

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 WISCONSIN

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	205,993	128,214	73,204	4,550	11	14	2,173,779	1,317,604	812,961	43,000	96	118
Age												
5 and younger	11	0	10	0	1	0	125	0	113	0	12	0
6-14	15	0	15	0	0	0	164	0	164	0	0	0
15-20	275	0	254	14	7	0	3,026	0	2,860	118	48	0
21-44	25,825	6	23,178	2,639	2	0	286,033	68	261,048	24,893	24	0
45-64	31,547	48	29,841	1,649	1	8	346,037	433	329,830	15,696	12	66
65-74	43,859	34,534	9,103	216	0	6	457,989	353,216	102,766	1,955	0	52
75-84	60,257	53,700	6,528	29	0	0	629,878	558,330	71,237	311	0	0
85 and older	44,204	39,926	4,275	3	0	0	450,527	405,557	44,943	27	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	138,833	95,262	41,108	2,447	2	14	1,474,917	992,572	459,073	23,141	13	118
Male	67,160	32,952	32,096	2,103	9	0	698,862	325,032	353,888	19,859	83	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	143,908	108,004	32,501	3,391	7	5	1,489,918	1,102,782	354,435	32,612	60	29
African American	8,305	3,238	4,427	638	1	1	85,323	33,336	46,201	5,771	12	3
Other/unknown	53,780	16,972	36,276	521	3	8	598,538	181,486	412,325	4,617	24	86
Use of Nursing Facilities^c												
Entire year	21,999	20,418	1,581	0	0	0	222,767	205,769	16,998	0	0	0
Part year	10,173	7,831	2,330	12	0	0	99,555	74,248	25,179	128	0	0
None	173,821	99,965	69,293	4,538	11	14	1,851,457	1,037,587	770,784	42,872	96	118
Maintenance Assistance Status												
Cash	45,574	12,080	33,126	367	1	0	518,242	137,046	378,257	2,927	12	0
Medically needy	10,896	6,475	4,383	37	1	0	106,039	63,109	42,639	279	12	0
Poverty-related	8,582	666	7,862	36	4	14	94,403	7,176	86,789	289	31	118
Other/unknown	140,941	108,993	27,833	4,110	5	0	1,455,095	1,110,273	305,276	39,505	41	0
Dual Medicare Status^d												
Full dual, all year	202,508	126,536	71,450	4,497	11	14	2,135,849	1,299,323	793,891	42,421	96	118
Full dual, part year	3,485	1,678	1,754	53	0	0	37,930	18,281	19,070	579	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	205,031	128,200	72,986	3,820	11	14	2,168,228	1,317,507	811,551	38,956	96	118
FFS part year, with Rx claims	831	9	194	628	0	0	5,047	70	1,320	3,657	0	0
FFS part year, no Rx claims	131	5	24	102	0	0	504	27	90	387	0	0

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

- 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 2004. 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, 2004

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	88.1 %	46.1	\$2,424	\$53	\$11,638	20.8 %	205,993
Age							
5 and younger	100.0	47.0	4,714	100	19,258	24.5	11
6-14	100.0	57.9	8,983	155	25,039	35.9	15
15-20	77.8	26.0	2,806	108	15,446	18.2	275
21-44	84.0	36.8	3,370	92	14,475	23.3	25,825
45-64	88.3	56.0	4,097	73	17,842	23.0	31,547
65-74	85.3	42.2	1,998	47	7,448	26.8	43,859
75-84	88.9	45.3	1,870	41	8,544	21.9	60,257
85 and older	92.3	49.5	1,849	37	13,896	13.3	44,204
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.3	43.9	1,770	40	8,731	20.3	128,214
Disabled	86.3	50.6	3,530	70	17,141	20.6	73,204
Adults	86.1	36.3	3,044	84	4,950	61.5	4,550
Children	72.7	28.4	5,005	176	20,474	24.4	11
Unknown	92.9	26.6	2,632	99	16,222	16.2	14
Gender							
Female	90.4	48.8	2,398	49	10,959	21.9	138,833
Male	83.5	40.4	2,478	61	13,041	19.0	67,160
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.6	47.3	2,301	49	11,794	19.5	143,908
African American	82.6	42.2	2,523	60	14,413	17.5	8,305
Other/unknown	85.1	43.4	2,739	63	10,792	25.4	53,780
Use of Nursing Facilities^f							
Entire year	95.7	76.2	3,378	44	34,023	9.9	21,999
Part year	97.1	69.1	3,178	46	22,389	14.2	10,173
None	86.7	40.9	2,259	55	8,175	27.6	173,821
Maintenance Assistance Status							
Cash	85.1	45.6	2,944	65	12,071	24.4	45,574
Medically needy	87.9	51.1	3,129	61	10,581	29.6	10,896
Poverty related	89.2	46.6	3,620	78	9,327	38.8	8,582
Other/unknown	89.1	45.8	2,128	46	11,720	18.2	140,941

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	4.4	\$230	20.8 %	11.9 %	15.1 %	11.6 %	31.2 %	23.1 %	7.1 %	\$1,103	205,993	2,173,779
Age												
5 and younger	4.1	415	24.5	0.0	9.1	0.0	72.7	18.2	0.0	1,695	11	125
6-14	5.3	822	35.9	0.0	0.0	6.7	46.7	46.7	0.0	2,290	15	164
15-20	2.4	255	18.2	22.2	33.1	10.2	21.8	10.2	2.5	1,404	275	3,026
21-44	3.3	304	23.3	16.0	25.7	12.3	24.9	16.2	4.9	1,307	25,825	286,033
45-64	5.1	374	23.0	11.7	13.9	9.4	26.9	26.7	11.5	1,627	31,547	346,037
65-74	4.0	191	26.8	14.7	16.1	12.2	30.6	20.3	6.0	713	43,859	457,989
75-84	4.3	179	21.9	11.1	13.7	12.2	33.9	22.9	6.3	817	60,257	629,878
85 and older	4.9	181	13.3	7.7	10.6	11.1	35.1	27.8	7.7	1,364	44,204	450,527
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	4.3	172	20.3	10.7	14.1	12.6	34.2	22.4	6.0	850	128,214	1,317,604
Disabled	4.6	318	20.6	13.7	16.4	9.8	26.2	24.7	9.2	1,544	73,204	812,961
Adults	3.8	322	61.5	13.9	22.1	11.9	27.0	19.3	5.7	524	4,550	43,000
Children	3.3	573	24.4	27.3	27.3	0.0	27.3	9.1	9.1	2,346	11	96
Unknown	3.2	312	16.2	7.1	21.4	14.3	35.7	21.4	0.0	1,925	14	118
Gender												
Female	4.6	226	21.9	9.6	13.6	11.8	32.9	24.5	7.6	1,032	138,833	1,474,917
Male	3.9	238	19.0	16.5	18.2	11.1	27.8	20.2	6.2	1,253	67,160	698,862
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.6	222	19.5	10.4	13.5	11.8	32.9	24.0	7.5	1,139	143,908	1,489,918
African American	4.1	246	17.5	17.4	16.1	10.6	27.7	21.7	6.6	1,403	8,305	85,323
Other/unknown	3.9	246	25.4	14.9	19.4	11.1	27.4	21.0	6.2	970	53,780	598,538
use of nursing Facilities^f												
Entire year	7.5	334	9.9	4.3	4.1	4.5	24.7	39.7	22.7	3,360	21,999	222,767
Part year	7.1	325	14.2	2.9	5.5	6.0	27.9	39.2	18.6	2,288	10,173	99,555
None	3.8	212	27.6	13.3	17.1	12.8	32.2	20.1	4.5	768	173,821	1,851,457
Maintenance Assistance Status												
Cash	4.0	259	24.4	14.9	19.0	10.5	26.6	22.1	6.8	1,062	45,574	518,242
Medically needy	5.2	322	29.6	12.1	11.3	8.7	28.2	28.7	11.0	1,087	10,896	106,039
Poverty related	4.2	329	38.8	10.8	19.9	11.0	28.8	22.5	7.0	848	8,582	94,403
Other/unknown	4.4	206	18.2	10.9	13.9	12.1	33.1	23.1	6.9	1,135	140,941	1,455,095

