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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	209,658	140,042	64,490	5,102	11	13	2,209,669	1,439,296	721,344	48,855	86	88
Age												
5 and younger	16	0	14	0	2	0	153	0	137	0	16	0
6-14	10	0	10	0	0	0	106	0	106	0	0	0
15-20	261	0	249	6	6	0	2,919	0	2,808	58	53	0
21-44	26,490	9	23,484	2,994	2	1	292,843	107	264,472	28,239	15	10
45-64	33,862	48	31,969	1,838	0	7	372,240	477	353,723	18,000	0	40
65-74	43,483	37,047	6,206	224	1	5	452,091	378,752	71,142	2,157	2	38
75-84	60,006	57,816	2,152	38	0	0	630,113	605,204	24,532	377	0	0
85 and older	45,530	45,122	406	2	0	0	459,204	454,756	4,424	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	141,081	104,400	33,852	2,812	4	13	1,495,179	1,086,565	381,665	26,839	22	88
Male	68,577	35,642	30,638	2,290	7	0	714,490	352,731	339,679	22,016	64	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	146,967	118,257	24,911	3,786	9	4	1,519,138	1,207,899	274,249	36,893	70	27
African American	8,575	4,610	3,250	714	1	0	88,141	48,119	33,542	6,476	4	0
Other/unknown	54,116	17,175	36,329	602	1	9	602,390	183,278	413,553	5,486	12	61
Use of Nursing Facilities^c												
Entire year	21,589	20,034	1,553	2	0	0	214,725	197,965	16,747	13	0	0
Part year	10,525	8,893	1,615	17	0	0	102,253	84,610	17,488	155	0	0
None	177,544	111,115	61,322	5,083	11	13	1,892,691	1,156,721	687,109	48,687	86	88
Maintenance Assistance Status												
Cash	45,658	11,448	33,763	445	2	0	518,024	129,275	385,135	3,594	20	0
Medically needy	9,785	6,032	3,718	33	2	0	93,713	57,440	36,025	242	6	0
Poverty-related	10,896	730	10,107	44	2	13	119,967	7,822	111,685	355	17	88
Other/unknown	143,319	121,832	16,902	4,580	5	0	1,477,965	1,244,759	188,499	44,664	43	0
Dual Medicare Status^d												
Full dual, all year	205,582	138,144	62,390	5,025	10	13	2,165,711	1,418,718	698,777	48,044	84	88
Full dual, part year	4,076	1,898	2,100	77	1	0	43,958	20,578	22,567	811	2	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	208,364	139,828	64,118	4,395	10	13	2,202,445	1,438,188	719,104	44,987	78	88
FFS part year, with Rx claims	1,128	181	322	624	1	0	6,586	1,003	2,012	3,563	8	0
FFS part year, no Rx claims	166	33	50	83	0	0	638	105	228	305	0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	88.7	48.2	\$2,566	\$53	\$11,805	21.7	209,658
Age							
5 and younger	87.5	47.5	3,964	84	14,398	27.5	16
6-14	100.0	71.2	10,867	153	16,029	67.8	10
15-20	84.7	28.9	2,882	100	15,532	18.6	261
21-44	84.7	37.2	3,466	93	14,523	23.9	26,490
45-64	89.1	57.7	4,264	74	17,743	24.0	33,862
65-74	85.5	44.5	2,141	48	7,784	27.5	43,483
75-84	89.4	47.8	1,995	42	8,685	23.0	60,006
85 and older	92.9	51.4	1,932	38	13,736	14.1	45,530
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.4	47.5	1,970	41	9,870	20.0	140,042
Disabled	87.3	50.3	3,813	76	16,538	23.1	64,490
Adults	87.1	38.1	3,141	83	5,042	62.3	5,102
Children	90.9	53.9	7,438	138	38,793	19.2	11
Unknown	100.0	25.9	1,425	55	9,903	14.4	13
Gender							
