946	0.5	4	151	0.9	1,713	0.3	25	275	1.7	2,847	0.4	29
75-84	1,780	9.9	18,471	0.5	4	99	0.5	1,091	0.3	23	134	0.7	1,447	0.5	28
85 and older	1,026	12.9	10,035	0.5	4	28	0.4	280	0.2	13	29	0.4	298	0.4	11
<b>Unknown</b>	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 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.  
 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 2007. 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 2007. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

**TABLE D.7C**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS**  
**SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007**

Beneficiary Characteristics	ANTIVIRAL					ANTIDIABETIC					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,001</b>	<b>0.3</b>	<b>11,255</b>	<b>0.4</b>	<b>\$238</b>	<b>9,274</b>	<b>3.0</b>	<b>104,828</b>	<b>0.5</b>	<b>\$24</b>	<b>30,681</b>	<b>10.0</b>	<b>347,534</b>	<b>0.5</b>	<b>\$7</b>
<b>Female</b>															
All Females	455	0.2	5,216	0.4	204	5,821	3.1	66,285	0.5	25	20,545	10.8	233,091	0.5	7
<b>Female, Disabled</b>															
All Ages	368	0.4	4,323	0.4	212	4,401	4.9	51,388	0.5	26	10,189	11.4	119,199	0.4	8
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	1
6-14	0	0.0	0	0.0	0	2	40.0	24	1.5	115	4	80.0	46	1.0	4
15-20	0	0.0	0	0.0	0	4	3.1	48	0.1	3	10	7.8	120	0.5	2
21-44	153	0.9	1,803	0.4	260	445	2.6	5,181	0.5	22	1,653	9.6	19,491	0.4	8
45-64	154	0.4	1,790	0.4	204	1,940	4.8	22,383	0.4	22	4,085	10.1	47,606	0.5	8
65-74	59	0.3	706	0.3	114	1,910	8.5	22,586	0.5	30	3,041	13.5	35,719	0.4	11
75-84	2	0.0	24	0.2	31	93	1.3	1,082	0.5	25	1,166	16.2	13,585	0.4	3
85 and older	0	0.0	0	0.0	0	7	0.5	84	0.4	1	229	17.3	2,620	0.5	3
<b>Female, Other Eligibles</b>															
All Ages	87	0.1	893	0.3	168	1,420	1.4	14,897	0.4	22	10,356	10.3	113,892	0.5	5
5 and younger	1	33.3	12	0.8	326	0	0.0	0	0.0	0	3	100.0	20	0.4	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	57.1	46	0.8	112
15-20	3	5.5	36	0.8	532	1	1.8	9	0.1	1	11	20.0	132	0.4	36
21-44	52	1.3	516	0.3	123	218	5.3	2,233	0.5	39	324	7.9	3,324	0.3	16
45-64	12	0.9	115	0.4	344	203	15.3	2,031	0.5	36	111	8.4	1,148	0.4	84
65-74	13	0.1	150	0.2	155	531	2.1	5,539	0.4	21	1,531	6.1	17,196	0.4	4
75-84	3	0.0	29	0.1	5	311	0.8	3,444	0.4	10	3,855	10.3	43,213	0.5	4
85 and older	3	0.0	35	0.1	2	156	0.5	1,641	0.3	9	4,517	13.9	48,813	0.5	3
<b>Male</b>															
All Males	546	0.5	6,039	0.4	267	3,453	2.9	38,543	0.5	24	10,136	8.6	114,443	0.5	8
<b>Male, Disabled</b>															
All Ages	494	0.7	5,565	0.4	277	2,639	3.6	30,302	0.5	24	6,154	8.3	71,261	0.5	10
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	5	83.3	60	0.3	10
15-20	2	0.9	24	0.2	35	3	1.4	32	0.6	48	11	5.0	125	0.4	2
21-44	201	0.9	2,186	0.4	275	419	1.8	4,833	0.5	26	966	4.1	11,232	0.4	11
45-64	240	0.7	2,758	0.5	296	1,456	4.0	16,506	0.5	22	3,128	8.6	36,056	0.5	10
65-74	49	0.4	573	0.4	211	721	6.1	8,475	0.5	25	1,664	14.0	19,402	0.5	8
75-84	2	0.1	24	0.1	0	34	1.6	384	0.6	22	346	16.3	4,014	0.5	5
85 and older	0	0.0	0	0.0	0	6	3.2	72	0.5	1	34	18.3	372	0.5	3
<b>Male, Other Eligibles</b>															
All Ages	52	0.1	474	0.3	151	814	1.8	8,241	0.4	25	3,982	9.0	43,182	0.5	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	125.0	88	0.4	33
6-14	4	30.8	46	0.2	16	1	7.7	12	0.5	41	6	46.2	72	0.4	80
15-20	1	2.0	12	1.0	1,044	1	2.0	12	1.3	145	4	8.2	40	0.3	26
21-44	18	1.9	131	0.4	184	96	10.0	868	0.5	47	22	2.3	209	0.4	27
45-64	14	1.3	129	0.2	82	220	20.2	2,116	0.5	34	48	4.4	441	0.5	23
65-74	9	0.1	84	0.4	181	285	1.8	2,971	0.4	20	1,117	6.9	12,250	0.4	5
75-84	6	0.0	72	0.3	119	152	0.8	1,662	0.4	18	1,748	9.7	19,152	0.5	5
85 and older	0	0.0	0	0.0	0	59	0.7	600	0.3	6	1,027	12.9	10,930	0.5	3
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.  
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 2007. 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 2007. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.7D**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS**  
**SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007**