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

- 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, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.4	\$230	\$53	1.7	\$178	\$107	0.2	\$15	\$64	2.5	\$37	\$15
Age												
5 and younger	4.1	415	100	1.8	310	170	0.4	44	119	1.9	61	31
6-14	5.3	822	155	2.1	686	320	0.3	27	88	2.8	109	38
15-20	2.4	255	108	1.1	209	185	0.1	14	128	1.1	32	28
21-44	3.3	304	92	1.3	239	177	0.2	25	116	1.8	40	23
45-64	5.1	374	73	2.0	288	144	0.3	30	95	2.8	56	20
65-74	4.0	191	47	1.6	149	94	0.2	11	58	2.3	31	14
75-84	4.3	179	41	1.6	140	85	0.2	9	44	2.5	30	12
85 and older	4.9	181	37	1.7	137	81	0.3	10	38	2.9	34	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.3	172	40	1.6	133	84	0.2	9	43	2.4	30	12
Disabled	4.6	318	70	1.8	246	139	0.3	24	90	2.5	47	19
Adults	3.8	322	84	1.5	248	163	0.2	28	128	2.1	47	22
Children	3.3	573	176	1.3	474	379	0.4	43	109	1.6	57	35
Unknown	3.2	312	99	1.1	269	252	0.2	12	63	1.9	31	17
Gender												
Female	4.6	226	49	1.7	174	100	0.3	15	59	2.6	36	14
Male	3.9	238	61	1.5	185	126	0.2	16	80	2.2	37	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.6	222	49	1.7	172	100	0.2	14	58	2.6	36	14
African American	4.1	246	60	1.6	195	119	0.2	14	74	2.3	37	16
Other/unknown	3.9	246	63	1.5	190	126	0.2	18	82	2.2	38	17
Use of Nursing Facilities^e												
Entire year	7.5	334	44	2.6	249	96	0.5	22	45	4.4	62	14
Part year	7.1	325	46	2.5	245	99	0.4	20	49	4.1	59	14
None	3.8	212	55	1.5	166	111	0.2	14	72	2.1	32	15
Maintenance Assistance Status												
Cash	4.0	259	65	1.6	200	129	0.2	19	83	2.2	39	18
Medically needy	5.2	322	61	2.0	251	124	0.3	22	73	2.9	49	17
Poverty related	4.2	329	78	1.7	256	149	0.3	27	105	2.2	46	20
Other/unknown	4.4	206	46	1.7	159	96	0.2	13	54	2.5	34	14

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

- 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.medispain.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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$14	\$2	\$4	\$64	\$138	\$101	\$21	322,111	\$20,626,204	91,616	44.5 %	1,019,502
Biologicals	0.6	0.0	0.0	0.5	####	18	29	####	3039	363	9,444	3,264	179	544,013	27	0.0	323
Antineoplastic Agents	0.6	0.1	0.0	0.5	70	56	1	14	112	390	122	30	40,709	4,577,669	6,121	3.0	64,952
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	41	32	3	6	40	75	19	13	968,273	38,400,312	86,581	42.0	948,135
Cardiovascular Agents	2.0	0.6	0.0	1.3	55	41	2	13	28	63	34	10	2,933,400	81,447,699	136,578	66.3	1,481,539
Respiratory Agents	0.7	0.5	0.0	0.2	47	43	0	3	64	89	39	14	446,140	28,569,387	55,158	26.8	611,257
Gastrointestinal Agents	0.7	0.2	0.0	0.4	43	34	2	7	66	145	45	19	471,976	31,331,883	65,962	32.0	725,289
Genitourinary Agents	0.6	0.4	0.0	0.1	37	33	1	3	64	78	53	22	191,878	12,194,649	29,702	14.4	328,817
CNS Drugs	1.4	0.6	0.1	0.7	114	92	7	14	81	157	91	19	1,454,553	118,347,948	95,374	46.3	1,037,525
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	65	51	3	11	102	151	96	42	23,698	2,420,071	3,285	1.6	37,009
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.7	0.0	0.0	120	117	0	3	157	160	106	102	126,183	19,799,733	15,443	7.5	164,622
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	53	41	3	9	63	137	232	16	856,083	54,264,302	93,896	45.6	1,026,786
Neuromuscular Agents	1.1	0.3	0.2	0.6	77	44	20	13	73	140	114	23	569,422	41,520,636	48,674	23.6	538,802
Nutritional Products	0.7	0.0	0.0	0.7	9	0	0	9	14	24	23	13	260,335	3,555,739	35,266	17.1	379,878
Hematological Agents	0.9	0.3	0.1	0.6	48	40	2	6	54	157	34	10	397,088	21,522,062	41,771	20.3	449,429
Topical Products	0.5	0.2	0.0	0.2	19	14	1	4	42	67	56	17	376,089	15,781,175	73,048	35.5	815,354
Miscellaneous Products	0.5	0.2	0.0	0.3	93	72	8	13	189	475	228	42	19,748	3,731,447	3,769	1.8	40,233
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	18	0	0	0	35,785	658,040	8,498	4.1	94,344
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.	9,493,650	499,292,969	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