Female	90.8	50.9	2,527	50	11,054	22.9	141,081
Male	84.5	42.5	2,645	62	13,351	19.8	68,577
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.2	49.8	2,458	49	11,865	20.7	146,967
African American	83.0	43.7	2,681	61	15,356	17.5	8,575
Other/unknown	85.4	44.3	2,840	64	11,080	25.6	54,116
Use of Nursing Facilities^f							
Entire year	95.8	78.8	3,477	44	34,323	10.1	21,589
Part year	96.4	70.1	3,186	46	22,596	14.1	10,525
None	87.4	43.1	2,418	56	8,427	28.7	177,544
Maintenance Assistance Status							
Cash	85.9	46.5	3,057	66	12,566	24.3	45,658
Medically needy	87.0	52.2	3,137	60	11,616	27.0	9,785
Poverty related	89.5	49.2	3,899	79	9,648	40.4	10,896
Other/unknown	89.7	48.3	2,269	47	11,739	19.3	143,319

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

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

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

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None			More than 0, but 1 or Less			More than 5, but 10 or More than 10		
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	4.6	\$243	21.7	11.3	14.3	10.9	30.9	24.6	7.8	\$1,120	209,658	2,209,669
Age												
5 and younger	5.0	415	27.5	12.5	0.0	6.3	50.0	31.3	0.0	1,506	16	153
6-14	6.7	1,025	67.8	0.0	0.0	0.0	30.0	60.0	10.0	1,512	10	106
15-20	2.6	258	18.6	15.3	35.2	14.6	20.7	11.9	2.3	1,389	261	2,919
21-44	3.4	314	23.9	15.3	25.9	12.3	25.1	16.3	5.1	1,314	26,490	292,843
45-64	5.2	388	24.0	10.9	13.9	9.1	26.6	27.4	12.1	1,614	33,862	372,240
65-74	4.3	206	27.5	14.5	15.3	11.5	29.9	22.1	6.7	749	43,483	452,091
75-84	4.6	190	23.0	10.6	12.5	11.4	33.9	24.6	7.0	827	60,006	630,113
85 and older	5.1	192	14.1	7.1	9.4	10.3	34.7	30.0	8.5	1,362	45,530	459,204
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	4.6	192	20.0	10.6	12.3	11.2	33.3	25.3	7.2	960	140,042	1,439,296
Disabled	4.5	341	23.1	12.7	18.3	10.2	26.0	23.5	9.3	1,479	64,490	721,344
Adults	4.0	328	62.3	12.9	21.6	11.6	27.6	20.7	5.7	527	5,102	48,855
Children	6.9	951	19.2	9.1	9.1	18.2	27.3	27.3	9.1	4,962	11	86
Unknown	3.8	211	14.4	0.0	15.4	7.7	38.5	38.5	0.0	1,463	13	88
Gender												
Female	4.8	238	22.9	9.2	12.8	11.0	32.6	26.1	8.3	1,043	141,081	1,495,179
Male	4.1	254	19.8	15.5	17.5	10.8	27.6	21.6	7.0	1,281	68,577	714,490
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.8	238	20.7	9.8	12.3	11.0	32.6	25.9	8.4	1,148	146,967	1,519,138
African American	4.3	261	17.5	17.0	15.9	10.1	26.5	23.3	7.1	1,494	8,575	88,141
Other/unknown	4.0	255	25.6	14.6	19.5	10.8	27.2	21.4	6.5	995	54,116	602,390
Use of Nursing Facilities^f												
Entire year	7.9	350	10.1	4.2	3.6	4.3	22.0	40.2	25.7	3,451	21,589	214,725
Part year	7.2	328	14.1	3.6	5.2	5.6	26.4	39.7	19.4	2,326	10,525	102,253
None	4.0	227	28.7	12.6	16.2	12.1	32.3	21.9	5.0	791	177,544	1,892,691
Maintenance Assistance Status												
Cash	4.1	270	24.3	14.1	19.4	10.4	26.3	22.6	7.2	1,108	45,658	518,024
Medically needy	5.5	328	27.0	13.0	10.2	8.1	26.7	29.9	12.0	1,213	9,785	93,713
Poverty related	4.5	354	40.4	10.5	19.2	10.6	27.8	23.9	8.0	876	10,896	119,967
