

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 WISCONSIN

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	199,574	126,157	69,430	3,977	10	0	2,074,740	1,265,935	771,989	36,718	98	0
Age												
5 and younger	13	2	10	0	1	0	131	13	106	0	12	0
6-14	18	1	16	0	1	0	182	1	170	0	11	0
15-20	261	0	249	9	3	0	2,953	0	2,822	95	36	0
21-44	24,992	12	22,726	2,251	3	0	277,153	117	256,626	20,395	15	0
45-64	29,090	38	27,582	1,469	1	0	319,086	310	304,730	14,034	12	0
65-74	43,963	34,851	8,894	218	0	0	449,282	347,138	100,223	1,921	0	0
75-84	58,553	52,507	6,019	27	0	0	599,106	532,733	66,136	237	0	0
85 and older	42,684	38,746	3,934	3	1	0	426,847	385,623	41,176	36	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	134,537	93,580	38,906	2,048	3	0	1,407,363	952,987	435,408	18,933	35	0
Male	65,037	32,577	30,524	1,929	7	0	667,377	312,948	336,581	17,785	63	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	138,099	105,554	29,663	2,878	4	0	1,400,631	1,050,493	323,022	27,069	47	0
African American	7,665	3,098	3,993	572	2	0	77,978	31,154	41,630	5,174	20	0
Other/unknown	53,810	17,505	35,774	527	4	0	596,131	184,288	407,337	4,475	31	0
Use of Nursing Facilities^c												
Entire year	22,796	21,188	1,607	0	1	0	230,327	212,977	17,338	0	12	0
Part year	10,235	8,044	2,180	10	1	0	97,987	74,322	23,549	104	12	0
None	166,543	96,925	65,643	3,967	8	0	1,746,426	978,636	731,102	36,614	74	0
Maintenance Assistance Status												
Cash	45,768	12,531	32,929	307	1	0	522,174	142,262	377,583	2,317	12	0
Medically needy	11,345	6,788	4,533	24	0	0	110,418	65,548	44,687	183	0	0
Poverty-related	6,071	496	5,546	28	1	0	66,204	5,433	60,537	222	12	0
Other/unknown	136,390	106,342	26,422	3,618	8	0	1,375,944	1,052,692	289,182	33,996	74	0
Dual Medicare Status^d												
Full dual, all year	196,207	124,328	67,950	3,919	10	0	2,037,673	1,245,642	755,830	36,103	98	0
Full dual, part year	3,367	1,829	1,480	58	0	0	37,067	20,293	16,159	615	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	198,691	126,146	69,229	3,306	10	0	2,069,589	1,265,855	770,544	33,092	98	0
FFS part year, with Rx claims	753	8	178	567	0	0	4,613	75	1,326	3,212	0	0
FFS part year, no Rx claims	130	3	23	104	0	0	538	5	119	414	0	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	87.2 %	43.6	\$2,203	\$51	\$11,253	19.6 %	199,574
Age							
5 and younger	92.3	37.9	2,773	73	34,778	8.0	13
6-14	88.9	52.4	6,581	126	10,083	65.3	18
15-20	76.2	25.0	2,531	101	11,467	22.1	261
21-44	83.7	37.0	3,144	85	14,405	21.8	24,992
45-64	88.3	55.9	3,837	69	17,564	21.8	29,090
65-74	83.8	39.0	1,759	45	6,893	25.5	43,963
75-84	87.3	41.7	1,666	40	8,238	20.2	58,553
85 and older	91.9	46.5	1,728	37	13,724	12.6	42,684
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.8	40.2	1,576	39	8,464	18.6	126,157
Disabled	86.2	50.2	3,313	66	16,698	19.8	69,430
Adults	85.4	34.7	2,715	78	4,524	60.0	3,977
Children	80.0	73.2	5,287	72	65,017	8.1	10
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	89.5	46.1	2,181	47	10,570	20.6	134,537
Male	82.4	38.4	2,248	59	12,665	17.7	65,037
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.3	43.9	2,047	47	11,434	17.9	138,099
African American	81.7	40.5	2,260	56	13,413	16.9	7,665
Other/unknown	85.0	43.1	2,596	60	10,479	24.8	53,810
Use of Nursing Facilities^f							
Entire year	95.9	72.4	3,179	44	32,206	9.9	22,796
Part year	96.8	64.3	2,847	44	20,935	13.6	10,235
None	85.4	38.4	2,030	53	7,790	26.1	166,543
Maintenance Assistance Status							
Cash	85.2	45.7	2,805	61	11,458	24.5	45,768
Medically needy	87.7	49.0	2,927	60	9,559	30.6	11,345
Poverty related	88.0	44.6	3,245	73	8,782	36.9	6,071
Other/unknown	87.7	42.4	1,894	45	11,435	16.6	136,390

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			19.6 %	12.8 %	16.2 %	Less than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				21.6 %
All	4.2	\$212	19.6 %	12.8 %	16.2 %	12.2 %	30.6 %	21.6 %	6.7 %	\$1,082	199,574	2,074,740
Age												
5 and younger	3.8	275	8.0	7.7	15.4	15.4	38.5	23.1	0.0	3,451	13	131
6-14	5.2	651	65.3	11.1	0.0	5.6	61.1	11.1	11.1	997	18	182
15-20	2.2	224	22.1	23.8	35.2	12.6	17.2	8.8	2.3	1,014	261	2,953
21-44	3.3	284	21.8	16.3	25.5	12.3	24.8	16.1	4.9	1,299	24,992	277,153
45-64	5.1	350	21.8	11.7	14.0	9.3	27.0	26.7	11.3	1,601	29,090	319,086
65-74	3.8	172	25.5	16.2	17.5	12.8	29.7	18.3	5.5	675	43,963	449,282
75-84	4.1	163	20.2	12.7	15.2	13.3	32.5	20.5	5.8	805	58,553	599,106
85 and older	4.6	173	12.6	8.1	11.9	12.0	34.7	26.1	7.2	1,372	42,684	426,847
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.0	157	18.6	12.2	15.7	13.5	33.0	20.0	5.5	844	126,157	1,265,935
Disabled	4.5	298	19.8	13.8	16.7	9.8	26.3	24.4	9.0	1,502	69,430	771,989
Adults	3.8	294	60.0	14.6	22.7	11.9	26.9	19.1	4.8	490	3,977	36,718
Children	7.5	540	8.1	20.0	0.0	0.0	40.0	30.0	10.0	6,634	10	98