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS						
	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 Beneficiaries	Number of Benefit Months
<b>All</b>	<b>5,074</b>	<b>1.6</b>	<b>58,320</b>	<b>0.3</b>	<b>\$39</b>	<b>11,735</b>	<b>3.8</b>	<b>133,304</b>	<b>0.5</b>	<b>\$16</b>	<b>308,232</b>	<b>3,232,155</b>
<b>Female</b>												
All Females	2,693	1.4	30,970	0.3	37	7,297	3.8	83,051	0.5	17	189,714	1,994,645
<b>Female, Disabled</b>												
All Ages	2,055	2.3	24,159	0.3	36	5,573	6.3	65,141	0.5	16	89,000	1,007,769
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	48
15-20	0	0.0	0	0.0	0	29	22.7	341	0.3	13	128	1,417
21-44	407	2.4	4,808	0.2	35	1,407	8.1	16,513	0.5	16	17,288	197,558
45-64	1,157	2.8	13,563	0.3	34	2,900	7.1	33,616	0.5	16	40,602	451,164
65-74	430	1.9	5,074	0.3	40	1,181	5.3	14,008	0.5	17	22,470	260,377
75-84	52	0.7	606	0.4	30	47	0.7	556	0.6	10	7,186	82,538
85 and older	9	0.7	108	0.5	34	9	0.7	107	0.5	1	1,320	14,655
<b>Female, Other Eligibles</b>												
All Ages	638	0.6	6,811	0.3	43	1,724	1.7	17,910	0.4	20	100,714	986,876
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	28
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	83
15-20	1	1.8	12	0.1	10	10	18.2	117	0.5	19	55	573
21-44	103	2.5	1,077	0.2	125	810	19.8	8,298	0.4	24	4,098	33,416
45-64	55	4.1	568	0.3	53	361	27.2	3,783	0.5	29	1,329	10,681
65-74	171	0.7	1,891	0.3	26	222	0.9	2,349	0.4	12	25,125	243,231
75-84	195	0.5	2,068	0.3	23	189	0.5	2,067	0.3	6	37,505	380,986
85 and older	113	0.3	1,195	0.4	26	132	0.4	1,296	0.3	6	32,592	317,878
<b>Male</b>												
All Males	2,381	2.0	27,350	0.4	41	4,438	3.7	50,253	0.5	14	118,518	1,237,510
<b>Male, Disabled</b>												
All Ages	2,019	2.7	23,466	0.4	41	3,765	5.1	43,622	0.5	13	74,273	823,267
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	72
15-20	0	0.0	0	0.0	0	36	16.2	415	0.4	15	222	2,443
21-44	475	2.0	5,565	0.3	42	1,294	5.5	15,096	0.5	13	23,326	260,275
45-64	1,156	3.2	13,337	0.4	41	1,875	5.1	21,504	0.5	12	36,521	399,120
65-74	346	2.9	4,065	0.4	39	523	4.4	6,176	0.5	14	11,886	135,546
75-84	41	1.9	487	0.5	37	34	1.6	404	0.6	4	2,126	23,824
85 and older	1	0.5	12	0.5	2	3	1.6	27	0.7	1	186	1,987
<b>Male, Other Eligibles</b>												
All Ages	362	0.8	3,884	0.4	40	673	1.5	6,631	0.5	20	44,245	414,243
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	71
6-14	0	0.0	0	0.0	0	2	15.4	24	0.1	1	13	134
15-20	0	0.0	0	0.0	0	14	28.6	158	0.7	28	49	529
21-44	36	3.8	365	0.2	88	238	24.8	2,309	0.5	25	960	7,139
45-64	30	2.8	276	0.3	88	239	22.0	2,191	0.5	25	1,088	8,002
65-74	164	1.0	1,816	0.4	30	92	0.6	987	0.4	10	16,116	151,015
75-84	106	0.6	1,174	0.4	35	67	0.4	757	0.4	7	18,040	174,178
85 and older	26	0.3	253	0.3	12	21	0.3	205	0.3	4	7,971	73,175
<b>Unknown</b>	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 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.  
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 2007. 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 2007. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