Other/unknown	4.7	220	19.3	10.3	12.6	11.3	33.0	25.0	7.7	1,138	143,319	1,477,965

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.6	\$243	\$53	1.7	\$190	\$114	0.1	\$10	\$84	2.8	\$44	\$16
Age												
5 and younger	5.0	415	84	2.4	352	150	0.1	10	73	2.5	53	21
6-14	6.7	1,025	153	3.2	889	281	0.1	3	41	3.5	134	38
15-20	2.6	258	100	1.1	213	186	0.1	17	174	1.3	27	21
21-44	3.4	314	93	1.3	250	192	0.1	15	141	1.9	48	25
45-64	5.2	388	74	1.9	301	155	0.1	18	123	3.1	69	22
65-74	4.3	206	48	1.6	162	100	0.1	7	72	2.6	37	14
75-84	4.6	190	42	1.7	149	89	0.1	6	57	2.8	35	13
85 and older	5.1	192	38	1.7	143	86	0.1	7	54	3.3	41	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.6	192	41	1.6	149	90	0.1	6	58	2.9	37	13
Disabled	4.5	341	76	1.7	268	159	0.1	15	119	2.7	57	21
Adults	4.0	328	83	1.4	240	170	0.1	24	188	2.4	64	26
Children	6.9	951	138	2.9	880	307	0.0	4	90	4.0	67	17
Unknown	3.8	211	55	1.2	173	145	0.0	3	88	2.6	35	13
Gender												
Female	4.8	238	50	1.7	184	107	0.1	10	77	2.9	44	15
Male	4.1	254	62	1.5	200	134	0.1	10	103	2.5	44	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.8	238	49	1.7	184	106	0.1	9	78	3.0	44	15
African American	4.3	261	61	1.6	207	128	0.1	11	109	2.5	43	17
Other/unknown	4.0	255	64	1.5	201	136	0.1	11	98	2.4	44	18
Use of Nursing Facilities^e												
Entire year	7.9	350	44	2.5	256	102	0.2	14	59	5.2	79	15
Part year	7.2	328	46	2.3	245	105	0.2	12	62	4.7	70	15
None	4.0	227	56	1.5	179	118	0.1	9	94	2.4	39	16
Maintenance Assistance Status												
Cash	4.1	270	66	1.5	211	139	0.1	12	102	2.5	46	19
Medically needy	5.5	328	60	2.0	252	128	0.2	16	106	3.3	59	18
Poverty related	4.5	354	79	1.7	281	161	0.1	15	121	2.6	58	22
Other/unknown	4.7	220	47	1.7	170	102	0.1	8	72	2.9	41	14

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Off-Patent Brand-Name Generic				Off-Patent Brand-Name Generic				Off-Patent Brand-Name Generic				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$14	\$2	\$4	\$61	\$189	\$68	\$16	346,761	\$21,054,704	98,170	46.8	1,091,836
Biologicals	0.7	0.0	0.2	0.5	1,668	18	373	1,278	2245	442	1,970	2,488	275	617,286	31	0.0	370
Antineoplastic Agents	0.6	0.2	0.0	0.5	85	72	0	13	131	393	76	28	43,782	5,743,899	6,349	3.0	67,432
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	44	33	4	7	42	87	41	12	1,066,602	44,295,589	91,806	43.8	1,008,016
Cardiovascular Agents	2.1	0.7	0.0	1.3	61	48	0	13	30	66	36	10	3,158,166	93,920,839	141,243	67.4	1,537,523
Respiratory Agents	0.7	0.5	0.0	0.3	51	46	1	4	69	101	67	14	486,905	33,396,651	59,243	28.3	655,882
Gastrointestinal Agents	0.7	0.2	0.0	0.4	45	39	0	6	67	157	55	14	459,520	30,627,686	61,281	29.2	674,803
Genitourinary Agents	0.6	0.4	0.0	0.2	37	33	0	4	63	80	64	22	209,298	13,281,334	32,112	15.3	355,136
CNS Drugs	1.4	0.6	0.0	0.8	116	102	1	13	82	168	112	17	1,529,988	125,534,555	99,199	47.3	1,079,839
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	79	66	2	11	118	177	144	39	26,844	3,160,480	3,534	1.7	39,893