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.4	209	20.6	10.5	14.8	12.6	32.2	22.7	7.1	1,010	134,537	1,407,363
Male	3.7	219	17.7	17.6	18.9	11.3	27.2	19.1	5.8	1,234	65,037	667,377
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.3	202	17.9	11.7	14.8	12.7	32.0	21.9	6.9	1,127	138,099	1,400,631
African American	4.0	222	16.9	18.3	17.1	10.1	27.6	20.9	6.0	1,318	7,665	77,978
Other/unknown	3.9	234	24.8	15.0	19.5	11.3	27.2	20.8	6.3	946	53,810	596,131
use of nursing Facilities^f												
Entire year	7.2	315	9.9	4.1	4.8	5.6	25.8	39.1	20.7	3,188	22,796	230,327
Part year	6.7	297	13.6	3.2	5.8	6.9	30.1	37.8	16.2	2,187	10,235	97,987
None	3.7	194	26.1	14.6	18.3	13.4	31.2	18.2	4.2	743	166,543	1,746,426
Maintenance Assistance Status												
Cash	4.0	246	24.5	14.8	19.0	10.6	26.8	22.0	6.8	1,004	45,768	522,174
Medically needy	5.0	301	30.6	12.3	11.6	9.4	29.0	28.1	9.6	982	11,345	110,418
Poverty related	4.1	298	36.9	12.0	21.2	11.0	27.5	21.7	6.7	805	6,071	66,204
Other/unknown	4.2	188	16.6	12.3	15.3	13.0	32.1	20.9	6.5	1,134	136,390	1,375,944

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.2	\$212	\$51	1.8	\$171	\$95	0.2	\$7	\$40	2.2	\$34	\$15
Age												
5 and younger	3.8	275	73	2.0	221	112	0.2	29	147	1.6	25	16
6-14	5.2	651	126	2.7	607	223	0.2	8	38	2.3	36	16
15-20	2.2	224	101	1.1	188	165	0.1	9	105	1.0	27	27
21-44	3.3	284	85	1.5	234	152	0.2	13	82	1.6	36	22
45-64	5.1	350	69	2.3	285	124	0.2	13	61	2.6	51	20
65-74	3.8	172	45	1.7	139	83	0.1	4	33	2.0	29	14
75-84	4.1	163	40	1.7	131	75	0.1	3	24	2.2	28	13
85 and older	4.6	173	37	1.8	135	73	0.2	4	22	2.6	33	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.0	157	39	1.7	126	75	0.1	3	24	2.2	28	13
Disabled	4.5	298	66	2.0	242	121	0.2	12	59	2.3	44	19
Adults	3.8	294	78	1.7	248	142	0.1	7	64	1.9	38	20
Children	7.5	540	72	3.4	485	142	0.2	9	42	3.8	46	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.4	209	47	1.9	168	88	0.2	6	35	2.3	34	15
Male	3.7	219	59	1.6	177	111	0.1	7	55	2.0	34	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.3	202	47	1.8	163	88	0.2	6	34	2.3	33	14
African American	4.0	222	56	1.8	184	104	0.1	5	50	2.1	33	16
Other/unknown	3.9	234	60	1.7	189	111	0.2	9	54	2.0	36	18
Use of Nursing Facilities^e												
Entire year	7.2	315	44	2.9	249	85	0.3	8	25	3.9	58	15
Part year	6.7	297	44	2.8	236	86	0.3	8	27	3.7	53	15
None	3.7	194	53	1.6	157	98	0.1	6	46	1.9	30	16
Maintenance Assistance Status												
Cash	4.0	246	61	1.8	198	113	0.2	9	53	2.1	38	18
Medically needy	5.0	301	60	2.2	245	111	0.2	10	47	2.6	46	17
Poverty related	4.1	298	73	1.9	243	128	0.2	14	75	2.0	40	20
Other/unknown	4.2	188	45	1.8	151	85	0.2	5	32	2.3	32	14

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wisconsin, 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users ^e			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name				
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$15	\$0	\$4	\$62	\$115	\$69	\$21	296,370	86,356	43.3	951,709
Biologics	0.6	0.0	0.1	0.5	####	19	138	####	3080	478	1,311	3,697	123	378,836	18	199
Antineoplastic Agents	0.6	0.3	0.0	0.3	96	85	1	10	169	303	122	35	34,852	5,880,796	5,773	60,980
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	36	30	2	4	36	60	15	11	872,111	31,193,924	79,847	866,053
Cardiovascular Agents	1.9	0.6	0.0	1.2	49	37	1	12	26	57	26	10	2,550,780	67,079,585	127,873	1,367,476
Respiratory Agents	0.7	0.5	0.0	0.3	42	37	1	4	56	77	59	15	465,799	25,929,863	56,470	622,085
Gastrointestinal Agents	0.8	0.4	0.0	0.4	58	42	1	16	75	117	94	38	580,407	43,588,172	69,316	751,360
Genitourinary Agents	0.6	0.4	0.0	0.1	34	32	0	2	61	72	46	17	167,816	10,189,537	27,275	298,353
CNS Drugs	1.4	0.7	0.0	0.6	109	94	4	11	78	128	122	17	1,366,723	106,691,618	90,555	976,625
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	55	41	4	10	91	139	87	39	19,966	1,821,757	2,961	33,227
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	94	90	0	3	142	145	22	86	81,049	11,512,931	11,671	123,128
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	46	38	1	7	57	127	85	14	777,763	44,454,499	88,477	988,014
Neuromuscular Agents	1.1	0.5	0.1	0.5	71	56	3	11	67	123	48	21	532,153	35,551,196	45,499	500,838
Nutritional Products	0.7	0.0	0.0	0.6	10	0	1	9	15	28	28	14	233,140	3,520,821	33,054	351,340
Hematological Agents	0.9	0.2	0.1	0.5	41	34	2	5	48	149	15	10	340,832	16,479,351	37,647	399,626
Topical Products	0.5	0.2	0.0	0.2	17	13	1	3	38	59	52	16	344,962	12,936,687	68,885	763,129
Miscellaneous Products	0.5	0.2	0.0	0.3	91	69	10	12	187	416	223	43	17,541	3,274,045	3,419	36,131
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	50	0	0	0	15,696	790,411	4,672	51,952
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	8,698,083	439,623,119	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wisconsin, 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