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

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

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$75,737,370	45,358	22.0 %	501,180	0.9	\$176	\$151
ANTIDEPRESSANTS	34,931,447	86,627	42.1	949,139	0.7	52	37
ANTIHYPERTENSIVES	34,903,283	64,268	31.2	715,178	0.7	72	49
ANTICONVULSANT	34,762,102	40,876	19.8	454,966	0.9	89	76
ANALGESICS - Narcotic	30,008,438	102,304	49.7	1,122,399	0.5	59	27
ULCER DRUGS	25,772,819	65,509	31.8	722,994	0.6	57	36
ANTIDIABETIC	22,749,047	56,757	27.6	621,111	0.8	48	37
ANTIASTHMATIC	22,092,289	60,035	29.1	661,848	0.5	69	33
NEUROLOGICAL	19,801,012	17,926	8.7	191,431	0.7	157	103
ANALGESICS - ANTI-INFLAMMATORY	19,059,554	49,869	24.2	564,090	0.4	79	34
Total	319,817,361	589,529		6,504,336	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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	4,101,264	\$319,817,361	45,358	22.0 %	501,180	0.9	\$151	86,627	42.1 %	949,139	0.7	\$37
Female	2,807,496	207,846,188	26,885	19.4	296,443	0.8	132	62,548	45.1	688,676	0.7	36
Disabled	1,157,875	104,427,854	14,422	35.1	165,466	0.9	160	26,331	64.1	300,324	0.7	41
5 and younger	23	1,176	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	51	7,413	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,457	160,350	35	33.3	411	0.8	132	39	37.1	459	0.5	36
21-44	252,888	27,968,682	4,962	47.1	57,466	0.8	168	7,373	70.0	84,924	0.6	42
45-64	536,737	50,414,725	6,664	41.4	76,703	0.9	171	12,140	75.4	138,350	0.7	44
65-74	175,540	13,040,338	1,201	20.2	13,846	0.8	140	2,959	49.7	33,946	0.7	37
75-84	126,299	8,704,283	954	19.7	10,569	0.8	111	2,354	48.7	26,694	0.7	33
85 and older	64,880	4,130,887	606	17.0	6,471	0.7	95	1,466	41.0	15,951	0.8	34
Other Eligibles	1,649,621	103,418,334	12,463	12.8	130,977	0.7	96	36,217	37.1	388,352	0.7	33
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	0.0	0
15-20	98	8,746	2	16.7	17	0.4	78	1	8.3	5	0.2	8
21-44	32,445	3,545,401	493	28.6	5,193	0.5	111	1,377	79.9	14,388	0.5	40
45-64	17,774	1,731,818	181	26.5	1,964	0.7	138	571	83.6	5,785	0.6	45
65-74	388,710	25,263,886	2,144	9.0	23,357	0.7	111	7,625	31.9	83,484	0.6	29
75-84	658,605	40,424,717	4,239	10.8	45,068	0.7	95	13,228	33.7	144,250	0.7	31
85 and older	551,989	32,443,766	5,404	16.8	55,378	0.7	89	13,415	41.7	140,440	0.8	35
Male	1,293,768	111,971,173	18,473	27.5	204,737	1.0	179	24,079	35.9	260,463	0.7	38
Disabled	755,368	76,713,062	13,662	42.6	156,793	1.0	200	13,944	43.4	157,507	0.7	41
5 and younger	41	1,336	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	33	1,554	1	16.7	12	0.8	86	0	0.0	0	0.0	0
15-20	1,612	165,907	46	30.9	534	0.7	162	62	41.6	724	0.5	32
21-44	256,566	30,032,090	6,313	49.9	73,096	1.0	201	5,535	43.8	63,458	0.7	40
45-64	380,134	38,136,160	6,214	45.2	71,259	1.1	209	6,484	47.2	72,813	0.7	42
65-74	72,090	5,332,729	614	19.5	6,971	0.9	154	1,021	32.4	11,649	0.7	38
75-84	33,708	2,324,775	339	20.0	3,534	0.8	115	612	36.1	6,424	0.7	35
85 and older	11,184	718,511	135	19.2	1,387	0.7	91	230	32.7	2,439	0.7	32
Other Eligibles	538,400	35,258,111	4,811	13.7	47,944	0.8	110	10,135	28.9	102,956	0.7	34
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	0.0	0
15-20	188	24,072	5	55.6	54	0.9	225	5	55.6	57	0.6	33
21-44	17,909	2,180,722	202	21.9	2,116	0.6	138	540	58.5	5,487	0.6	39
45-64	22,682	2,248,054	126	12.3	1,290	0.6	127	547	53.5	5,630	0.6	41
65-74	165,255	10,968,588	1,269	11.7	13,418	0.9	135	2,516	23.2	26,347	0.7	33
75-84	213,687	12,912,606	1,808	12.4	17,788	0.8	100	3,759	25.9	38,178	0.7	33
85 and older	118,679	6,924,069	1,401	18.1	13,278	0.7	91	2,768	35.7	27,257	0.8	34
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	64,268	31.2 %	715,178	0.7	\$49	40,876	19.8 %	454,966	0.9	\$76	102,304	49.7 %	1,122,399	0.5	\$27
Female	44,421	32.0	496,924	0.7	49	25,778	18.6	286,931	0.8	70	73,978	53.3	816,146	0.5	25
Disabled	11,890	28.9	136,967	0.7	56	14,143	34.4	162,192	0.9	89	28,891	70.3	329,047	0.5	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	0
6-14	0	0.0	0	0.0	0	2	22.2	24	0.7	272	3	33.3	36	0.1	1
15-20	2	1.9	24	0.6	17	40	38.1	476	0.8	127	42	40.0	462	0.4	7
21-44	1,152	10.9	13,386	0.6	46	4,660	44.3	53,859	0.9	101	7,215	68.5	82,893	0.4	33
45-64	5,508	34.2	63,094	0.7	55	6,861	42.6	78,502	0.9	92	12,605	78.3	142,979	0.5	37
65-74	2,773	46.6	32,240	0.7	58	1,349	22.7	15,552	0.8	65	4,172	70.1	48,048	0.4	25
75-84	1,875	38.8	21,648	0.7	60	858	17.8	9,779	0.8	50	3,122	64.6	35,688	0.4	21
85 and older	580	16.2	6,575	0.8	58	373	10.4	4,000	0.8	39	1,731	48.5	18,929	0.4	20
Other Eligibles	32,531	33.3	359,957	0.7	46	11,635	11.9	124,739	0.7	45	45,087	46.1	487,099	0.5	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	33.3	34	1.8	196	4	33.3	18	0.4	2
21-44	186	10.8	1,883	0.5	40	670	38.9	6,876	0.7	84	1,556	90.3	16,437	0.4	40
45-64	207	30.3	2,101	0.6	48	262	38.4	2,647	0.7	75	659	96.5	6,858	0.5	44
65-74	11,129	46.5	122,013	0.7	45	2,885	12.1	31,504	0.7	50	10,133	42.3	112,129	0.4	16
75-84	15,512	39.6	172,960	0.7	46	4,454	11.4	48,221	0.7	42	17,134	43.7	189,157	0.4	17
85 and older	5,497	17.1	61,000	0.7	48	3,360	10.4	35,457	0.8	36	15,601	48.5	162,500	0.5	23
Male	19,847	29.6	218,254	0.7	49	15,098	22.5	168,035	0.9	88	28,326	42.2	306,253	0.4	33
Disabled	8,246	25.7	94,013	0.7	54	10,627	33.1	121,742	1.0	101	15,303	47.7	171,821	0.4	39
5 and younger	0	0.0	0	0.0	0	1	16.7	12	0.1	17	2	33.3	24	0.1	1
6-14	1	16.7	12	0.8	30	0	0.0	0	0.0	0	3	50.0	36	0.1	1
15-20	6	4.0	72	0.4	23	32	21.5	375	0.8	81	45	30.2	534	0.2	3
21-44	1,824	14.4	21,138	0.7	47	4,478	35.4	51,856	1.0	113	5,460	43.2	62,304	0.4	37
45-64	4,513	32.9	51,134	0.7	54	5,181	37.7	58,956	1.0	98	7,284	53.0	81,043	0.5	47
65-74	1,258	40.0	14,476	0.7	59	615	19.5	7,009	0.8	62	1,558	49.5	17,673	0.4	23
75-84	524	30.9	5,854	0.7	59	246	14.5	2,714	0.8	45	696	41.0	7,509	0.4	13
85 and older	120	17.1	1,327	0.7	53	74	10.5	820	0.7	46	255	36.3	2,698	0.3	7
Other Eligibles	11,601	33.1	124,241	0.7	45	4,471	12.8	46,293	0.8	54	13,023	37.1	134,432	0.5	25
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	0	0.0	0	0.0	0	6	66.7	66	1.2	147	4	44.4	38	0.1	1
21-44	206	22.3	2,058	0.6	46	299	32.4	3,080	0.7	89	800	86.7	8,156	0.6	100