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
<b>All</b>	<b>\$13</b>	<b>0.6</b>	<b>31,608</b>	<b>341,109</b>
<b>Age</b>				
0-64	26	0.9	5,873	68,289
65-74	35	1.0	4,708	52,216
75-84	6	0.4	8,581	90,962
85 and older	3	0.3	12,446	129,642
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	11	0.5	21,304	229,330
Male	19	0.7	10,304	111,779
Unknown	0	0.0	0	0
<b>Race</b>				
White	11	0.5	25,243	271,211
African American	25	0.7	4,387	48,027
Other/unknown	17	0.6	1,978	21,871
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	4	0.4	21,294	222,386
Disabled	30	0.9	10,309	118,680
Adults	1,142	13.7	2	7
Children	0	0.0	3	36
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users			Total Number of Rx	Total Rx \$	Number of Users	Number of Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	As a Percentage of Dual All-Year Nursing Facility Residents							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$34	\$28	\$0	\$5	\$101	\$291	\$204	\$23	1,395	\$141,007	369	1.2	4,190
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	21	21	0	0	42	896	40	0.1	478
Antineoplastic Agents	0.4	0.1	0.0	0.3	110	90	0	19	267	773	0	66	239	63,848	51	0.2	581
Endocrine/Metabolic Drugs	0.9	0.3	0.0	0.6	39	29	3	7	43	103	123	12	3,460	150,141	334	1.1	3,818
Cardiovascular Agents	1.5	0.3	0.1	1.2	49	23	5	21	32	90	68	18	10,447	335,562	602	1.9	6,896
Respiratory Agents	0.4	0.0	0.0	0.3	6	2	0	3	16	111	97	10	15,053	237,895	3,662	11.6	41,604
Gastrointestinal Agents	0.8	0.4	0.0	0.4	64	58	1	5	83	143	112	15	3,463	288,354	396	1.3	4,516
Genitourinary Agents	0.5	0.3	0.0	0.1	36	33	0	3	75	95	36	23	912	68,196	165	0.5	1,876
CNS Drugs	0.8	0.1	0.0	0.7	17	10	0	6	21	167	58	9	85,073	1,811,451	9,807	31.0	108,592
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	52	47	0	5	73	241	0	10	77	5,611	9	0.0	108
Miscellaneous Psychological/Neurological Agents	0.5	0.3	0.0	0.2	70	61	0	10	137	173	0	60	1,587	217,423	272	0.9	3,091
Analgesics and Anesthetics	0.9	0.0	0.0	0.8	19	1	9	9	21	101	179	11	3,967	83,238	390	1.2	4,450
Neuromuscular Agents	0.9	0.1	0.0	0.8	23	13	1	9	26	165	147	11	18,171	467,284	1,747	5.5	20,208
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	3	9	14	10	9	8,953	80,438	1,896	6.0	20,520
Hematological Agents	0.8	0.0	0.0	0.8	11	6	0	5	14	271	14	7	36,961	525,418	4,220	13.4	47,317
Topical Products	0.3	0.0	0.0	0.2	4	2	0	2	16	75	56	9	2,815	45,115	976	3.1	11,247
Miscellaneous Products	0.2	0.1	0.0	0.2	8	7	0	1	36	127	0	6	1,347	48,832	607	1.9	6,353
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	36	0	0	0	326	11,602	89	0.3	1,007
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>194,288</b>	<b>4,582,311</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 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 2007. 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, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

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	\$1,004,240	647	2.0	7,556	0.8	\$167	\$133	
ANTI-ANXIETY AGENTS	589,161	8,787	27.8	97,001	0.7	9	6	
DERMATOLOGICAL	566,684	15,361	48.6	173,892	0.3	11	3	
ANTICONVULSANT	423,937	1,730	5.5	19,981	0.8	25	21	
HEMATOPOIETIC AGENTS	388,989	5,691	18.0	64,166	0.6	9	6	
MINERALS & ELECTROLYTES	288,014	10,112	32.0	114,322	0.6	4	3	
ULCER DRUGS	247,125	409	1.3	4,684	0.6	95	53	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	244,883	515	1.6	5,886	0.4	96	42	
ANTIHYPERLIPIDEMIC	154,690	334	1.1	3,921	0.6	61	39	
COUGH/COLD/ALLERGY	152,842	8,146	25.8	93,092	0.2	7	2	
Total	4,060,565	51,732	n.a.	584,501	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 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 2007. 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 2007 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); 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.

Dual Eligible Beneficiaries

**TABLE D.10A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST**  
**AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIANSIETY AGENTS				
	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 \$
<b>All</b>	<b>281,832</b>	<b>\$4,060,565</b>	<b>647</b>	<b>2.0</b>	<b>7,556</b>	<b>0.8</b>	<b>\$133</b>	<b>8,787</b>	<b>27.8</b>	<b>97,001</b>	<b>0.7</b>	<b>\$6</b>
<b>Female</b>												
All Females	192,288	2,359,826	323	1.5	3,763	0.8	141	5,746	27.0	63,028	0.7	6
<b>Female, Disabled</b>												
All Ages	64,460	1,360,220	292	5.8	3,463	0.8	145	1,860	37.1	21,583	0.8	7
64 or younger	30,151	518,603	96	4.2	1,130	0.8	138	1,012	44.2	11,765	0.8	8
65-74	22,151	701,503	178	11.8	2,127	0.9	150	528	35.1	6,140	0.8	7
75-84	9,326	109,725	15	1.7	176	0.8	145	255	28.6	2,964	0.7	7
85 and older	2,832	30,389	3	0.9	30	0.6	112	65	20.3	714	0.5	5
<b>Female, Other Eligibles</b>												
All Ages	127,828	999,606	31	0.2	300	0.5	87	3,886	23.8	41,445	0.6	5
64 or younger	11	58	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,949	99,482	13	1.3	137	0.6	107	346	33.7	3,664	0.7	6
75-84	41,676	352,092	8	0.2	95	0.4	73	1,302	25.7	14,075	0.7	6
85 and older	76,192	547,974	10	0.1	68	0.5	65	2,238	21.9	23,706	0.6	5
<b>Male</b>												
All Males	89,544	1,700,739	324	3.1	3,793	0.8	125	3,041	29.5	33,973	0.7	6
<b>Male, Disabled</b>												
All Ages	56,873	1,373,415	300	5.7	3,527	0.8	129	1,915	36.1	22,332	0.7	7
64 or younger	39,022	891,510	180	5.0	2,107	0.8	138	1,452	40.6	17,098	0.8	7
65-74	14,523	424,583	112	8.6	1,336	0.8	116	377	29.0	4,352	0.7	6
75-84	2,845	52,071	8	2.2	84	0.7	122	73	20.4	760	0.6	5
85 and older	483	5,251	0	0.0	0	0.0	0	13	20.6	122	0.6	5
<b>Male, Other Eligibles</b>												
All Ages	32,671	327,324	24	0.5	266	0.7	76	1,126	22.5	11,641	0.6	5
64 or younger	8	77	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,794	96,946	14	1.6	156	0.8	77	260	29.7	2,812	0.6	6
75-84	14,862	141,823	8	0.4	96	0.5	86	496	21.8	5,085	0.6	5
85 and older	11,007	88,478	2	0.1	14	0.5	5	370	19.9	3,744	0.6	5
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007**