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 Benefit Month
ANTIPSYCHOTICS	\$64,104,454	43,552	21.8 %	479,972	0.8	\$160
ULCER DRUGS	36,443,720	65,270	32.7	711,754	0.6	82
ANTIDEPRESSANTS	35,891,159	81,832	41.0	887,182	0.7	57
ANTICONVULSANT	29,206,860	38,074	19.1	421,894	0.9	80
ANTHYPERLIPIDEMIC	26,683,529	51,193	25.7	563,266	0.7	71
ANALGESICS - Narcotic	24,018,292	94,664	47.4	1,030,760	0.4	53
ANTI-DIABETIC	18,735,864	52,110	26.1	566,072	0.8	44
ANTI-ASTHMATIC	17,636,649	56,416	28.3	617,273	0.5	60
ANALGESICS - ANTI-INFLAMMATORY	16,419,530	46,777	23.4	521,796	0.4	71
ANTI-HYPERTENSIVE	15,003,068	82,241	41.2	891,596	0.7	24
Total	284,143,125	612,129		6,691,565	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,258,877	\$284,143,125	43,552	21.8 %	479,972	0.8	\$134	65,270	32.7 %	711,754	0.6	\$51
Female	2,930,610	184,921,513	25,765	19.2	283,160	0.8	117	46,293	34.4	507,100	0.6	51
Disabled	1,153,250	90,902,946	13,650	35.1	157,306	0.8	141	16,145	41.5	184,842	0.6	58
5 and younger	27	723	0	0.0	0	0.0	0	3	75.0	29	0.6	24
6-14	111	6,498	0	0.0	0	0.0	0	3	33.3	36	0.8	50
15-20	1,149	127,110	29	27.6	343	0.8	123	28	26.7	331	0.5	47
21-44	249,197	23,990,082	4,781	46.5	55,809	0.8	147	3,303	32.1	38,286	0.5	52
45-64	519,658	42,838,271	6,250	42.0	72,111	0.9	150	6,783	45.6	77,525	0.6	62
65-74	188,914	12,409,124	1,107	18.8	12,733	0.8	123	2,773	47.2	31,933	0.6	59
75-84	127,080	7,751,624	909	20.4	10,199	0.8	101	1,958	44.0	22,466	0.7	57
85 and older	67,114	3,779,514	574	17.4	6,111	0.7	90	1,294	39.3	14,236	0.7	53
Other Eligibles	1,777,360	94,018,567	12,115	12.7	125,854	0.7	86	30,148	31.5	322,258	0.6	47
5 and younger	28	2,251	0	0.0	0	0.0	0	1	50.0	12	0.2	6
6-14	6	453	0	0.0	0	0.0	0	1	50.0	11	0.4	40
15-20	288	15,257	1	11.1	12	2.4	360	1	11.1	12	1.9	20
21-44	26,369	2,351,438	434	30.3	4,513	0.5	96	430	30.1	4,497	0.4	44
45-64	15,830	1,355,406	150	26.2	1,617	0.5	95	257	44.9	2,709	0.5	55
65-74	429,388	23,374,173	2,043	8.5	21,876	0.7	99	6,894	28.6	74,166	0.6	47
75-84	72,147	37,189,331	4,183	10.9	44,305	0.7	85	11,707	30.5	127,471	0.6	47
85 and older	583,974	29,730,258	5,304	17.0	53,531	0.7	80	10,857	34.8	113,380	0.7	48
Male	1,328,267	99,221,612	17,787	27.3	196,812	0.9	158	18,977	29.2	204,654	0.6	51
Disabled	753,081	68,183,619	12,964	42.5	148,744	1.0	179	9,269	30.4	105,236	0.6	56
5 and younger	20	1,345	0	0.0	0	0.0	0	3	50.0	34	0.5	32
6-14	68	2,625	0	0.0	0	0.0	0	3	42.9	36	0.9	49
15-20	1,552	157,423	44	30.6	504	0.8	154	22	15.3	244	0.4	37
21-44	261,648	27,690,749	6,240	50.1	72,333	1.0	181	2,933	23.6	33,975	0.6	53
45-64	367,351	32,609,012	5,697	44.9	65,288	1.0	185	4,353	34.3	49,224	0.7	59
65-74	76,953	5,073,131	571	18.9	6,394	0.9	144	1,145	37.9	13,030	0.6	55
75-84	34,488	2,036,680	291	18.6	2,994	0.8	104	573	36.5	6,224	0.7	55
85 and older	11,001	612,654	121	18.9	1,231	0.7	80	237	37.1	2,469	0.7	53
Other Eligibles	575,186	31,037,993	4,823	14.0	48,068	0.7	93	9,708	28.1	99,418	0.6	47
5 and younger	13	341	0	0.0	0	0.0	0	1	100.0	12	0.7	11
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	476	0	0.0	0	0.0	0	1	33.3	12	0.6	4
21-44	15,509	1,574,757	183	21.9	1,848	0.6	127	219	26.2	2,320	0.5	58
45-64	21,292	1,765,537	121	12.9	1,227	0.7	118	334	35.7	3,390	0.5	54
65-74	183,286	10,085,256	1,303	11.9	13,782	0.8	112	2,760	25.1	28,914	0.6	47
75-84	231,084	11,475,583	1,824	12.8	18,059	0.7	87	3,887	27.4	40,212	0.6	44
85 and older	123,983	6,136,043	1,392	18.4	13,152	0.7	75	2,506	33.2	24,558	0.7	48
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				ANTICONVULSANTS				ANTIHYPERLIPIDEMIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	81,832	41.0 %	887,182	0.7	\$41	38,074	19.1 %	421,894	0.9	\$69	51,193	25.7 %	563,266	0.7	\$47
Female	58,792	43.7	640,271	0.7	40	23,595	17.5	261,642	0.8	64	35,700	26.5	394,870	0.7	47
Disabled	24,475	62.9	279,328	0.7	44	13,127	33.7	150,936	0.9	80	9,599	24.7	110,747	0.7	56
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	12	0.9	65	2	22.2	24	0.9	112	0	0.0	0	0.0	0
15-20	39	37.1	451	0.6	57	25	23.8	285	0.7	90	3	2.9	35	0.6	33
21-44	7,128	69.4	82,362	0.7	45	4,520	44.0	52,553	0.9	93	914	8.9	10,682	0.6	48
45-64	10,982	73.8	124,828	0.7	47	6,217	41.8	71,169	0.9	82	4,472	30.0	51,209	0.7	54
65-74	2,854	48.6	32,851	0.7	39	1,258	21.4	14,574	0.8	56	2,381	40.5	27,707	0.7	59
75-84	2,108	47.4	23,948	0.7	38	762	17.1	8,623	0.8	46	1,393	31.3	16,135	0.8	60
85 and older	1,363	41.4	14,876	0.8	40	343	10.4	3,708	0.7	33	436	13.2	4,979	0.8	58
Other Eligibles	34,317	35.9	360,943	0.7	36	10,468	10.9	110,706	0.7	41	26,101	27.3	284,123	0.7	44
5 and younger	1	50.0	12	0.9	89	0	0.0	0	0.0	0	2	100.0	24	0.5	44
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	5	55.6	60	0.8	21	1	11.1	12	4.3	305	0	0.0	0	0.0	0
21-44	1,096	76.6	11,270	0.6	43	538	37.6	5,438	0.7	84	92	6.4	952	0.6	40
45-64	502	87.8	5,079	0.6	47	232	40.6	2,428	0.7	63	134	23.4	1,374	0.6	47