45-64	466	45.6	4,909	0.6	53	259	25.3	2,681	0.6	78	838	81.9	8,789	0.6	73
65-74	4,640	42.9	49,474	0.7	46	1,432	13.2	15,246	0.8	64	3,709	34.3	39,399	0.4	16
75-84	4,994	34.4	54,049	0.7	45	1,627	11.2	16,746	0.8	42	4,777	32.9	49,958	0.4	15
85 and older	1,295	16.7	13,751	0.7	44	848	10.9	8,474	0.8	38	2,895	37.3	28,092	0.5	18
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	65,509	31.8 %	722,994	0.6	\$36	56,757	27.6 %	621,111	0.8	\$37	60,035	29.1 %	661,848	0.5	\$33
Female	46,467	33.5	515,112	0.6	36	38,818	28.0	428,391	0.8	36	41,981	30.2	466,961	0.5	33
Disabled	17,317	42.1	198,119	0.6	41	13,031	31.7	148,670	0.8	45	16,738	40.7	191,492	0.5	34
5 and younger	3	75.0	36	0.4	20	0	0.0	0	0.0	0	4	100.0	47	0.1	10
6-14	6	66.7	72	0.4	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	23	21.9	270	0.5	43	2	1.9	23	0.5	41	41	39.0	459	0.4	26
21-44	3,362	31.9	39,018	0.5	39	1,447	13.7	16,578	0.7	47	3,626	34.4	42,082	0.4	25
45-64	7,468	46.4	85,328	0.6	44	5,776	35.9	65,634	0.8	48	7,630	47.4	86,860	0.5	35
65-74	2,907	48.8	33,514	0.6	40	3,118	52.4	35,991	0.8	44	2,911	48.9	33,768	0.5	39
75-84	2,179	45.1	24,821	0.7	38	1,992	41.2	22,671	0.8	38	1,737	36.0	19,597	0.5	37
85 and older	1,369	38.3	15,060	0.7	35	696	19.5	7,773	0.8	29	789	22.1	8,679	0.5	35
Other Eligibles	29,150	29.8	316,993	0.6	33	25,787	26.4	279,721	0.8	31	25,243	25.8	275,469	0.5	32
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	2	16.7	24	0.8	27	0	0.0	0	0.0	0	2	16.7	15	0.2	2
21-44	551	32.0	5,885	0.4	36	225	13.1	2,356	0.7	51	602	34.9	6,379	0.3	23
45-64	293	42.9	3,005	0.5	42	196	28.7	1,976	0.6	40	311	45.5	3,145	0.5	34
65-74	6,280	26.2	69,208	0.6	39	7,950	33.2	86,508	0.7	34	6,899	28.8	76,316	0.5	34
75-84	11,299	28.8	124,776	0.6	34	11,068	28.2	121,402	0.8	30	9,954	25.4	110,123	0.5	34
85 and older	10,725	33.3	114,095	0.7	29	6,348	19.7	67,479	0.8	28	7,475	23.2	79,491	0.5	30
Male	19,042	28.4	207,882	0.6	35	17,939	26.7	192,720	0.8	39	18,054	26.9	194,887	0.5	35
Disabled	9,883	30.8	112,172	0.6	37	7,615	23.7	85,040	0.8	46	7,748	24.1	87,292	0.5	35
5 and younger	6	100.0	66	0.5	16	0	0.0	0	0.0	0	2	33.3	24	0.1	2
6-14	3	50.0	31	0.4	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	34	22.8	407	0.5	22	6	4.0	72	0.8	47	37	24.8	442	0.3	21
21-44	2,964	23.4	34,330	0.6	37	1,473	11.6	16,848	0.8	45	2,139	16.9	24,652	0.4	28
45-64	4,796	34.9	54,097	0.7	38	4,053	29.5	44,789	0.8	50	3,543	25.8	39,545	0.5	35
65-74	1,218	38.7	13,923	0.6	36	1,319	41.9	15,052	0.8	43	1,193	37.9	13,588	0.6	42
75-84	605	35.7	6,588	0.7	35	579	34.1	6,367	0.8	37	653	38.5	7,135	0.6	42
85 and older	257	36.6	2,730	0.7	33	185	26.3	1,912	0.8	28	181	25.7	1,906	0.5	41
Other Eligibles	9,159	26.1	95,710	0.6	32	10,324	29.4	107,680	0.8	33	10,306	29.4	107,595	0.5	34
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	3	33.3	36	0.8	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	270	29.3	2,849	0.6	45	169	18.3	1,734	0.7	41	196	21.2	2,084	0.5	29
45-64	345	33.7	3,552	0.6	41	357	34.9	3,684	0.8	59	318	31.1	3,456	0.4	32
65-74	2,547	23.5	27,444	0.6	33	3,771	34.8	39,699	0.7	35	2,989	27.6	31,762	0.5	37
75-84	3,634	25.0	38,116	0.6	31	4,416	30.4	46,186	0.8	31	4,340	29.9	45,670	0.5	34
85 and older	2,360	30.4	23,713	0.7	29	1,611	20.8	16,377	0.8	29	2,463	31.8	24,623	0.5	33
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. 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 2004. 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.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, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Mean 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	Mean Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	17,926	8.7 %	191,431	0.7	\$103	49,869	24.2 %	564,090	0.4	\$34	205,993	2,173,779
Female	12,960	9.3	139,806	0.7	107	36,900	26.6	418,556	0.4	36	138,833	1,474,917
Disabled	3,624	8.8	40,929	0.6	146	14,528	35.3	168,025	0.4	36	41,108	459,073
0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	47
5 and younger	0	0.0	0	0.0	0	1	11.1	12	0.1	1	9	108
6-14	2	1.9	24	0.2	21	16	15.2	179	0.2	6	105	1,175
15-20	630	6.0	7,319	0.4	228	3,382	32.1	39,323	0.3	24	10,528	119,351
21-44	1,171	7.3	13,496	0.5	184	6,484	40.3	74,757	0.4	37	16,104	179,611
45-64	365	6.1	4,185	0.5	92	2,350	39.5	27,532	0.5	43	5,955	67,515
65-74	787	16.3	8,688	0.7	90	1,519	31.4	17,566	0.5	45	4,831	53,428
75-84	669	18.7	7,217	0.8	94	776	21.7	8,656	0.5	39	3,572	37,838
85 and older	9,336	9.6	98,877	0.7	91	22,372	22.9	250,531	0.5	36	97,725	1,015,844
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	1	8.3	12	0.2	1	12	94
15-20	109	6.3	1,117	0.4	367	603	35.0	6,513	0.3	30	1,724	16,369
21-44	39	5.7	415	0.4	294	310	45.4	3,225	0.4	54	683	6,440
45-64	896	3.7	9,695	0.6	84	5,927	24.8	66,427	0.4	37	23,930	247,540
65-74	3,532	9.0	37,355	0.7	86	8,955	22.8	101,583	0.5	35	39,199	414,241
75-84	4,760	14.8	50,295	0.8	89	6,576	20.4	72,771	0.5	37	32,177	331,160
85 and older	4,966	7.4	51,625	0.6	93	12,969	19.3	145,534	0.4	27	67,160	698,862
Male	1,786	5.6	19,892	0.5	98	7,037	21.9	80,778	0.4	25	32,096	353,888
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	66
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	56
6-14	4	2.7	48	0.2	13	14	9.4	168	0.1	2	149	1,685
15-20	476	3.8	5,511	0.3	87	2,422	19.1	27,991	0.3	16	12,650	141,697
21-44	741	5.4	8,394	0.5	118	3,375	24.6	38,618	0.4	30	13,737	150,219
45-64	188	6.0	2,038	0.5	66	774	24.6	8,941	0.4	29	3,148	35,251
65-74	243	14.3	2,522	0.7	89	336	19.8	3,766	0.5	38	1,697	17,809
75-84	134	19.1	1,379	0.7	88	116	16.5	1,294	0.5	36	703	7,105
85 and older	3,180	9.1	31,733	0.7	89	5,932	16.9	64,756	0.4	29	35,064	344,974
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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	2	22.2	16	0.1	1	9	72
15-20	60	6.5	673	0.3	224	300	32.5	3,141	0.3	26	923	8,616
21-44	62	6.1	668	0.3	180	348	34.0	3,695	0.4	40	1,023	9,767
45-64	484	4.5	5,049	0.6	74	1,844	17.0	20,495	0.4	29	10,826	107,683
65-74	1,426	9.8	14,273	0.7	84	2,253	15.5	24,797	0.4	27	14,530	144,400
75-84	1,148	14.8	11,070	0.8	89	1,185	15.3	12,612	0.5	31	7,752	74,424
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