Beneficiary Characteristics	DERMATOLOGICAL					ANTICONVULSANT					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>15,361</b>	<b>48.6</b>	<b>173,892</b>	<b>0.3</b>	<b>\$3</b>	<b>1,730</b>	<b>5.5</b>	<b>19,981</b>	<b>0.8</b>	<b>\$21</b>	<b>5,691</b>	<b>18.0</b>	<b>64,166</b>	<b>0.6</b>	<b>\$6</b>
<b>Female</b>															
All Females	10,421	48.9	118,168	0.3	3	948	4.4	10,882	0.8	20	3,798	17.8	42,684	0.6	5
<b>Female, Disabled</b>															
All Ages	2,601	51.9	30,412	0.3	3	564	11.3	6,644	0.9	28	903	18.0	10,469	0.7	8
64 or younger	1,145	50.0	13,521	0.2	3	321	14.0	3,765	0.9	23	400	17.5	4,691	0.7	11
65-74	839	55.7	9,826	0.3	3	190	12.6	2,257	0.9	41	273	18.1	3,163	0.7	6
75-84	448	50.2	5,153	0.3	4	39	4.4	464	0.8	8	170	19.0	1,928	0.6	4
85 and older	169	52.8	1,912	0.3	4	14	4.4	158	0.7	13	60	18.8	687	0.6	4
<b>Female, Other Eligibles</b>															
All Ages	7,820	48.0	87,756	0.3	4	384	2.4	4,238	0.8	8	2,895	17.8	32,215	0.6	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	8	0.9	5
65-74	482	47.0	5,469	0.3	4	60	5.8	646	0.7	9	177	17.3	1,949	0.7	4
75-84	2,333	46.1	26,277	0.3	4	157	3.1	1,771	0.8	9	899	17.8	10,051	0.6	5
85 and older	5,005	49.0	56,010	0.3	3	167	1.6	1,821	0.8	6	1,817	17.8	20,207	0.6	4
<b>Male</b>															
All Males	4,940	47.9	55,724	0.3	3	782	7.6	9,099	0.8	23	1,893	18.4	21,482	0.7	8
<b>Male, Disabled</b>															
All Ages	2,352	44.4	27,551	0.2	3	652	12.3	7,662	0.8	24	933	17.6	10,961	0.7	12
64 or younger	1,460	40.8	17,253	0.2	3	508	14.2	5,982	0.8	24	578	16.2	6,810	0.7	12
65-74	673	51.7	7,896	0.3	3	131	10.1	1,530	0.8	28	277	21.3	3,253	0.7	10
75-84	176	49.2	1,967	0.3	4	13	3.6	150	1.0	11	66	18.4	783	0.6	14
85 and older	43	68.3	435	0.4	4	0	0.0	0	0.0	0	12	19.0	115	0.4	2
<b>Male, Other Eligibles</b>															
All Ages	2,588	51.7	28,173	0.3	3	130	2.6	1,437	0.8	13	960	19.2	10,521	0.6	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	6	0.2	1
65-74	440	50.3	4,901	0.3	3	48	5.5	517	0.8	25	191	21.8	2,137	0.6	6
75-84	1,129	49.7	12,250	0.3	3	52	2.3	590	0.8	7	428	18.8	4,717	0.6	4
85 and older	1,019	54.9	11,022	0.3	3	30	1.6	330	0.8	6	340	18.3	3,661	0.6	4
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 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 2007. 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 2007 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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
<b>All</b>	<b>10,112</b>	<b>32.0</b>	<b>114,322</b>	<b>0.6</b>	<b>\$3</b>	<b>409</b>	<b>1.3</b>	<b>4,684</b>	<b>0.6</b>	<b>\$53</b>	<b>515</b>	<b>1.6</b>	<b>5,886</b>	<b>0.4</b>	<b>\$42</b>
<b>Female</b>															
All Females	7,822	36.7	88,460	0.6	2	205	1.0	2,351	0.5	50	227	1.1	2,542	0.5	42
<b>Female, Disabled</b>															
All Ages	2,137	42.7	24,905	0.6	3	160	3.2	1,853	0.6	54	170	3.4	1,964	0.4	39
64 or younger	869	37.9	10,234	0.6	3	56	2.4	646	0.5	38	94	4.1	1,079	0.3	18
65-74	694	46.1	8,143	0.6	3	94	6.2	1,094	0.6	62	63	4.2	729	0.6	64
75-84	419	46.9	4,840	0.6	2	9	1.0	104	0.5	53	11	1.2	132	0.5	59
85 and older	155	48.4	1,688	0.6	3	1	0.3	9	0.7	99	2	0.6	24	1.0	149
<b>Female, Other Eligibles</b>															
All Ages	5,685	34.9	63,555	0.6	2	45	0.3	498	0.4	36	57	0.3	578	0.6	51
64 or younger	1	25.0	4	0.8	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	384	37.4	4,332	0.6	2	9	0.9	97	0.4	27	9	0.9	108	0.3	24
75-84	1,808	35.7	20,354	0.6	2	16	0.3	190	0.5	49	32	0.6	325	0.6	45
85 and older	3,492	34.2	38,865	0.6	2	20	0.2	211	0.4	27	16	0.2	145	0.6	87
<b>Male</b>															
All Males	2,290	22.2	25,862	0.6	3	204	2.0	2,333	0.6	56	288	2.8	3,344	0.4	41
<b>Male, Disabled</b>															
All Ages	1,313	24.8	15,358	0.6	3	176	3.3	2,042	0.6	55	237	4.5	2,808	0.4	42
64 or younger	785	21.9	9,264	0.6	3	95	2.7	1,110	0.6	55	180	5.0	2,131	0.3	31
65-74	385	29.6	4,523	0.6	3	78	6.0	902	0.6	55	47	3.6	557	0.6	78
75-84	115	32.1	1,292	0.6	3	3	0.8	30	0.5	56	10	2.8	120	0.5	70
85 and older	28	44.4	279	0.6	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	977	19.5	10,504	0.6	3	28	0.6	291	0.5	63	51	1.0	536	0.6	38
64 or younger	1	100.0	6	0.3	4	1	100.0	6	0.8	8	0	0.0	0	0.0	0
65-74	163	18.6	1,818	0.5	3	11	1.3	115	0.5	72	21	2.4	219	0.7	45
75-84	482	21.2	5,158	0.6	3	12	0.5	137	0.4	49	22	1.0	230	0.6	45
85 and older	331	17.8	3,522	0.6	2	4	0.2	33	0.8	101	8	0.4	87	0.2	5
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 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 2007. 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 2007 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.