65-74	7,120	29.6	75,996	0.6	32	2,635	10.9	28,222	0.7	45	9,450	39.2	101,509	0.6	43
75-84	12,746	33.3	136,354	0.7	34	4,030	10.5	43,267	0.7	37	12,336	32.2	135,377	0.7	44
85 and older	12,847	41.2	132,172	0.8	40	3,032	9.7	31,339	0.8	34	4,087	13.1	44,887	0.7	45
Male	23,040	35.4	246,911	0.7	42	14,479	22.3	160,252	0.9	79	15,493	23.8	168,396	0.7	48
Disabled	13,118	43.0	148,319	0.7	44	10,237	33.5	116,969	1.0	90	6,434	21.1	73,296	0.7	54
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.5	34
15-20	44	30.6	520	0.6	40	24	16.7	282	0.8	106	3	2.1	36	0.5	48
21-44	5,477	44.0	63,011	0.7	44	4,483	36.0	51,947	1.0	99	1,465	11.8	16,992	0.7	47
45-64	5,853	46.1	65,786	0.8	46	4,860	38.3	55,098	1.0	87	3,456	27.2	39,036	0.7	56
65-74	986	32.7	11,043	0.7	39	596	19.7	6,729	0.9	59	1,040	34.5	12,000	0.7	58
75-84	550	35.1	5,812	0.7	40	214	13.6	2,318	0.8	45	386	24.6	4,319	0.7	58
85 and older	208	32.6	2,147	0.7	38	60	9.4	595	0.7	42	83	13.0	901	0.7	52
Other Eligibles	9,922	28.7	98,592	0.7	38	4,242	12.3	43,283	0.8	48	9,059	26.2	95,100	0.6	43
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	1	33.3	12	0.5	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	481	57.5	4,867	0.6	40	273	32.7	2,741	0.7	84	135	16.1	1,414	0.6	50
45-64	459	49.0	4,547	0.6	44	200	21.4	2,045	0.7	72	353	37.7	3,659	0.7	53
65-74	2,456	22.4	25,497	0.7	35	1,361	12.4	14,376	0.9	56	3,748	34.1	39,150	0.6	44
75-84	3,765	26.5	37,439	0.7	37	1,572	11.1	15,988	0.8	39	3,917	27.6	41,542	0.6	42
85 and older	2,760	36.5	26,230	0.8	41	836	11.1	8,133	0.8	35	906	12.0	9,335	0.7	42
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-DIABETIC					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	94,664	47.4 %	1,030,760	\$23	0.4	52,110	26.1 %	566,072	0.8	\$33	56,416	28.3 %	617,273	0.5	\$29
Female	68,307	50.8	748,515	21	0.4	35,920	26.7	393,528	0.7	32	39,401	29.3	435,685	0.5	28
Disabled	26,568	68.3	303,663	26	0.4	11,882	30.5	135,973	0.8	41	15,582	40.1	178,925	0.5	30
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	1	25.0	9	0.1	1
6-14	1	11.1	12	1	0.1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	42	40.0	486	1	0.1	4	3.8	48	0.3	16	13	12.4	155	0.3	21
21-44	6,785	66.0	78,423	27	0.4	1,329	12.9	15,401	0.7	44	3,478	33.8	40,352	0.4	23
45-64	11,378	76.4	129,646	31	0.5	5,146	34.6	58,623	0.8	45	6,928	46.5	79,334	0.5	31
65-74	3,963	67.4	45,605	20	0.4	2,974	50.6	34,388	0.8	40	2,749	46.8	31,555	0.5	36
75-84	2,758	62.0	31,636	18	0.4	1,745	39.2	19,981	0.8	35	1,634	36.7	18,800	0.5	33
85 and older	1,641	49.8	17,855	18	0.4	684	20.8	7,532	0.8	28	779	23.6	8,720	0.5	31
Other Eligibles	41,739	43.6	444,852	18	0.5	24,038	25.1	257,555	0.7	28	23,819	24.9	256,760	0.5	27
5 and younger	2	100.0	24	3	0.1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	100.0	2	7	1.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	12	133.3	118	37	0.5	0	0.0	0	0.0	0	6	66.7	72	0.6	17
21-44	1,229	85.9	12,763	31	0.4	152	10.6	1,608	0.7	44	501	35.0	5,448	0.4	23
45-64	582	101.7	6,209	42	0.5	182	31.8	1,900	0.7	37	285	49.8	2,966	0.4	28
65-74	9,457	39.3	103,137	13	0.4	7,559	31.4	81,179	0.7	30	6,604	27.4	71,637	0.5	29
75-84	15,971	41.7	174,325	15	0.4	10,382	27.1	112,622	0.7	27	9,247	24.1	100,868	0.5	28
85 and older	14,484	46.4	148,274	22	0.5	5,763	18.5	60,246	0.8	25	7,176	23.0	75,769	0.5	25
Male	26,357	40.5	282,245	29	0.4	16,190	24.9	172,544	0.8	35	17,015	26.2	181,588	0.5	30
Disabled	14,148	46.4	158,678	35	0.4	6,817	22.3	76,209	0.8	43	7,223	23.7	81,111	0.5	31
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	2	33.3	22	0.1	12
6-14	3	42.9	36	1	0.1	1	14.3	12	0.2	5	1	14.3	12	0.1	1
15-20	51	35.4	588	12	0.3	8	5.6	90	0.6	27	25	17.4	268	0.4	21
21-44	5,228	42.0	59,676	35	0.4	1,329	10.7	15,241	0.8	43	2,033	16.3	23,431	0.4	23
45-64	6,558	51.7	72,839	41	0.5	3,578	28.2	39,450	0.8	45	3,208	25.3	36,034	0.5	33
65-74	1,416	46.9	15,936	21	0.4	1,223	40.5	14,007	0.8	41	1,140	37.8	12,574	0.6	37
75-84	684	43.6	7,492	14	0.4	505	32.2	5,565	0.8	36	633	40.4	6,935	0.5	35
85 and older	208	32.6	2,111	10	0.4	173	27.1	1,844	0.8	31	181	28.3	1,835	0.5	37
Other Eligibles	12,209	35.4	123,567	21	0.4	9,373	27.2	96,335	0.7	29	9,792	28.4	100,477	0.5	29
5 and younger	1	100.0	12	0	0.1	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	2	66.7	24	1	0.1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	665	79.5	6,687	75	0.6	127	15.2	1,272	0.7	43	177	21.2	1,880	0.4	24
45-64	754	80.6	7,921	55	0.5	295	31.5	3,076	0.8	56	286	30.6	3,060	0.5	35
65-74	3,416	31.1	35,821	15	0.4	3,550	32.3	36,789	0.7	29	2,926	26.7	30,605	0.5	30
75-84	4,437	31.2	45,545	15	0.4	3,878	27.3	40,340	0.7	27	3,992	28.1	41,165	0.5	28
85 and older	2,934	38.8	27,557	17	0.5	1,523	20.2	14,858	0.8	24	2,411	31.9	23,767	0.5	26