- 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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = 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, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$334	7.5	21,999	222,767
Age				
0-64	559	9.2	1,232	13,462
65-74	447	8.7	2,136	22,270
75-84	358	7.9	6,532	66,412
85 and older	274	6.9	12,099	120,623
Unknown	0	0.0	0	0
Gender				
Female	330	7.6	15,737	161,091
Male	342	7.3	6,262	61,676
Unknown	0	0.0	0	0
Race				
White	330	7.5	20,210	204,715
African American	418	7.8	412	4,233
Other/unknown	354	7.2	1,377	13,819
Basis of Eligibility^c				
Aged	317	7.4	20,418	205,769
Disabled	531	8.9	1,581	16,998
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$17	\$11	\$3	\$4	\$45	\$81	\$82	\$19	56,433	\$2,542,011	13,883	63.1 %	146,964
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	0.7	0.1	0.0	0.6	63	36	1	26	89	316	59	45	5,426	485,597	779	3.5	7,678
Endocrine/Metabolic Drugs	1.4	0.5	0.2	0.6	49	38	4	7	36	72	19	11	151,243	5,410,336	10,650	48.4	110,950
Cardiovascular Agents	2.4	0.5	0.1	1.9	49	28	2	20	21	59	28	11	402,688	8,326,888	16,375	74.4	168,449
Respiratory Agents	0.9	0.5	0.0	0.4	50	44	0	5	57	87	31	15	61,354	3,512,107	6,672	30.3	70,366
Gastrointestinal Agents	0.9	0.2	0.1	0.6	31	18	3	10	36	117	29	16	95,804	3,419,226	10,438	47.4	109,818
Genitourinary Agents	0.7	0.5	0.0	0.2	46	39	2	5	62	77	46	24	42,270	2,613,112	5,345	24.3	57,083
CNS Drugs	1.8	0.9	0.1	0.8	126	103	8	15	71	120	67	18	283,186	20,028,755	15,422	70.1	159,304
Stimulants/Anti-obesity/Anorexia	1.0	0.2	0.0	0.8	35	23	0	11	35	122	21	14	1,722	60,970	163	0.7	1,742
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	131	131	0	0	127	127	0	65	46,087	5,835,579	4,244	19.3	44,389
Analgesics and Anesthetics	1.3	0.6	0.0	0.7	64	56	1	7	50	96	49	11	156,873	7,784,976	11,982	54.5	121,592
Neuromuscular Agents	1.4	0.4	0.2	0.8	75	35	18	21	54	100	77	26	102,874	5,529,822	7,033	32.0	74,211
Nutritional Products	0.9	0.0	0.0	0.9	14	0	1	13	15	18	28	15	63,388	970,976	6,854	31.2	70,746
Hematological Agents	1.4	0.3	0.1	1.0	57	46	2	8	40	157	18	8	99,338	3,945,590	6,715	30.5	69,176
Topical Products	0.7	0.3	0.0	0.4	25	17	2	6	36	60	57	16	96,591	3,508,711	12,950	58.9	139,536
Miscellaneous Products	0.3	0.0	0.0	0.3	24	13	2	9	70	375	230	30	2,842	199,272	836	3.8	8,286
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	15	0	0	0	8,619	133,298	1,947	8.9	20,754
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.	1,676,738	74,307,226	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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 2004. 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.medspan.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.medispans.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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$12,078,370	8,764	39.8 %	92,637	0.9	\$140	\$130
ANTIDEPRESSANTS	7,297,424	15,066	68.5	158,217	0.9	51	46
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,835,579	5,068	23.0	53,284	0.9	127	110
ANALGESICS - Narcotic	5,104,071	12,449	56.6	124,847	0.9	47	41
ANTICONVULSANT	3,826,754	5,565	25.3	59,259	1.1	58	65
ANTIIDIABETIC	3,092,283	7,358	33.4	77,292	1.0	40	40
ULCER DRUGS	3,057,578	10,188	46.3	106,771	0.9	33	29
ANTIASTHMATIC	2,885,322	7,622	34.6	80,125	0.6	61	36
ANALGESICS - ANTI-INFLAMMATORY	2,316,901	4,734	21.5	51,805	0.6	69	45
MISC. ENDOCRINE	2,163,381	3,532	16.1	37,894	0.8	72	57
Total	47,657,663	80,346		842,131	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); 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, 2004