Dual Eligible Beneficiaries

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ILLINOIS, 2007

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					COUGH/COLD/ALLERGY					All-Year Nursing Facility Residents	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 \$		
<b>All</b>	<b>334</b>	<b>1.1</b>	<b>3,921</b>	<b>0.6</b>	<b>\$40</b>	<b>8,146</b>	<b>25.8</b>	<b>93,092</b>	<b>0.2</b>	<b>\$2</b>	<b>31,608</b>	<b>341,109</b>
<b>Female</b>												
All Females	167	0.8	1,962	0.6	38	5,760	27.0	65,884	0.2	2	21,304	229,330
<b>Female, Disabled</b>												
All Ages	134	2.7	1,588	0.7	40	1,551	31.0	18,193	0.3	2	5,009	57,278
64 or younger	38	1.7	446	0.5	35	723	31.6	8,534	0.3	1	2,290	26,437
65-74	89	5.9	1,061	0.7	42	483	32.1	5,691	0.3	2	1,506	17,288
75-84	6	0.7	72	0.8	47	258	28.9	2,990	0.3	2	893	10,081
85 and older	1	0.3	9	0.7	67	87	27.2	978	0.2	1	320	3,472
<b>Female, Other Eligibles</b>												
All Ages	33	0.2	374	0.5	28	4,209	25.8	47,691	0.2	2	16,295	172,052
64 or younger	0	0.0	0	0.0	0	1	25.0	12	0.1	0	4	29
65-74	9	0.9	90	0.7	43	288	28.1	3,305	0.3	2	1,026	10,829
75-84	17	0.3	201	0.4	25	1,363	26.9	15,521	0.2	2	5,058	54,036
85 and older	7	0.1	83	0.4	21	2,557	25.1	28,853	0.2	1	10,207	107,158
<b>Male</b>												
All Males	167	1.6	1,959	0.7	41	2,386	23.2	27,208	0.3	2	10,304	111,779
<b>Male, Disabled</b>												
All Ages	150	2.8	1,762	0.7	42	1,271	24.0	14,911	0.3	2	5,300	61,402
64 or younger	85	2.4	993	0.7	40	877	24.5	10,362	0.3	2	3,578	41,817
65-74	61	4.7	721	0.7	44	314	24.1	3,698	0.3	2	1,301	14,976
75-84	4	1.1	48	0.5	53	70	19.6	759	0.3	2	358	3,952
85 and older	0	0.0	0	0.0	0	10	15.9	92	0.4	5	63	657
<b>Male, Other Eligibles</b>												
All Ages	17	0.3	197	0.6	31	1,115	22.3	12,297	0.2	2	5,004	50,377
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
65-74	8	0.9	90	0.5	26	198	22.6	2,201	0.2	2	875	9,123
75-84	7	0.3	83	0.7	36	495	21.8	5,486	0.2	2	2,272	22,893
85 and older	2	0.1	24	0.9	33	422	22.7	4,610	0.2	1	1,856	18,355
<b>Unknown</b>	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 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

- Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 27,441 beneficiaries who were in nursing facilities for part of their enrollment and their 272,702 benefit months were excluded from the analysis.
- A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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.
- Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- The top 10 drug groups were determined based on total 2007 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.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ILLINOIS, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>137,780</b>	<b>44.7</b>	<b>4.7</b>	<b>1,440,502</b>	<b>\$34</b>	<b>\$10,356,934</b>	<b>\$7</b>	<b>20.4</b>	<b>308,232</b>
<b>Age</b>									
5 and younger	11	91.7	14.0	168	379	4,549	27	15.5	12
6-14	25	80.6	11.2	346	160	4,953	14	3.4	31
15-20	149	32.8	2.2	977	29	13,322	14	2.3	454
21-44	16,992	37.2	3.2	148,117	28	1,294,977	9	9.3	45,672
45-64	37,895	47.6	5.1	404,379	42	3,316,398	8	17.2	79,540
65-74	32,188	42.6	4.6	345,689	31	2,345,431	7	17.5	75,597
75-84	28,314	43.7	4.8	311,970	30	1,930,681	6	77.6	64,857
85 and older	22,206	52.8	5.4	228,856	34	1,446,623	6	145.5	42,069
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	55,745	40.7	4.1	566,736	26	3,563,641	6	70.8	136,974
Disabled	79,539	48.7	5.3	858,988	41	6,641,927	8	16.5	163,273
Adults	2,394	30.8	1.8	13,903	17	134,654	10	2.7	7,767
Children	78	44.6	4.3	760	88	15,405	20	3.4	175
Unknown	24	55.8	2.7	115	30	1,307	11	0.8	43
<b>Gender</b>									
Female	90,094	47.5	5.1	958,958	35	6,692,018	7	22.5	189,714
Male	47,686	40.2	4.1	481,544	31	3,664,916	8	17.4	118,518
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	79,391	46.0	5.1	887,121	36	6,211,059	7	24.2	172,440
African American	34,067	42.3	3.8	302,773	30	2,441,451	8	14.9	80,452
Other/unknown	24,322	44.0	4.5	250,608	31	1,704,424	7	19.4	55,340
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	24,632	77.9	9.6	302,289	65	2,063,553	7	45.0	31,608
Part year	20,239	73.8	6.9	189,667	50	1,381,296	7	38.1	27,441
None	92,909	37.3	3.8	948,546	28	6,912,085	7	16.2	249,183
<b>Maintenance Assistance Status</b>									
Cash	31,261	48.0	5.1	334,218	36	2,372,752	7	15.8	65,091
Medically needy	51,323	52.3	5.2	513,030	37	3,673,876	7	20.6	98,093
Poverty related	33,846	38.3	3.5	312,001	28	2,452,668	8	27.6	88,285
Other/unknown	21,350	37.6	5.0	281,253	33	1,857,638	7	20.3	56,763

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

**TABLE D.12**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**ILLINOIS, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.4</b>	<b>\$3</b>	<b>\$7</b>	<b>\$0</b>	<b>\$1</b>	<b>3,232,155</b>
<b>Age</b>						
5 and younger	1.5	41	27	0	2	111
6-14	1.0	15	14	0	0	337
15-20	0.2	3	14	0	0	4,962
21-44	0.3	3	9	0	1	498,388
45-64	0.5	4	8	0	2	868,967
65-74	0.4	3	7	0	1	790,169
75-84	0.5	3	6	0	1	661,526
85 and older	0.6	4	6	0	1	407,695
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	3	6	0	1	1,337,433
Disabled	0.5	4	8	0	1	1,831,036
Adults	0.2	2	10	0	1	61,565
Children	0.4	9	20	0	0	1,763
Unknown	0.3	4	11	0	2	358
<b>Gender</b>						
Female	0.5	3	7	0	1	1,994,645
Male	0.4	3	8	0	1	1,237,510
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	3	7	0	1	1,777,851
African American	0.4	3	8	0	1	857,817
Other/unknown	0.4	3	7	0	1	596,487
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.9	6	7	0	2	341,109
Part year	0.7	5	7	0	2	272,702
None	0.4	3	7	0	1	2,618,344
<b>Maintenance Assistance Status</b>						
Cash	0.4	3	7	0	1	754,165
Medically needy	0.5	4	7	0	1	934,809
Poverty related	0.3	2	8	0	1	996,899
Other/unknown	0.5	3	7	0	1	546,282

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
ILLINOIS, 2007

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	Excluded Rx
<b>All</b>	<b>191,173</b>	<b>\$54</b>	<b>\$10,356,934</b>	<b>100.0</b>	<b>1,440,502</b>	<b>\$7</b>	<b>100.0</b>
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	11	8	83	0.0	26	3	0.0
Cough and cold medications	8,306	41	340,754	3.3	20,636	17	1.4
Vitamins and minerals	10,535	67	701,997	6.8	48,502	14	3.4
Non-prescription drugs	104,093	49	5,123,842	49.5	936,898	5	65.0
Barbiturates	2,391	87	206,838	2.0	25,558	8	1.8
Benzodiazepines	59,070	60	3,559,242	34.4	386,727	9	26.8
Other Part D Excl Rx Drugs	6,767	63	424,178	4.1	22,155	19	1.5

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ILLINOIS, 2007

Total Number of Dual Eligible Beneficiaries: 308,232  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$50,849,534  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$165

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	204,013	66.2	\$0	0.0
1-500	91,328	29.6	7,203,098	14.2
501-1,000	3,286	1.1	2,376,730	4.7
1,001-1,500	1,919	0.6	2,367,518	4.7
1,501-2,000	1,442	0.5	2,506,936	4.9
2,001-2,500	1,073	0.3	2,402,851	4.7
2,501-3,000	876	0.3	2,398,120	4.7
3,001-3,500	614	0.2	1,987,331	3.9
3,501-4,000	511	0.2	1,912,696	3.8
4,001-4,500	442	0.1	1,871,224	3.7
4,501-5,000	366	0.1	1,740,051	3.4
5,001-5,500	273	0.1	1,430,851	2.8
5,501-6,000	269	0.1	1,544,927	3.0
6,001-6,500	224	0.1	1,399,514	2.8
6,501-7,000	213	0.1	1,435,737	2.8
7,001-7,500	171	0.1	1,240,009	2.4
7,501-8,000	163	0.1	1,263,890	2.5
8,001-8,500	116	0.0	956,224	1.9
8,501-9,000	97	0.0	848,995	1.7
9,001-9,500	81	0.0	747,174	1.5
9,501-10,000	77	0.0	749,319	1.5
10,001+	678	0.2	12,466,339	24.5