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	137	134	0	4	161	163	103	110	158,320	25,507,295	17,471	8.3	185,572
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	47	19	9	19	56	166	197	28	855,564	48,278,837	94,227	44.9	1,031,369
Neuromuscular Agents	1.0	0.3	0.0	0.7	71	48	3	20	69	155	107	29	614,056	42,161,361	53,777	25.6	595,483
Nutritional Products	0.7	0.0	0.0	0.7	9	0	0	8	13	21	16	13	270,197	3,487,215	36,708	17.5	394,534
Hematological Agents	0.9	0.3	0.0	0.6	51	44	1	7	57	159	46	11	429,934	24,478,153	44,202	21.1	476,452
Topical Products	0.5	0.2	0.0	0.2	21	16	1	4	45	72	55	18	399,472	17,824,302	76,470	36.5	853,285
Miscellaneous Products	0.5	0.2	0.0	0.3	90	74	4	12	185	469	224	40	22,556	4,163,162	4,377	2.1	46,348
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	18,011	372,409	4,687	2.2	51,739
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.	10,096,251	537,905,757	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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

Dual Eligible Beneficiaries

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$84,467,440	46,835	22.3	517,153	0.9	\$189	\$163
ANTIHYPERLIPIDEMIC	42,789,601	75,212	35.9	842,502	0.7	73	51
ANTICONVULSANT	35,071,803	43,804	20.9	487,993	0.9	83	72
ANTIDEPRESSANTS	31,963,992	90,573	43.2	993,341	0.7	45	32
ANALGESICS - Narcotic	28,423,206	108,311	51.7	1,190,678	0.5	51	24
ANTIASTHMATIC	26,343,820	68,449	32.6	754,019	0.5	74	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	25,511,567	21,066	10.0	223,938	0.7	161	114
ANTIDIABETIC	25,493,613	60,935	29.1	670,470	0.8	50	38
ULCER DRUGS	24,746,315	64,738	30.9	714,164	0.7	53	35
ANTIHYPERTENSIVE	19,125,652	94,705	45.2	1,044,498	0.7	25	18
Total	343,937,009	674,628		7,438,756	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERTENSIVES			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Rx per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Rx per Month
All	4,975,137	\$343,937,009	46,835	22.3	517,153	0.9	\$163	75,212	35.9	842,502	0.7	\$51
Female												
All Females	3,410,347	221,770,340	27,918	19.8	306,888	0.8	142	51,676	36.6	581,721	0.7	51
Female, Disabled												
All Ages	1,052,291	93,304,164	13,398	39.6	154,836	0.9	177	10,850	32.1	125,269	0.7	55
5 and younger	40	1,665	0	0.0	0	0.0	0	2	50.0	24	0.5	41
6-14	70	2,110	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,506	121,599	22	21.4	264	0.7	170	10	9.7	119	0.5	35
21-44	261,273	28,428,753	5,124	47.9	59,426	0.8	173	1,384	12.9	16,003	0.6	47
45-64	613,911	53,717,237	7,131	41.5	82,232	0.9	185	6,640	38.7	76,150	0.7	55
65-74	123,018	7,922,790	765	19.2	8,827	0.8	152	2,040	51.2	23,944	0.7	58
75-84	44,122	2,626,352	284	18.4	3,294	0.9	150	699	45.3	8,165	0.7	60
85 and older	8,351	483,658	72	21.3	793	1.0	176	75	22.2	864	0.8	58
Female, Other Eligibles												
All Ages	2,358,056	128,466,176	14,520	13.5	152,052	0.7	106	40,826	38.1	456,452	0.7	49
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	90	3,491	1	12.5	1	1.0	46	0	0.0	0	0.0	0
21-44	36,586	3,855,037	631	31.4	6,669	0.5	115	207	10.3	2,221	0.6	44