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 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	732,510	\$47,657,663	8,764	39.8 %	92,637	0.9	\$130	15,066	68.5 %	158,217	0.9	\$46
Female	534,939	34,408,007	6,071	38.6	64,834	0.9	124	11,139	70.8	118,174	0.9	46
Disabled	39,330	3,350,764	497	61.2	5,527	1.2	215	619	76.2	6,871	1.0	55
64 or younger	29,990	2,589,570	348	61.7	3,899	1.2	211	476	84.4	5,393	1.0	55
65-74	3,465	332,703	55	68.8	621	1.2	293	51	63.8	476	1.1	57
75-84	3,620	284,585	63	72.4	693	1.2	190	56	64.4	614	1.0	43
85 and older	2,255	143,906	31	38.3	314	1.2	164	36	44.4	388	0.9	60
Other Eligibles	495,609	31,057,243	5,574	37.3	59,307	0.9	115	10,520	70.5	111,303	0.9	46
64 or younger	52	3,279	0	0.0	0	0.0	0	2	200.0	16	0.4	7
65-74	49,749	3,541,671	616	59.1	6,828	1.0	158	850	81.6	9,262	0.9	49
75-84	166,599	10,699,960	1,886	44.8	20,332	0.9	121	3,330	79.1	35,603	0.9	47
85 and older	279,209	16,812,333	3,072	31.8	32,147	0.8	102	6,338	65.5	66,422	0.9	45
Male	197,571	13,249,656	2,693	43.0	27,803	1.0	146	3,927	62.7	40,043	0.9	46
Disabled	35,042	2,974,950	535	69.6	5,965	1.3	212	521	67.8	5,662	1.0	51
64 or younger	31,189	2,663,418	462	69.5	5,177	1.3	213	467	70.2	5,101	1.0	51
65-74	1,786	144,953	31	70.5	323	1.0	205	26	59.1	261	1.0	50
75-84	1,252	105,779	26	74.3	298	1.3	207	18	51.4	191	1.0	53
85 and older	815	60,800	16	64.0	167	1.3	215	10	40.0	109	1.1	56
Other Eligibles	162,529	10,274,706	2,158	39.3	21,838	0.9	128	3,406	62.0	34,381	0.9	45
64 or younger	35	2,146	1	50.0	2	2.0	532	1	50.0	2	1.0	87
65-74	36,783	2,653,827	496	51.1	5,390	1.1	169	645	66.5	6,806	0.9	50
75-84	66,080	4,098,970	863	39.3	8,752	0.9	122	1,355	61.6	13,661	0.9	46
85 and older	59,631	3,519,763	798	34.4	7,694	0.9	106	1,405	60.5	13,912	0.9	42
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,068	23.0 %	53,284	0.9	\$110	12,449	56.6 %	124,847	0.9	\$41	5,565	25.3 %	59,259	1.1	\$65
Female	3,758	23.9	40,105	0.9	109	9,498	60.4	96,315	0.9	42	3,713	23.6	39,731	1.1	61
Disabled	110	13.5	1,240	0.9	328	450	55.4	4,840	1.0	49	519	63.9	5,805	1.4	97
64 or younger	84	14.9	954	0.9	394	336	59.6	3,714	1.0	52	413	73.2	4,678	1.4	101
65-74	4	5.0	43	1.1	135	40	50.0	340	1.0	62	50	62.5	520	1.5	95
75-84	10	11.5	111	1.0	129	48	55.2	522	0.7	32	37	42.5	401	1.2	75
85 and older	12	14.8	132	0.7	79	26	32.1	264	1.0	22	19	23.5	206	1.1	67
Other Eligibles	3,648	24.4	38,865	0.9	103	9,048	60.6	91,475	0.9	42	3,194	21.4	33,926	1.0	54
64 or younger	0	0.0	0	0.0	0	2	200.0	16	0.3	3	0	0.0	0	0.0	0
65-74	197	18.9	2,066	0.9	145	674	64.7	7,133	1.1	51	517	49.6	5,738	1.1	73
75-84	1,192	28.3	12,512	0.9	102	2,608	61.9	26,924	1.0	48	1,233	29.3	13,153	1.1	57
85 and older	2,259	23.4	24,287	0.9	99	5,764	59.6	57,402	0.8	38	1,444	14.9	15,035	1.0	45
Male	1,310	20.9	13,179	0.9	110	2,951	47.1	28,532	0.8	37	1,852	29.6	19,528	1.2	73
Disabled	64	8.3	714	0.8	255	377	49.0	4,030	1.0	54	484	62.9	5,411	1.3	99
64 or younger	58	8.7	655	0.7	270	330	49.6	3,563	1.0	59	447	67.2	5,026	1.4	100
65-74	3	6.8	24	1.0	136	29	65.9	292	0.9	21	20	45.5	195	1.0	64
75-84	3	8.6	35	0.7	68	9	25.7	85	0.6	6	12	34.3	137	1.3	95
85 and older	0	0.0	0	0.0	0	9	36.0	90	1.0	13	5	20.0	53	1.2	102
Other Eligibles	1,246	22.7	12,465	0.9	102	2,574	46.9	24,502	0.8	34	1,368	24.9	14,117	1.1	63
64 or younger	0	0.0	0	0.0	0	3	150.0	8	0.6	34	4	200.0	10	1.1	36
65-74	150	15.5	1,559	0.8	109	406	41.9	4,184	1.0	43	412	42.5	4,510	1.2	88
75-84	542	24.7	5,450	0.9	97	1,020	46.4	9,832	0.8	35	572	26.0	5,756	1.1	55
85 and older	554	23.8	5,456	0.9	103	1,145	49.3	10,478	0.8	30	380	16.4	3,841	1.0	45
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIASTHMATIC				
	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	7,358	33.4 %	77,292	1.0	\$40	10,188	46.3 %	106,771	0.9	\$29	7,622	34.6 %	80,125	0.6	\$36
Female	5,107	32.5	54,271	1.0	39	7,367	46.8	77,895	0.9	28	5,235	33.3	55,889	0.6	35
Disabled	307	37.8	3,361	1.1	49	416	51.2	4,657	0.9	33	271	33.4	2,908	0.6	31
64 or younger	198	35.1	2,206	1.1	57	307	54.4	3,481	0.9	36	192	34.0	2,088	0.6	32
65-74	46	57.5	458	1.0	42	30	37.5	320	0.9	23	25	31.3	246	0.5	37
75-84	35	40.2	380	1.0	39	40	46.0	441	0.9	26	31	35.6	315	0.5	33
85 and older	28	34.6	317	0.8	20	39	48.1	415	0.9	24	23	28.4	259	0.3	11
Other Eligibles	4,800	32.2	50,910	1.0	39	6,951	46.6	73,238	0.9	28	4,964	33.3	52,981	0.6	35
64 or younger	1	100.0	8	1.0	103	3	300.0	24	1.2	76	2	200.0	16	0.3	30
65-74	576	55.3	6,160	1.1	48	524	50.3	5,611	0.8	29	414	39.7	4,619	0.7	41
75-84	1,911	45.4	20,579	1.0	40	2,082	49.4	22,104	0.9	29	1,519	36.1	16,286	0.6	40
85 and older	2,312	23.9	24,163	1.0	36	4,342	44.9	45,499	0.9	28	3,029	31.3	32,060	0.5	32
Male	2,251	35.9	23,021	1.0	41	2,821	45.0	28,876	0.9	29	2,387	38.1	24,236	0.7	39
Disabled	310	40.3	3,290	1.1	52	378	49.2	4,104	0.9	34	211	27.4	2,319	0.6	31
64 or younger	247	37.1	2,619	1.1	52	332	49.9	3,648	0.9	35	177	26.6	1,999	0.6	29
65-74	31	70.5	336	1.1	56	26	59.1	263	0.8	38	19	43.2	174	0.6	54
75-84	12	34.3	141	1.2	62	10	28.6	98	0.8	15	14	40.0	145	0.6	26
85 and older	20	80.0	194	1.0	29	10	40.0	95	0.9	36	1	4.0	1	1.0	13
Other Eligibles	1,941	35.3	19,731	1.0	40	2,443	44.5	24,772	0.9	29	2,176	39.6	21,917	0.7	40
64 or younger	2	100.0	4	2.3	63	1	50.0	3	0.7	5	2	100.0	4	0.5	3
65-74	431	44.4	4,523	1.1	43	454	46.8	4,900	0.9	30	392	40.4	4,201	0.8	48
75-84	901	41.0	9,137	1.0	40	976	44.4	9,827	0.8	28	874	39.8	8,848	0.7	39
85 and older	607	26.1	6,067	1.0	36	1,012	43.6	10,042	0.9	29	908	39.1	8,864	0.6	36
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC. ENDOCRINE					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	4,734	21.5 %	51,805	0.6	\$45	3,532	16.1 %	37,894	0.8	\$57	21,999	222,767
Female	3,595	22.8	39,587	0.7	47	3,184	20.2	34,231	0.8	57	15,737	161,091
Disabled	180	22.2	2,034	0.6	33	146	18.0	1,666	0.9	62	812	8,805
64 or younger	123	21.8	1,420	0.6	27	102	18.1	1,179	0.8	61	564	6,273
65-74	11	13.8	107	0.5	16	18	22.5	188	0.8	54	80	746
75-84	24	27.6	272	0.8	65	13	14.9	148	1.0	75	87	938
85 and older	22	27.2	235	0.6	45	13	16.0	151	0.9	63	81	848
Other Eligibles	3,415	22.9	37,553	0.7	47	3,038	20.4	32,565	0.8	57	14,925	152,286
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
65-74	264	25.3	2,963	0.7	48	207	19.9	2,275	0.8	58	1,042	11,095
75-84	1,083	25.7	12,033	0.7	51	899	21.3	9,782	0.8	57	4,212	43,610
85 and older	2,068	21.4	22,557	0.7	45	1,932	20.0	20,508	0.8	56	9,670	97,573
Male	1,139	18.2	12,218	0.6	39	348	5.6	3,663	0.8	60	6,262	61,676
Disabled	151	19.6	1,717	0.6	33	59	7.7	647	0.9	72	769	8,193
64 or younger	133	20.0	1,508	0.6	32	51	7.7	551	0.9	76	665	7,176
65-74	8	18.2	96	0.4	44	3	6.8	36	0.6	44	44	424
75-84	7	20.0	77	0.5	26	3	8.6	36	0.8	55	35	340
85 and older	3	12.0	36	0.7	52	2	8.0	24	0.9	56	25	253
Other Eligibles	988	18.0	10,501	0.6	40	289	5.3	3,016	0.8	57	5,493	53,483
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5
65-74	159	16.4	1,816	0.7	43	60	6.2	691	0.8	60	970	10,005
75-84	406	18.5	4,254	0.6	39	103	4.7	1,054	0.8	57	2,198	21,524
85 and older	423	18.2	4,431	0.7	38	126	5.4	1,271	0.8	56	2,323	21,949
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 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A total of 10,173 beneficiaries who were in nursing facilities for part of their enrollment and their 99,555 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	97,092	47.1 %	4.8	980,472	\$67	\$13,799,707	\$14	2.8 %	205,993
Age									
5 and younger	11	100.0	21.7	239	921	10,127	42	19.5	11
6-14	11	73.3	14.7	221	468	7,017	32	5.2	15
15-20	104	37.8	3.4	933	69	18,892	20	2.4	275
21-44	11,966	46.3	4.4	112,414	84	2,170,672	19	2.5	25,825
45-64	18,570	58.9	6.9	219,146	123	3,869,609	18	3.0	31,547
65-74	17,445	39.8	3.8	167,639	49	2,146,449	13	2.4	43,859
75-84	25,554	42.4	4.0	243,842	47	2,814,591	12	2.5	60,257
85 and older	23,431	53.0	5.3	236,038	62	2,762,350	12	3.4	44,204
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	54,235	42.3	3.9	504,643	46	5,902,055	12	2.6	128,214
Disabled	40,587	55.4	6.2	457,359	103	7,547,683	17	2.9	73,204
Adults	2,260	49.7	4.0	18,360	76	346,607	19	2.5	4,550
Children	4	36.4	5.6	62	255	2,802	45	5.1	11
Unknown	6	42.9	3.4	48	40	560	12	1.5	14
Gender									
Female	68,508	49.3	5.0	700,574	70	9,723,336	14	2.9	138,833
Male	28,584	42.6	4.2	279,898	61	4,076,371	15	2.4	67,160
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	66,298	46.1	4.7	673,960	62	8,861,491	13	2.7	143,908
African American	4,206	50.6	4.7	38,678	68	564,415	15	2.7	8,305
Other/unknown	26,588	49.4	5.0	267,834	81	4,373,801	16	3.0	53,780
Use of Nursing Facilities^d									
Entire year	16,203	73.7	9.8	215,730	130	2,863,583	13	3.9	21,999
Part year	7,916	77.8	8.4	85,520	117	1,188,884	14	3.7	10,173
None	72,973	42.0	3.9	679,222	56	9,747,240	14	2.5	173,821
Maintenance Assistance Status									
Cash	23,946	52.5	5.5	252,729	92	4,182,776	17	3.1	45,574
Medically needy	6,173	56.7	5.6	61,498	87	945,559	15	2.8	10,896
Poverty related	4,317	50.3	4.9	42,074	88	753,227	18	2.4	8,582
Other/unknown	62,656	44.5	4.4	624,171	56	7,918,145	13	2.6	140,941