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ILLINOIS, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 118,099  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$28,408,818  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$240

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	71,072	60.2	\$0	0.0	
1-500	40,126	34.0	3,705,979	13.0	
501-1,000	1,797	1.5	1,293,353	4.6	
1,001-1,500	970	0.8	1,193,690	4.2	
1,501-2,000	723	0.6	1,253,703	4.4	
2,001-2,500	534	0.5	1,196,778	4.2	
2,501-3,000	471	0.4	1,284,857	4.5	
3,001-3,500	321	0.3	1,036,306	3.6	
3,501-4,000	268	0.2	1,005,950	3.5	
4,001-4,500	247	0.2	1,045,557	3.7	
4,501-5,000	192	0.2	912,360	3.2	
5,001-5,500	168	0.1	880,605	3.1	
5,501-6,000	145	0.1	832,475	2.9	
6,001-6,500	129	0.1	805,668	2.8	
6,501-7,000	112	0.1	756,485	2.7	
7,001-7,500	91	0.1	660,818	2.3	
7,501-8,000	89	0.1	690,418	2.4	
8,001-8,500	60	0.1	495,446	1.7	
8,501-9,000	61	0.1	533,744	1.9	
9,001-9,500	47	0.0	433,028	1.5	
9,501-10,000	44	0.0	428,393	1.5	
10,001+	432	0.4	7,963,205	28.0	

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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<sup>a, b</sup>  
 ILLINOIS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 182,523  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$16,878,173  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$92

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	128,565	70.4	0	0.0
1-500	49,431	27.1	3,303,132	19.6
501-1,000	1,163	0.6	843,401	5.0
1,001-1,500	742	0.4	920,816	5.5
1,501-2,000	563	0.3	979,305	5.8
2,001-2,500	413	0.2	923,172	5.5
2,501-3,000	303	0.2	832,866	4.9
3,001-3,500	221	0.1	718,232	4.3
3,501-4,000	182	0.1	677,815	4.0
4,001-4,500	140	0.1	591,871	3.5
4,501-5,000	123	0.1	584,921	3.5
5,001-5,500	64	0.0	335,578	2.0
5,501-6,000	92	0.1	528,708	3.1
6,001-6,500	69	0.0	431,571	2.6
6,501-7,000	67	0.0	451,001	2.7
7,001-7,500	65	0.0	469,901	2.8
7,501-8,000	44	0.0	341,290	2.0
8,001-8,500	39	0.0	321,357	1.9
8,501-9,000	27	0.0	235,817	1.4
9,001-9,500	23	0.0	211,650	1.3
9,501-10,000	19	0.0	185,191	1.1
10,001+	168	0.1	2,990,578	17.7

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 ILLINOIS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 75,597  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$13,396,987  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$177

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	52,449	69.4	\$0	0.0
1-500	19,334	25.6	1,522,211	11.4
501-1,000	922	1.2	672,472	5.0
1,001-1,500	635	0.8	787,587	5.9
1,501-2,000	472	0.6	822,691	6.1
2,001-2,500	349	0.5	782,139	5.8
2,501-3,000	253	0.3	696,689	5.2
3,001-3,500	196	0.3	637,597	4.8
3,501-4,000	154	0.2	573,334	4.3
4,001-4,500	123	0.2	519,789	3.9
4,501-5,000	107	0.1	509,176	3.8
5,001-5,500	59	0.1	309,322	2.3
5,501-6,000	82	0.1	471,098	3.5
6,001-6,500	59	0.1	368,389	2.7
6,501-7,000	57	0.1	383,912	2.9
7,001-7,500	55	0.1	397,261	3.0
7,501-8,000	40	0.1	310,323	2.3
8,001-8,500	37	0.0	305,072	2.3
8,501-9,000	22	0.0	192,051	1.4
9,001-9,500	21	0.0	192,951	1.4
9,501-10,000	16	0.0	156,145	1.2
10,001+	155	0.2	2,786,778	20.8

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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<sup>a, b</sup>  
 ILLINOIS, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 64,857  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,487,191  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$38

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	47,310	72.9	\$0	0.0
1-500	16,970	26.2	1,072,713	43.1
501-1,000	180	0.3	128,006	5.1
1,001-1,500	86	0.1	107,603	4.3
1,501-2,000	77	0.1	131,794	5.3
2,001-2,500	58	0.1	127,676	5.1
2,501-3,000	43	0.1	117,010	4.7
3,001-3,500	23	0.0	74,408	3.0
3,501-4,000	21	0.0	78,500	3.2
4,001-4,500	15	0.0	63,150	2.5
4,501-5,000	15	0.0	71,222	2.9
5,001-5,500	4	0.0	20,924	0.8
5,501-6,000	7	0.0	40,463	1.6
6,001-6,500	8	0.0	50,547	2.0
6,501-7,000	8	0.0	53,598	2.2
7,001-7,500	8	0.0	58,528	2.4
7,501-8,000	3	0.0	23,353	0.9
8,001-8,500	1	0.0	8,269	0.3
8,501-9,000	5	0.0	43,766	1.8
9,001-9,500	1	0.0	9,431	0.4
9,501-10,000	2	0.0	19,527	0.8
10,001+	12	0.0	186,703	7.5