45-64	22,519	2,066,696	237	30.8	2,567	0.6	138	228	29.6	2,389	0.6	48
65-74	560,397	32,112,739	2,700	10.6	29,881	0.8	124	13,264	52.0	147,538	0.7	48
75-84	954,031	50,800,284	4,811	11.3	51,176	0.7	106	19,371	45.6	218,200	0.7	50
85 and older	784,433	39,627,929	6,140	16.9	61,758	0.7	94	7,756	21.3	86,104	0.7	51
Male												
All Males	1,564,790	122,166,669	18,917	27.6	210,265	1.0	195	23,536	34.3	260,781	0.7	52
Male, Disabled												
All Ages	796,357	78,378,587	13,499	44.1	155,886	1.0	220	8,907	29.1	101,910	0.7	55
5 and younger	97	3,201	0	0.0	0	0.0	0	1	10.0	9	0.3	17
6-14	22	1,099	1	33.3	9	0.7	79	1	33.3	12	0.8	32
15-20	1,881	211,956	46	31.5	539	0.7	164	3	2.1	36	0.1	10
21-44	271,683	31,124,563	6,340	49.6	73,415	1.0	216	2,088	16.3	24,063	0.7	48
45-64	451,419	42,570,535	6,629	44.8	76,422	1.1	227	5,567	37.6	63,274	0.7	57
65-74	55,646	3,528,553	349	15.7	4,028	0.9	155	1,022	46.1	11,906	0.7	60
75-84	14,140	857,581	118	19.3	1,338	0.9	170	215	35.2	2,490	0.8	63
85 and older	1,469	81,099	16	23.5	135	1.3	227	10	14.7	120	0.8	60

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, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS						ANTIHYPERTENSIVE				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month			
Male, Other Eligibles													
All Ages	768,433	43,788,082	5,418	14.3	54,379	0.8	124	14,629	38.6	158,871	0.7	49	
5 and younger	19	808	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	17	393	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	20,242	2,180,275	236	23.7	2,521	0.6	139	220	22.1	2,274	0.6	42	
45-64	29,738	2,543,627	165	14.7	1,725	0.6	132	533	47.5	5,593	0.7	53	
65-74	245,108	14,444,963	1,580	13.4	16,859	0.9	157	5,621	47.8	60,878	0.7	50	
75-84	308,920	16,279,508	1,981	12.9	19,881	0.8	109	6,367	41.5	69,977	0.7	49	
85 and older	164,389	8,338,508	1,456	16.7	13,393	0.8	99	1,888	21.6	20,149	0.7	47	
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					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	43,804	20.9	487,993	0.9	\$72	90,573	43.2	993,341	0.7	\$32	108,311	51.7	1,190,678	0.5	\$24
Female															
All Females	27,813	19.7	310,318	0.8	64	65,220	46.2	717,329	0.7	32	77,764	55.1	859,570	0.5	22
Female, Disabled															
All Ages	13,621	40.2	156,545	0.9	88	23,462	69.3	269,225	0.7	38	25,237	74.6	289,790	0.5	31
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.2	11	3	75.0	36	0.1	1
6-14	2	28.6	2	1.0	323	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	36	35.0	419	0.6	56	50	48.5	581	0.5	19	45	43.7	495	0.3	6
21-44	4,862	45.5	56,095	0.9	104	7,520	70.3	86,701	0.6	39	7,675	71.7	88,750	0.4	30
45-64	7,561	44.0	86,652	0.9	84	13,425	78.2	153,390	0.7	39	13,768	80.2	157,074	0.5	35
65-74	851	21.3	9,851	0.8	54	1,806	45.3	20,977	0.7	30	2,623	65.8	30,643	0.4	17
75-84	265	17.2	3,059	0.8	52	543	35.2	6,236	0.7	28	945	61.3	10,796	0.4	16
85 and older	44	13.0	467	0.8	43	117	34.6	1,328	0.8	23	178	52.7	1,996	0.5	9
Female, Other Eligibles															