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004.

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, 2004

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	0.5	\$6	\$14	\$0	\$1	2,173,779
Age						
5 and younger	1.9	81	42	0	2	125
6-14	1.3	43	32	0	0	164
15-20	0.3	6	20	0	1	3,026
21-44	0.4	8	19	0	3	286,033
45-64	0.6	11	18	0	3	346,037
65-74	0.4	5	13	0	1	457,989
75-84	0.4	4	12	0	1	629,878
85 and older	0.5	6	12	0	1	450,527
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	4	12	0	1	1,317,604
Disabled	0.6	9	17	0	2	812,961
Adults	0.4	8	19	0	3	43,000
Children	0.6	29	45	0	0	96
Unknown	0.4	5	12	0	2	118
Gender						
Female	0.5	7	14	0	1	1,474,917
Male	0.4	6	15	0	1	698,862
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	6	13	0	1	1,489,918
African American	0.5	7	15	0	1	85,323
Other/unknown	0.4	7	16	0	2	598,538
Use of Nursing Facilities^d						
Entire year	1.0	13	13	0	2	222,767
Part year	0.9	12	14	0	2	99,555
None	0.4	5	14	0	1	1,851,457
Maintenance Assistance Status						
Cash	0.5	8	17	0	2	518,242
Medically needy	0.6	9	15	0	2	106,039
Poverty related	0.4	8	18	0	2	94,403
Other/unknown	0.4	5	13	0	1	1,455,095

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

- 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 2004.
- 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, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	144,395	\$96	\$13,799,707	100.0 %	980,472	\$14	100.0 %
Anorexia or weight loss/gain	357	299	106,806	0.8	1,545	69	0.2
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	69	14	980	0.0	114	9	0.0
Cough and cold medications	15,009	70	1,049,801	7.6	37,545	28	3.8
Vitamins and minerals	34,836	100	3,473,408	25.2	257,602	13	26.3
Non-prescription drugs	48,271	100	4,841,728	35.1	342,371	14	34.9
Barbiturates	1,390	97	134,610	1.0	16,470	8	1.7
Benzodiazepines	41,119	75	3,101,444	22.5	310,235	10	31.6
Other Part D Excl Rx Drugs	3,344	326	1,090,930	7.9	14,590	75	1.5

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 WISCONSIN, 2004

Total Number of Dual Eligible Beneficiaries	205,993
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$499,292,969
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,424

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24,411	11.9 %	\$0	0.0 %
1-500	42,293	20.5	9,049,118	1.8
501-1,000	26,750	13.0	19,778,498	4.0
1,001-1,500	20,524	10.0	25,457,359	5.1
1,501-2,000	15,908	7.7	27,669,683	5.5
2,001-2,500	12,716	6.2	28,469,736	5.7
2,501-3,000	10,198	5.0	27,942,666	5.6
3,001-3,500	8,155	4.0	26,430,070	5.3
3,501-4,000	6,755	3.3	25,298,683	5.1
4,001-4,500	5,527	2.7	23,442,081	4.7
4,501-5,000	4,591	2.2	21,771,724	4.4
5,001-5,500	3,804	1.8	19,943,503	4.0
5,501-6,000	3,227	1.6	18,540,122	3.7
6,001-6,500	2,619	1.3	16,361,289	3.3
6,501-7,000	2,254	1.1	15,190,119	3.0
7,001-7,500	1,962	1.0	14,206,147	2.8
7,501-8,000	1,691	0.8	13,096,154	2.6
8,001-8,500	1,414	0.7	11,659,165	2.3
8,501-9,000	1,213	0.6	10,612,634	2.1
9,001-9,500	1,087	0.5	10,041,152	2.0
9,501-10,000	973	0.5	9,475,535	1.9
10,001+	7,921	3.8	124,857,531	25.0

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 WISCONSIN, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	53,298
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$203,446,001
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,817

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,285	13.7 %	0	0.0 %
1-500	9,634	18.1	1,825,674	0.9
501-1,000	4,516	8.5	3,322,706	1.6
1,001-1,500	3,560	6.7	4,420,829	2.2
1,501-2,000	2,796	5.2	4,861,946	2.4
2,001-2,500	2,439	4.6	5,464,396	2.7
2,501-3,000	2,140	4.0	5,860,772	2.9
3,001-3,500	1,928	3.6	6,254,776	3.1
3,501-4,000	1,763	3.3	6,617,671	3.3
4,001-4,500	1,565	2.9	6,651,300	3.3
4,501-5,000	1,462	2.7	6,942,297	3.4
5,001-5,500	1,307	2.5	6,859,190	3.4
5,501-6,000	1,188	2.2	6,833,921	3.4
6,001-6,500	1,019	1.9	6,368,678	3.1
6,501-7,000	943	1.8	6,347,770	3.1
7,001-7,500	858	1.6	6,216,039	3.1
7,501-8,000	798	1.5	6,183,330	3.0
8,001-8,500	765	1.4	6,312,287	3.1
8,501-9,000	661	1.2	5,784,352	2.8
9,001-9,500	599	1.1	5,532,408	2.7
9,501-10,000	567	1.1	5,524,269	2.7
10,001+	5,505	10.3	89,261,390	43.9

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 WISCONSIN, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	148,320
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$282,061,811
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,902

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,534	11.1 %	0	0.0 %
1-500	31,640	21.3	7,032,902	2.5
501-1,000	21,779	14.7	16,117,619	5.7
1,001-1,500	16,657	11.2	20,658,477	7.3
1,501-2,000	12,851	8.7	22,350,623	7.9
2,001-2,500	10,071	6.8	22,540,954	8.0
2,501-3,000	7,894	5.3	21,627,368	7.7
3,001-3,500	6,087	4.1	19,723,500	7.0
3,501-4,000	4,860	3.3	18,187,292	6.4
4,001-4,500	3,863	2.6	16,371,992	5.8
4,501-5,000	3,029	2.0	14,354,944	5.1
5,001-5,500	2,407	1.6	12,612,432	4.5
5,501-6,000	1,952	1.3	11,207,790	4.0
6,001-6,500	1,532	1.0	9,567,260	3.4
6,501-7,000	1,251	0.8	8,438,173	3.0
7,001-7,500	1,044	0.7	7,554,664	2.7
7,501-8,000	843	0.6	6,525,668	2.3
8,001-8,500	606	0.4	4,993,332	1.8
8,501-9,000	514	0.3	4,496,071	1.6
9,001-9,500	461	0.3	4,259,550	1.5
9,501-10,000	365	0.2	3,553,890	1.3
10,001+	2,080	1.4	29,887,310	10.6