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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 of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	46,777	23.4 %	521,796	0.4	\$32	82,241	41.2 %	891,596	0.7	\$17	199,574	2,074,740
Female	34,618	25.7	387,483	0.5	34	58,939	43.8	643,380	0.7	18	134,537	1,407,363
Disabled	13,590	34.9	157,229	0.4	34	13,357	34.3	152,515	0.7	20	38,906	435,408
5 and younger	0	0.0	0	0.0	0	1	25.0	8	1.1	3	4	41
6-14	0	0.0	0	0.0	0	7	77.8	74	0.7	17	9	86
15-20	25	23.8	293	0.2	42	7	6.7	77	0.5	4	105	1,185
21-44	3,287	32.0	38,341	0.3	21	1,188	11.6	13,766	0.6	17	10,278	116,913
45-64	5,944	39.9	68,388	0.4	35	5,094	34.2	57,977	0.7	20	14,888	166,107
65-74	2,260	38.5	26,468	0.5	40	3,129	53.3	36,169	0.7	21	5,876	66,646
75-84	1,346	30.2	15,637	0.5	43	2,457	55.2	28,191	0.7	21	4,451	49,544
85 and older	728	22.1	8,102	0.6	40	1,474	44.7	16,253	0.8	21	3,295	34,886
Other Eligibles	21,028	22.0	230,254	0.5	33	45,582	47.7	490,865	0.7	17	95,631	971,955
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
15-20	4	44.4	40	0.2	1	1	11.1	12	2.0	11	9	95
21-44	514	35.9	5,341	0.3	24	165	11.5	1,758	0.6	15	1,430	13,057
45-64	273	47.7	2,917	0.4	51	173	30.2	1,777	0.6	20	572	5,477
65-74	5,563	23.1	60,928	0.4	32	11,122	46.2	119,385	0.7	16	24,093	242,442
75-84	8,364	21.8	92,913	0.5	33	19,605	51.1	213,751	0.7	17	38,330	395,533
85 and older	6,310	20.2	68,115	0.5	36	14,516	46.5	154,182	0.8	17	31,193	315,326
Male	12,159	18.7	134,313	0.4	26	23,302	35.8	248,216	0.7	15	65,037	667,377
Disabled	6,601	21.6	75,310	0.4	23	8,281	27.1	92,648	0.7	17	30,524	336,581
5 and younger	0	0.0	0	0.0	0	1	16.7	10	0.1	0	6	65
6-14	0	0.0	0	0.0	0	2	28.6	24	1.0	15	7	84
15-20	17	11.8	203	0.1	1	26	18.1	276	0.5	14	144	1,637
21-44	2,364	19.0	27,312	0.3	15	1,760	14.1	20,025	0.7	16	12,448	139,713
45-64	3,065	24.1	34,664	0.4	27	4,056	32.0	44,999	0.7	18	12,694	138,623
65-74	749	24.8	8,656	0.5	28	1,444	47.8	16,445	0.7	18	3,018	33,577
75-84	304	19.4	3,376	0.5	36	736	46.9	8,203	0.7	16	1,568	16,592
85 and older	102	16.0	1,099	0.6	37	256	40.1	2,666	0.7	17	639	6,290
Other Eligibles	5,558	16.1	59,003	0.4	29	15,021	43.5	155,568	0.7	13	34,513	330,796
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.3	17	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	33.3	12	0.3	1	0	0.0	0	0.0	0	3	36
21-44	246	29.4	2,572	0.3	30	162	19.4	1,653	0.7	18	836	7,470
45-64	288	30.8	3,090	0.4	37	369	39.4	3,721	0.7	19	936	8,879
65-74	1,793	16.3	19,460	0.4	27	4,971	45.3	51,701	0.7	14	10,976	106,617
75-84	2,047	14.4	21,936	0.5	27	6,436	45.3	67,495	0.7	13	14,204	137,437
85 and older	1,183	15.7	11,933	0.5	31	3,082	40.8	30,986	0.7	12	7,557	70,345
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

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	
				7.2	22,796
All	\$315				230,327
Age					
0-64	527	8.9	1,234		13,474
65-74	409	8.3	2,168		22,796
75-84	337	7.5	6,798		69,151
85 and older	262	6.6	12,596		124,906
Unknown	0	0.0	0		0
Gender					
Female	312	7.2	16,283		166,707
Male	323	7.0	6,513		63,620
Unknown	0	0.0	0		0
Race					
White	312	7.2	20,623		209,336
African American	368	7.4	420		4,513
Other/unknown	330	7	1,753		16,478
Basis of Eligibility^c					
Aged	300	7.0	21,188		212,977
Disabled	497	8.6	1,607		17,338
Adults	0	0.0	0		0
Children	398	7.7	1		12
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}**
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$17	\$14	\$0	\$3	\$46	\$75	\$52	\$17	56,708	\$2,607,691	14,391	63.1 %	151,661
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.6	0.2	0.0	0.4	88	65	1	22	143	266	112	61	5,008	715,142	823	3.6	8,125
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.6	43	33	3	7	32	59	16	12	148,377	4,760,272	10,690	46.9	110,906
Cardiovascular Agents	2.3	0.5	0.1	1.7	46	27	1	18	20	53	17	11	388,051	7,846,786	16,670	73.1	170,410
Respiratory Agents	0.9	0.5	0.0	0.4	43	35	1	7	50	75	53	17	68,293	3,385,333	7,432	32.6	78,353
Gastrointestinal Agents	1.1	0.5	0.0	0.6	58	43	0	15	55	92	44	26	127,932	7,001,132	11,592	50.9	120,219
Genitourinary Agents	0.7	0.6	0.0	0.2	44	40	0	3	60	72	47	21	40,643	2,456,045	5,263	23.1	56,121
CNS Drugs	1.7	1.1	0.0	0.6	123	111	2	10	70	102	68	16	282,594	19,913,285	15,768	69.2	161,692
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.6	35	24	1	10	40	129	25	15	1,670	66,952	181	0.8	1,939
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	111	111	0	0	125	126	0	53	29,461	3,695,940	3,204	14.1	33,166
Analgesics and Anesthetics	1.2	0.5	0.0	0.6	58	50	1	7	48	92	25	11	148,161	7,118,924	12,182	53.4	123,012
Neuromuscular Agents	1.3	0.5	0.1	0.7	68	45	3	20	51	87	43	27	100,946	5,179,504	7,234	31.7	76,588
Nutritional Products	0.9	0.0	0.0	0.8	14	0	1	13	16	30	28	16	63,198	1,026,342	7,049	30.9	72,181
Hematological Agents	1.4	0.3	0.3	0.8	51	42	3	7	37	149	10	9	93,055	3,486,411	6,620	29.0	67,802
Topical Products	0.7	0.3	0.0	0.4	21	15	2	5	33	54	57	14	90,644	2,979,031	12,953	56.8	139,211