All Ages	14,192	13.2	153,773	0.8	39	41,758	38.9	448,104	0.7	29	52,527	49.0	569,780	0.5	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	25.0	24	0.5	54	3	37.5	14	0.4	4	3	37.5	34	0.6	4
21-44	831	41.3	8,603	0.7	74	1,580	78.6	16,171	0.5	37	1,756	87.3	18,391	0.5	37
45-64	342	44.4	3,574	0.7	62	684	88.8	7,193	0.6	39	853	110.8	9,023	0.5	45
65-74	3,599	14.1	39,939	0.8	46	9,012	35.3	99,226	0.7	28	12,047	47.2	133,918	0.4	16
75-84	5,461	12.8	60,149	0.7	35	15,078	35.5	165,394	0.7	27	19,948	46.9	221,659	0.4	15
85 and older	3,957	10.9	41,484	0.8	31	15,401	42.3	160,106	0.8	29	17,920	49.2	186,755	0.5	18
Male															
All Males	15,991	23.3	177,675	0.9	86	25,353	37.0	276,012	0.7	33	30,547	44.5	331,108	0.5	30
Male, Disabled															
All Ages	10,723	35.0	122,716	1.0	102	13,620	44.5	155,104	0.7	35	15,355	50.1	173,351	0.5	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30.0	33	0.1	1
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	54	37.0	617	1.0	120	51	34.9	598	0.6	28	42	28.8	482	0.1	5
21-44	4,563	35.7	52,442	1.0	115	5,589	43.7	63,973	0.7	35	5,711	44.7	65,097	0.4	34
45-64	5,615	37.9	64,066	1.0	96	7,201	48.7	81,517	0.7	36	8,221	55.6	91,981	0.5	43
65-74	384	17.3	4,410	0.9	61	625	28.2	7,260	0.7	28	1,110	50.0	12,737	0.4	17
75-84	97	15.9	1,068	0.9	43	138	22.6	1,585	0.8	33	231	37.9	2,651	0.3	10
85 and older	10	14.7	113	0.8	52	16	23.5	171	0.9	34	37	54.4	370	0.6	13

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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 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 Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	5,268	13.9	54,959	0.8	48	11,733	30.9	120,908	0.7	29	15,192	40.0	157,757	0.5	21
5 and younger	1	50.0	12	0.8	33	0	0.0	0	0.0	0	2	100.0	16	0.1	1
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	50.0	8	0.3	37	0	0.0	0	0.0	0	1	25.0	12	0.1	1
21-44	339	34.1	3,532	0.7	70	621	62.4	6,630	0.6	33	874	87.8	9,154	0.6	80
45-64	310	27.6	3,216	0.7	68	680	60.6	7,063	0.6	36	1,017	90.6	10,810	0.6	66
65-74	1,788	15.2	19,381	0.9	58	3,040	25.9	32,558	0.7	29	4,445	37.8	47,724	0.4	16
75-84	1,819	11.9	19,025	0.8	38	4,251	27.7	44,135	0.7	28	5,429	35.4	57,020	0.4	12
85 and older	1,009	11.6	9,785	0.8	34	3,141	36.0	30,522	0.8	28	3,424	39.2	33,021	0.5	15
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	68,449	32.6	754,019	0.5	\$35	21,066	10.0	223,938	0.7	\$114	60,935	29.1	670,470	0.8	\$38
Female															
All Females	47,999	34.0	532,306	0.5	34	15,208	10.8	163,151	0.7	119	41,461	29.4	459,438	0.8	37
Female, Disabled															
All Ages	15,649	46.2	179,646	0.4	34	2,437	7.2	28,259	0.4	187	10,915	32.2	125,036	0.8	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.2	8
15-20	30	29.1	353	0.4	25	0	0.0	0	0.0	0	14	13.6	166	0.4	30
21-44	4,060	38.0	46,798	0.4	27	703	6.6	8,234	0.3	220	1,583	14.8	18,227	0.7	47
45-64	8,757	51.0	100,076	0.5	36	1,409	8.2	16,292	0.4	193	6,403	37.3	72,802	0.8	49
65-74	2,048	51.4	23,803	0.5	41	197	4.9	2,281	0.5	74	2,117	53.1	24,666	0.8	42