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ILLINOIS, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 42,069  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$993,995  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$23

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,806	68.5	\$0	0.0
1-500	13,127	31.2	708,208	71.2
501-1,000	61	0.1	42,923	4.3
1,001-1,500	21	0.0	25,626	2.6
1,501-2,000	14	0.0	24,820	2.5
2,001-2,500	6	0.0	13,357	1.3
2,501-3,000	7	0.0	19,167	1.9
3,001-3,500	2	0.0	6,227	0.6
3,501-4,000	7	0.0	25,981	2.6
4,001-4,500	2	0.0	8,932	0.9
4,501-5,000	1	0.0	4,523	0.5
5,001-5,500	1	0.0	5,332	0.5
5,501-6,000	3	0.0	17,147	1.7
6,001-6,500	2	0.0	12,635	1.3
6,501-7,000	2	0.0	13,491	1.4
7,001-7,500	2	0.0	14,112	1.4
7,501-8,000	1	0.0	7,614	0.8
8,001-8,500	1	0.0	8,016	0.8
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,268	0.9
9,501-10,000	1	0.0	9,519	1.0
10,001+	1	0.0	17,097	1.7

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL BENEFICIARIES, ILLINOIS, 2007**

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
<b>All</b>	<b>308,263</b>	<b>136,992</b>	<b>163,278</b>	<b>7,775</b>	<b>175</b>	<b>43</b>	<b>3,233,408</b>	<b>1,337,951</b>	<b>1,831,309</b>	<b>62,027</b>	<b>1,763</b>	<b>358</b>
<b>Age</b>												
5 and younger	12	1	1	0	10	0	111	4	12	0	95	0
6-14	31	0	11	0	20	0	337	0	120	0	217	0
15-20	454	0	350	32	72	0	4,963	0	3,860	298	805	0
21-44	45,678	2	40,614	5,024	34	4	498,769	4	457,882	40,572	272	39
45-64	79,545	36	77,127	2,353	9	20	869,212	128	850,406	18,391	85	202
65-74	75,605	40,890	34,357	326	13	19	790,438	391,749	396,002	2,442	128	117
75-84	64,866	55,508	9,312	36	10	0	661,811	555,028	106,383	289	111	0
85 and older	42,072	40,555	1,506	4	7	0	407,767	391,038	16,644	35	50	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	189,734	95,065	89,001	5,558	67	43	1,995,512	941,002	1,007,925	45,517	710	358
Male	118,529	41,927	74,277	2,217	108	0	1,237,896	396,949	823,384	16,510	1,053	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	172,443	80,938	87,625	3,779	74	27	1,777,957	770,660	977,547	28,817	716	217
African American	80,477	26,343	51,601	2,449	73	11	858,794	258,701	578,797	20,452	742	102
Other/unknown	55,343	29,711	24,052	1,547	28	5	596,657	308,590	274,965	12,758	305	39
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	31,608	21,294	10,309	2	3	0	341,109	222,386	118,680	7	36	0
Part year	27,441	19,446	7,963	29	3	0	272,746	185,558	86,849	310	29	0
None	249,214	96,252	145,006	7,744	169	43	2,619,553	930,007	1,625,780	61,710	1,698	358
<b>Maintenance Assistance Status</b>												
Cash	65,092	21,306	43,678	107	1	0	754,236	245,517	507,632	1,084	3	0
Medically needy	98,110	52,356	41,187	4,567	0	0	935,472	471,595	427,462	36,415	0	0
Poverty related	88,293	29,404	58,612	138	96	43	997,226	324,286	670,593	1,029	960	358
Other/unknown	56,768	33,926	19,801	2,963	78	0	546,474	296,553	225,622	23,499	800	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	284,575	126,857	150,014	7,491	170	43	2,968,117	1,226,045	1,680,547	59,449	1,718	358
Full dual, part year	23,688	10,135	13,264	284	5	0	265,291	111,906	150,762	2,578	45	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	307,858	136,808	163,187	7,645	175	43	3,228,965	1,335,814	1,830,275	60,755	1,763	358
FFS part year, with Rx claims	155	37	32	86	0	0	1,684	408	363	913	0	0
FFS part year, no Rx claims	34	12	10	12	0	0	330	127	107	96	0	0
MC all year, with Rx claims	185	117	44	24	0	0	2,129	1,396	515	218	0	0
MC all year, no Rx claims	26	18	5	3	0	0	285	206	49	30	0	0
	5	0	0	5	0	0	15	0	0	15	0	0

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. 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<sup>a</sup>**  
**DUAL BENEFICIARIES, ILLINOIS, 2007**

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>308,258</b>	<b>3,233,393</b>	<b>308,232</b>	<b>3,232,155</b>	<b>0</b>	<b>1,238</b>
Fee-for-service (FFS) all year	307,858	3,228,965	307,858	3,228,949	0	16
FFS part year, with Rx claims	155	1,684	155	893	0	791
FFS part year, with no Rx claims	34	330	34	184	0	146
Managed care (MC) all year, with Rx claims	185	2,129	185	2,129	0	0
MC all year, with no Rx claims	26	285	0	0	0	285

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. This table was produced on 10/06/2010.

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