Miscellaneous Products	0.3	0.0	0.0	0.3	15	7	1	7	47	165	155	26	2,799	132,580	911	4.0	9,036
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	15	0	0	0	40	0	0	0	2,273	90,235	561	2.5	6,154
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,649,813	72,461,605	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Wisconsin, 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

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
			39.3 %	Benefit Months				
ANTIPSYCHOTICS	\$10,944,410	8,968	39.3 %	94,684	0.9	\$131	\$116	
ANTIDEPRESSANTS	8,263,260	15,327	67.2	158,880	0.9	56	52	
ULCER DRUGS	5,906,493	10,079	44.2	104,906	0.8	67	56	
ANALGESICS - Narcotic	4,458,521	12,561	55.1	125,187	0.8	44	36	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,695,940	3,210	14.1	33,213	0.9	125	111	
ANTICONVULSANT	3,452,599	5,642	24.7	60,016	1.1	54	58	
ANTIDIABETIC	2,647,220	7,142	31.3	74,009	1.0	37	36	
ANTIASTHMATIC	2,448,369	7,890	34.6	82,219	0.6	52	30	
ANALGESICS - ANTI-INFLAMMATORY	2,394,502	4,800	21.1	51,681	0.7	68	46	
ANTHYPERTENSIVE	1,837,271	8,696	38.1	89,976	0.9	23	20	
Total	46,048,585	84,315		874,771	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	746,326	\$46,048,595	8,968	39.3 %	94,684	0.9	\$116	15,327	67.2 %	158,880	0.9	\$52
Female	537,488	32,993,808	6,176	37.9	65,768	0.9	112	11,222	68.9	117,619	0.9	52
Disabled	39,939	3,041,303	526	62.5	5,832	1.2	196	628	74.7	6,777	1.0	60
64 or younger	29,615	2,294,170	374	65.3	4,184	1.2	196	461	80.5	5,087	1.0	61
65-74	3,750	287,722	49	68.1	537	1.2	249	60	83.3	617	0.9	53
75-84	3,950	302,505	63	61.8	684	1.2	198	59	57.8	610	1.0	64
85 and older	2,624	156,906	40	42.6	427	1.0	136	48	51.1	463	0.9	57
Other Eligibles	497,549	29,952,505	5,650	36.6	59,936	0.8	104	10,594	68.6	110,842	0.9	52
64 or younger	140	4,802	0	0.0	0	0.0	0	2	40.0	24	1.0	63
65-74	49,163	3,302,723	610	58.2	6,799	1.0	148	847	80.8	9,232	1.0	54
75-84	170,651	10,469,856	1,937	44.1	21,064	0.9	109	3,441	78.4	36,694	0.9	53
85 and older	277,595	16,175,124	3,103	31.0	32,073	0.8	91	6,304	63.0	64,892	0.9	50
Male	208,838	13,054,777	2,792	42.9	28,916	0.9	124	4,105	63.0	41,261	0.9	52
Disabled	35,212	2,760,067	530	69.2	5,961	1.2	195	502	65.5	5,623	1.0	58
64 or younger	30,446	2,398,048	447	68.5	5,040	1.2	194	435	66.6	4,930	1.0	58
65-74	2,200	169,014	34	69.4	353	1.4	266	32	65.3	323	0.8	50
75-84	1,373	104,964	24	77.4	277	1.2	166	16	51.6	172	1.2	67
85 and older	1,193	88,041	25	75.8	291	1.0	156	19	57.6	198	0.9	47
Other Eligibles	173,626	10,294,710	2,262	39.4	22,955	0.9	105	3,603	62.7	35,638	0.9	51
64 or younger	24	1,559	2	66.7	12	0.8	92	3	100.0	8	0.9	37
65-74	38,404	2,461,280	506	50.7	5,553	1.0	134	662	66.3	6,939	0.9	52
75-84	71,862	4,202,647	913	40.1	9,184	0.9	109	1,457	64.0	14,366	0.9	51
85 and older	63,336	3,629,224	841	34.1	8,206	0.7	82	1,481	60.0	14,325	0.9	50
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					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 \$
All	10,079	44.2 %	104,906	0.8	\$56	12,561	55.1 %	125,187	0.8	\$36	3,210	14.1 %	33,213	0.9	\$111
Female	7,263	44.6	76,457	0.8	56	9,488	58.3	95,811	0.8	37	2,322	14.3	24,494	0.9	112
Disabled	412	49.0	4,401	0.9	56	493	58.6	5,118	0.9	37	70	8.3	763	0.8	229
64 or younger	285	49.7	3,134	0.9	59	349	60.9	3,770	1.0	39	53	9.2	574	0.7	264
65-74	39	54.2	396	0.8	51	48	66.7	413	1.2	49	4	5.6	39	0.7	81
75-84	42	41.2	394	0.8	54	46	45.1	476	0.8	32	10	9.8	114	1.0	131
85 and older	46	48.9	477	0.9	48	50	53.2	459	0.8	21	3	3.2	36	1.0	127
Other Eligibles	6,851	44.4	72,056	0.8	56	8,995	58.3	90,693	0.8	37	2,252	14.6	23,731	0.9	108
64 or younger	1	20.0	12	0.9	92	4	80.0	26	2.4	26	0	0.0	0	0.0	0
65-74	504	48.1	5,467	0.9	60	638	60.9	6,743	1.0	44	130	12.4	1,387	0.8	106
75-84	2,073	47.2	22,317	0.8	57	2,612	59.5	27,229	0.9	39	783	17.8	8,335	0.9	109
85 and older	4,273	42.7	44,260	0.8	55	5,741	57.4	56,695	0.8	35	1,339	13.4	14,009	0.9	107
Male	2,816	43.2	28,449	0.8	57	3,073	47.2	29,376	0.8	32	888	13.6	8,719	0.9	111
Disabled	353	46.1	3,869	0.9	65	355	46.3	3,759	0.9	44	32	4.2	345	0.9	215
64 or younger	301	46.1	3,360	0.9	66	304	46.6	3,298	0.9	45	29	4.4	319	0.9	223
65-74	28	57.1	279	1.0	59	26	53.1	217	0.7	13	1	2.0	12	0.7	90
75-84	10	32.3	97	0.7	52	15	48.4	147	1.2	70	1	3.2	12	1.0	144
85 and older	14	42.4	133	0.8	65	10	30.3	97	0.7	13	1	3.0	2	1.5	110
Other Eligibles	2,463	42.9	24,580	0.8	56	2,718	47.3	25,617	0.7	30	856	14.9	8,374	0.9	106
64 or younger	1	33.3	1	1.0	100	1	33.3	1	2.0	17	0	0.0	0	0.0	0
65-74	431	43.1	4,494	0.8	57	431	43.1	4,405	0.9	38	94	9.4	945	0.8	105
75-84	944	41.5	9,505	0.8	56	1,048	46.0	10,121	0.7	30	386	17.0	3,773	0.9	103
85 and older	1,087	44.0	10,580	0.8	56	1,238	50.2	11,090	0.6	27	376	15.2	3,656	0.9	110
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTI-DIABETIC					ANTI-ASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,642	24.7 %	60,016	1.1	\$58	7,142	31.3 %	74,009	1.0	\$36	7,890	34.6 %	82,219	0.6	\$30