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 WISCONSIN, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	43,859
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$87,612,045
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,998

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,458	14.7 %	0	0.0 %
1-500	9,438	21.5	1,995,331	2.3
501-1,000	5,794	13.2	4,290,829	4.9
1,001-1,500	4,443	10.1	5,504,256	6.3
1,501-2,000	3,521	8.0	6,123,475	7.0
2,001-2,500	2,608	5.9	5,843,699	6.7
2,501-3,000	2,039	4.6	5,588,502	6.4
3,001-3,500	1,651	3.8	5,358,527	6.1
3,501-4,000	1,354	3.1	5,060,524	5.8
4,001-4,500	1,086	2.5	4,606,112	5.3
4,501-5,000	857	2.0	4,065,644	4.6
5,001-5,500	693	1.6	3,629,000	4.1
5,501-6,000	600	1.4	3,445,355	3.9
6,001-6,500	485	1.1	3,031,181	3.5
6,501-7,000	416	0.9	2,808,454	3.2
7,001-7,500	369	0.8	2,670,412	3.0
7,501-8,000	305	0.7	2,358,775	2.7
8,001-8,500	223	0.5	1,837,810	2.1
8,501-9,000	190	0.4	1,662,526	1.9
9,001-9,500	187	0.4	1,725,532	2.0
9,501-10,000	165	0.4	1,605,582	1.8
10,001+	977	2.2	14,400,519	16.4

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

- 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 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 WISCONSIN, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	60,257
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$112,702,944
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$1,870

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,680	11.1 %	0	0.0 %
1-500	12,732	21.1	2,868,023	2.5
501-1,000	9,063	15.0	6,700,817	5.9
1,001-1,500	6,902	11.5	8,552,049	7.6
1,501-2,000	5,187	8.6	9,015,491	8.0
2,001-2,500	4,159	6.9	9,301,028	8.3
2,501-3,000	3,245	5.4	8,889,557	7.9
3,001-3,500	2,436	4.0	7,885,276	7.0
3,501-4,000	1,998	3.3	7,476,792	6.6
4,001-4,500	1,550	2.6	6,572,746	5.8
4,501-5,000	1,200	2.0	5,682,541	5.0
5,001-5,500	986	1.6	5,165,190	4.6
5,501-6,000	792	1.3	4,549,998	4.0
6,001-6,500	591	1.0	3,686,582	3.3
6,501-7,000	497	0.8	3,353,105	3.0
7,001-7,500	400	0.7	2,892,874	2.6
7,501-8,000	339	0.6	2,624,605	2.3
8,001-8,500	233	0.4	1,920,156	1.7
8,501-9,000	196	0.3	1,713,416	1.5
9,001-9,500	177	0.3	1,637,393	1.5
9,501-10,000	128	0.2	1,246,211	1.1
10,001+	766	1.3	10,969,094	9.7

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 WISCONSIN, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	44,204
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$81,746,822
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,849

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,396	7.7 %	0	0.0 %
1-500	9,470	21.4	2,169,548	2.7
501-1,000	6,922	15.7	5,125,973	6.3
1,001-1,500	5,312	12.0	6,602,172	8.1
1,501-2,000	4,143	9.4	7,211,657	8.8
2,001-2,500	3,304	7.5	7,396,227	9.0
2,501-3,000	2,610	5.9	7,149,309	8.7
3,001-3,500	2,000	4.5	6,479,697	7.9
3,501-4,000	1,508	3.4	5,649,976	6.9
4,001-4,500	1,227	2.8	5,193,134	6.4
4,501-5,000	972	2.2	4,606,759	5.6
5,001-5,500	728	1.6	3,818,242	4.7
5,501-6,000	560	1.3	3,212,437	3.9
6,001-6,500	456	1.0	2,849,497	3.5
6,501-7,000	338	0.8	2,276,614	2.8
7,001-7,500	275	0.6	1,991,378	2.4
7,501-8,000	199	0.5	1,542,288	1.9
8,001-8,500	150	0.3	1,235,366	1.5
8,501-9,000	128	0.3	1,120,129	1.4
9,001-9,500	97	0.2	896,625	1.1
9,501-10,000	72	0.2	702,097	0.9
10,001+	337	0.8	4,517,697	5.5

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	206,249	128,214	73,205	4,804	12	14	2,180,961	1,317,663	814,032	49,051	97	118
Age												
5 and younger	11	0	10	0	1	0	128	0	116	0	12	0
6-14	15	0	15	0	0	0	164	0	164	0	0	0
15-20	276	0	254	14	8	0	3,057	0	2,879	129	49	0
21-44	26,000	6	23,179	2,813	2	0	290,846	68	261,801	28,953	24	0
45-64	31,621	48	29,841	1,723	1	8	348,149	433	330,116	17,522	12	66
65-74	43,865	34,534	9,103	222	0	6	458,204	353,275	102,775	2,102	0	52
75-84	60,257	53,700	6,528	29	0	0	629,886	558,330	71,238	318	0	0
85 and older	44,204	39,926	4,275	3	0	0	450,527	405,557	44,943	27	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	138,998	95,262	41,108	2,612	2	14	1,479,382	992,590	459,838	26,823	13	118
Male	67,251	32,952	32,097	2,192	10	0	701,579	325,073	354,194	22,228	84	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	144,076	108,004	32,501	3,559	7	5	1,494,401	1,102,788	354,839	36,685	60	29
African American	8,342	3,238	4,427	674	2	1	86,331	33,338	46,292	6,685	13	3
Other/unknown	53,831	16,972	36,277	571	3	8	600,229	181,537	412,901	5,681	24	86
Use of Nursing Facilities^c												
Entire year	21,999	20,418	1,581	0	0	0	222,767	205,769	16,998	0	0	0
Part year	10,173	7,831	2,330	12	0	0	99,573	74,248	25,195	130	0	0
None	174,077	99,965	69,294	4,792	12	14	1,858,621	1,037,646	771,839	48,921	97	118
Maintenance Assistance Status												
Cash	45,711	12,080	33,127	503	1	0	520,957	137,078	378,949	4,918	12	0
Medically needy	10,896	6,475	4,383	37	1	0	106,134	63,116	42,683	323	12	0
Poverty related	8,582	666	7,862	36	4	14	94,513	7,177	86,885	302	31	118
Other/unknown	141,060	108,993	27,833	4,228	6	0	1,459,357	1,110,292	305,515	43,508	42	0
Dual Status^d												
Full dual, all year	202,764	126,536	71,451	4,751	12	14	2,142,990	1,299,375	794,931	48,469	97	118
Full dual, part year	3,485	1,678	1,754	53	0	0	37,971	18,288	19,101	582	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	205,031	128,200	72,986	3,820	11	14	2,168,228	1,317,507	811,551	38,956	96	118
FFS part year, with Rx claims	831	9	194	628	0	0	9,061	105	2,223	6,733	0	0
FFS part year, no Rx claims	131	5	24	102	0	0	1,152	51	246	855	0	0
MC all year, with Rx claims	4	0	0	4	0	0	38	0	0	38	0	0
MC all year, no Rx claims	252	0	1	250	1	0	2,482	0	12	2,469	1	0

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	206,249	2,180,961	205,993	2,173,779	0	7,182
Fee-for-service (FFS) all year	205,031	2,168,228	205,031	2,168,228	0	0
FFS part year, with Rx claims	831	9,061	831	5,047	0	4,014
FFS part year, with no Rx claims	131	1,152	131	504	0	648
Managed care (MC) all year, with Rx claims	4	38	0	0	0	38
MC all year, with no Rx claims	252	2,482	0	0	0	2,482

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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.