Female	3,700	22.7	39,451	1.0	55	4,940	30.3	51,925	1.0	36	5,375	33.0	57,097	0.5	29
Disabled	540	64.2	5,954	1.3	82	310	36.9	3,309	1.0	41	298	35.4	3,125	0.7	31
64 or younger	429	74.9	4,744	1.3	87	194	33.9	2,104	1.0	47	212	37.0	2,326	0.7	31
65-74	45	62.5	514	1.4	72	53	73.6	526	0.9	33	30	41.7	235	0.6	39
75-84	45	44.1	491	1.2	65	31	30.4	329	1.0	37	30	29.4	302	0.4	26
85 and older	21	22.3	205	0.8	32	32	34.0	350	0.8	18	26	27.7	262	0.5	23
Other Eligibles	3,160	20.5	33,497	1.0	50	4,630	30.0	48,616	1.0	35	5,077	32.9	53,972	0.5	28
64 or younger	2	40.0	24	0.5	10	0	0.0	0	0.0	0	3	60.0	36	0.4	27
65-74	495	47.2	5,476	1.1	69	540	51.5	5,819	1.0	43	440	42.0	4,690	0.6	36
75-84	1,221	27.8	13,184	1.0	52	1,861	42.4	19,845	1.0	37	1,566	35.7	16,737	0.6	30
85 and older	1,442	14.4	14,813	0.9	41	2,229	22.3	22,952	0.9	32	3,068	30.7	32,509	0.5	27
Male	1,942	29.8	20,565	1.1	62	2,202	33.8	22,084	1.0	36	2,515	38.6	25,122	0.6	33
Disabled	484	63.2	5,433	1.3	87	263	34.3	2,908	1.0	44	218	28.5	2,239	0.7	34
64 or younger	442	67.7	4,996	1.4	88	198	30.3	2,212	1.1	47	174	26.6	1,841	0.7	32
65-74	29	59.2	281	1.1	38	24	49.0	258	0.9	30	21	42.9	183	0.8	68
75-84	9	29.0	108	1.3	150	9	29.0	102	1.4	56	16	51.6	172	0.8	29
85 and older	4	12.1	48	1.3	157	32	97.0	336	0.9	30	7	21.2	43	0.4	15
Other Eligibles	1,458	25.4	15,132	1.0	54	1,939	33.7	19,176	1.0	35	2,297	40.0	22,883	0.6	32
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	1	2.0	16
65-74	438	43.8	4,814	1.1	72	433	43.3	4,368	1.0	38	406	40.6	4,338	0.7	37
75-84	595	26.1	6,073	1.0	48	891	39.1	8,995	1.0	36	877	38.5	8,625	0.6	35
85 and older	425	17.2	4,245	0.9	41	615	24.9	5,813	0.9	31	1,013	41.0	9,919	0.6	28
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE				Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	4,800	21.1 %	0.7	\$46	8,696	38.1 %	0.9	\$20	22,796	230,327
Female	3,620	22.2	0.7	49	6,270	38.5	0.9	21	16,283	166,707
Disabled	185	22.0	0.7	44	248	29.5	0.9	23	841	9,021
64 or younger	132	23.0	0.6	39	136	23.7	0.9	26	573	6,276
65-74	15	20.8	0.7	49	31	43.1	0.7	19	72	735
75-84	24	23.5	0.9	64	41	40.2	1.0	17	102	1,064
85 and older	14	14.9	0.7	55	40	42.6	0.8	19	94	946
Other Eligibles	3,435	22.2	0.7	49	6,022	39.0	0.9	21	15,442	157,686
64 or younger	1	20.0	0.3	17	1	20.0	1.2	7	5	38
65-74	249	23.8	0.6	44	421	40.2	0.9	25	1,048	11,246
75-84	1,059	24.1	0.7	55	1,830	41.7	0.9	21	4,388	45,731
85 and older	2,126	21.3	0.7	47	3,770	37.7	0.9	21	10,001	100,671
Male	1,180	18.1	0.6	39	2,426	37.2	0.9	18	6,513	63,620
Disabled	130	17.0	0.6	33	254	33.2	0.9	21	766	8,317
64 or younger	112	17.2	0.6	32	209	32.0	0.9	22	653	7,151
65-74	8	16.3	0.6	35	23	46.9	1.0	18	49	509
75-84	4	12.9	0.9	46	12	38.7	1.0	15	31	329
85 and older	6	18.2	0.6	39	10	30.3	1.1	22	33	328
Other Eligibles	1,050	18.3	0.6	40	2,172	37.8	0.9	18	5,747	55,303
64 or younger	0	0.0	0.0	0	2	66.7	1.0	14	3	9
65-74	165	16.5	0.7	46	403	40.3	0.9	20	999	10,306
75-84	414	18.2	0.6	41	898	39.4	0.9	18	2,277	22,027
85 and older	471	19.1	0.6	38	869	35.2	0.9	16	2,468	22,961
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 10,235 beneficiaries who were in nursing facilities for part of their enrollment and their 97,987 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WISCONSIN, 2003

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 Excluded Rx	Part D		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
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	2.3 %	
All	87,095	43.6 %	3.8	758,026	\$50	\$10,027,042	\$13				199,574
Age											
5 and younger	8	61.5	10.0	130	277	3,603	28		10.0		13
6-14	11	61.1	6.2	112	184	3,303	29		2.8		18
15-20	91	34.9	2.1	546	44	11,455	21		1.7		261
21-44	10,648	42.6	3.6	90,319	70	1,749,500	19		2.2		24,992
45-64	15,731	54.1	5.6	163,658	95	2,777,249	17		2.5		29,090
65-74	16,106	36.6	3.1	134,868	37	1,618,147	12		2.1		43,963
75-84	23,202	39.6	3.2	188,182	34	1,970,014	10		2.0		58,553
85 and older	21,298	49.9	4.2	180,211	44	1,893,771	11		2.6		42,684
Unknown	0	0.0	0.0	0	0	0	0		0.0		0
Basis of Eligibility^c											
Aged	49,925	39.6	3.1	392,643	33	4,191,003	11		2.1		126,157
Disabled	35,395	51.0	5.1	352,839	81	5,610,642	16		2.4		69,430
Adults	1,767	44.4	3.1	12,462	56	223,954	18		2.1		3,977
Children	8	80.0	8.2	82	144	1,443	18		2.7		10
Unknown	0	0.0	0.0	0	0	0	0		0.0		0
Gender											
Female	62,189	46.2	4.1	546,435	54	7,206,720	13		2.5		134,537
Male	24,906	38.3	3.3	211,591	43	2,820,322	13		1.9		65,037
Unknown	0	0.0	0.0	0	0	0	0		0.0		0
Race											
White	58,933	42.7	3.7	510,689	45	6,197,440	12		2.2		138,099
African American	3,607	47.1	3.9	29,619	52	401,658	14		2.3		7,665
Other/unknown	24,555	45.6	4.0	217,718	64	3,427,944	16		2.5		53,810
Use of Nursing Facilities^d											
Entire year	15,443	67.7	7.3	166,431	87	1,973,961	12		2.7		22,796
Part year	7,235	70.7	6.1	62,851	74	760,352	12		2.6		10,235
None	64,417	38.7	3.2	528,744	44	7,292,729	14		2.2		166,543
Maintenance Assistance Status											
Cash	21,966	48.0	4.5	204,595	72	3,314,108	16		2.6		45,768
Medically needy	5,805	51.2	4.5	50,607	66	752,502	15		2.3		11,345
Poverty related	2,643	43.5	3.6	22,080	57	345,100	16		1.8		6,071
Other/unknown	56,681	41.6	3.5	480,744	41	5,615,332	12		2.2		136,390

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WISCONSIN, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$5	\$13	\$0	\$1	2,074,740
Age						
5 and younger	1.0	28	28	0	0	131
6-14	0.6	18	29	0	0	182
15-20	0.2	4	21	0	0	2,953
21-44	0.3	6	19	0	2	277,153
45-64	0.5	9	17	0	3	319,086
65-74	0.3	4	12	0	1	449,282
75-84	0.3	3	10	0	1	599,106
85 and older	0.4	4	11	0	1	426,847
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	3	11	0	1	1,265,935
Disabled	0.5	7	16	0	2	771,989
Adults	0.3	6	18	0	2	36,718
Children	0.8	15	18	0	2	98
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	5	13	0	1	1,407,363
Male	0.3	4	13	0	1	667,377
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	4	12	0	1	1,400,631
African American	0.4	5	14	0	1	77,978
Other/unknown	0.4	6	16	0	2	596,131
Use of Nursing Facilities^d						
Entire year	0.7	9	12	0	2	230,327
Part year	0.6	8	12	0	2	97,987
None	0.3	4	14	0	1	1,746,426
Maintenance Assistance Status						
Cash	0.4	6	16	0	2	522,174
Medically needy	0.5	7	15	0	2	110,418
Poverty related	0.3	5	16	0	2	66,204
Other/unknown	0.3	4	12	0	1	1,375,944

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 WISCONSIN, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	126,056	\$80	\$10,027,042	100.0 %	758,026	\$13	100.0 %
Anorexia or weight loss/gain	286		78,610	0.8	1,193	66	0.2
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	68	17	1,181	0.0	127	9	0.0
Cough and cold medications	18,083	83	1,497,484	14.9	52,025	29	6.9
Vitamins and minerals	32,596	102	3,332,539	33.2	230,076	14	30.4
Non-prescription drugs	32,442	36	1,169,545	11.7	162,393	7	21.4
Barbiturates	1,452	88	128,155	1.3	16,855	8	2.2
Benzodiazepines	38,116	74	2,821,130	28.1	281,999	10	37.2
Other Part D Excl Rx Drugs	3,013	331	998,398	10.0	13,358	75	1.8

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	199,828	126,157	69,430	4,231	0	2,081,431	1,265,962	772,844	42,527	0
Age										
5 and younger	13	2	10	0	0	139	13	114	0	0
6-14	18	1	16	0	0	192	1	180	0	0
15-20	263	0	249	11	0	2,965	0	2,827	102	0
21-44	25,153	12	22,726	2,412	0	281,594	118	257,167	24,294	0
45-64	29,176	38	27,582	1,555	0	321,134	310	305,020	15,792	0
65-74	43,968	34,851	8,894	223	0	449,447	347,164	100,224	2,059	0
75-84	58,553	52,507	6,019	27	0	599,113	532,733	66,136	244	0
85 and older	42,684	38,746	3,934	3	0	426,847	385,623	41,176	36	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	134,680	93,580	38,906	2,191	0	1,411,301	953,008	436,027	22,231	0
Male	65,148	32,577	30,524	2,040	0	670,130	312,954	336,817	20,296	0
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	138,255	105,554	29,663	3,034	0	1,404,731	1,050,495	323,304	30,885	0
African American	7,702	3,098	3,993	609	0	78,946	31,158	41,715	6,053	0
Other/unknown	53,871	17,505	35,774	588	0	597,754	184,309	407,825	5,589	0
Use of Nursing Facilities^c										
Entire year	22,796	21,188	1,607	0	0	230,327	212,977	17,338	0	0
Part year	10,235	8,044	2,180	10	0	97,991	74,323	23,552	104	0
None	166,797	96,925	65,643	4,221	0	1,753,113	978,662	731,954	42,423	0
Maintenance Assistance Status										
Cash	45,877	12,531	32,929	416	0	524,433	142,283	378,093	4,045	0
Medically needy	11,345	6,788	4,533	24	0	110,469	65,548	44,732	189	0
Poverty related	6,072	496	5,546	29	0	66,290	5,433	60,584	261	0
Other/unknown	136,534	106,342	26,422	3,762	0	1,380,239	1,052,698	289,435	38,032	0
Dual Status^d										
Full dual, all year	196,461	124,328	67,950	4,173	0	2,044,337	1,245,669	756,665	41,905	0
Full dual, part year	3,367	1,829	1,480	58	0	37,094	20,293	16,179	622	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	198,691	126,146	69,229	3,306	0	2,069,589	1,265,855	770,544	33,092	0
FFS part year, with Rx claims	753	8	178	567	0	8,133	92	2,069	5,972	0
FFS part year, no Rx claims	130	3	23	104	0	1,176	15	231	930	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	254	0	0	254	0	2,533	0	0	2,533	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
All	199,828	2,081,431	199,574	2,074,740	6,691
Fee-for-service (FFS) all year	198,691	2,069,589	198,691	2,069,589	0
FFS part year, with Rx claims	753	8,133	753	4,613	3,520
FFS part year, with no Rx claims	130	1,176	130	538	638
Managed care (MC) all year, with Rx claims	0	0	0	0	0
MC all year, with no Rx claims	254	2,533	0	0	2,533

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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.