75-84	633	41.1	7,233	0.5	36	97	6.3	1,089	0.7	98	703	45.6	8,120	0.8	37
85 and older	121	35.8	1,383	0.4	31	31	9.2	363	0.8	121	94	27.8	1,043	0.8	31
Female, Other Eligibles															
All Ages	32,350	30.2	352,660	0.5	35	12,771	11.9	134,892	0.8	105	30,546	28.5	334,402	0.8	33
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	37.5	36	0.4	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	719	35.8	7,610	0.3	25	147	7.3	1,598	0.3	315	261	13.0	2,768	0.6	49
45-64	405	52.6	4,315	0.4	37	58	7.5	604	0.4	371	248	32.2	2,500	0.7	49
65-74	8,805	34.5	97,296	0.5	38	1,174	4.6	12,810	0.7	107	9,594	37.6	106,077	0.7	36
75-84	12,653	29.8	140,020	0.5	36	4,748	11.2	50,764	0.8	99	13,096	30.8	145,195	0.8	32
85 and older	9,765	26.8	103,383	0.5	30	6,644	18.3	69,116	0.8	102	7,347	20.2	77,862	0.8	30
Male															
All Males	20,450	29.8	221,713	0.5	36	5,858	8.5	60,787	0.7	100	19,474	28.4	211,032	0.8	41
Male, Disabled															
All Ages	7,683	25.1	87,290	0.5	37	1,533	5.0	17,590	0.4	99	7,143	23.3	80,431	0.8	50
5 and younger	6	60.0	63	0.5	23	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	31	21.2	366	0.4	46	0	0.0	0	0.0	0	8	5.5	96	0.6	25
21-44	2,339	18.3	26,890	0.4	30	524	4.1	6,129	0.3	83	1,548	12.1	17,615	0.7	49
45-64	4,209	28.4	47,403	0.5	38	894	6.0	10,155	0.4	112	4,466	30.2	49,688	0.8	52
65-74	837	37.7	9,584	0.6	46	88	4.0	991	0.4	52	915	41.3	10,647	0.8	45
75-84	246	40.3	2,847	0.6	42	25	4.1	291	0.7	93	185	30.3	2,157	0.8	39
85 and older	15	22.1	137	0.5	28	2	2.9	24	0.7	102	21	30.9	228	0.9	28

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	12,767	33.7	134,423	0.5	36	4,325	11.4	43,197	0.8	101	12,331	32.5	130,601	0.8	35
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	245	24.6	2,680	0.4	28	59	5.9	661	0.3	282	183	18.4	1,926	0.7	48
45-64	372	33.1	3,906	0.4	33	83	7.4	907	0.3	166	452	40.2	4,707	0.7	57
65-74	3,745	31.9	40,183	0.5	39	666	5.7	7,009	0.7	87	4,584	39.0	49,076	0.7	37
75-84	5,311	34.6	56,286	0.5	37	1,879	12.3	19,007	0.8	96	5,082	33.2	54,521	0.8	34
85 and older	3,094	35.4	31,368	0.5	32	1,638	18.8	15,613	0.8	101	2,030	23.3	20,371	0.8	30
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	64,738	30.9	714,164	0.7	\$35	94,705	45.2	1,044,498	0.7	\$18	209,658	2,209,669
Female												
All Females	45,584	32.3	505,276	0.6	36	67,608	47.9	750,031	0.7	20	141,081	1,495,179
Female, Disabled												
All Ages	14,137	41.8	162,917	0.6	39	10,931	32.3	125,279	0.7	21	33,852	381,665
5 and younger	3	75.0	36	0.6	15	1	25.0	12	0.2	0	4	48
6-14	6	85.7	72	0.5	13	3	42.9	36	0.9	11	7	73
15-20	36	35.0	415	0.5	42	28	27.2	318	0.6	12	103	1,170
21-44	3,506	32.8	40,674	0.5	36	1,409	13.2	16,201	0.6	16	10,697	121,509
45-64	7,933	46.2	90,898	0.6	41	6,258	36.4	71,158	0.7	20	17,173	191,506
65-74	1,787	44.8	20,877	0.6	36	2,174	54.5	25,328	0.7	23	3,988	45,931
75-84	716	46.4	8,258	0.6	30	882	57.2	10,224	0.8	23	1,542	17,696
85 and older	150	44.4	1,687	0.8	34	176	52.1	2,002	0.8	25	338	3,732
Female, Other Eligibles												
All Ages	31,447	29.3	342,359	0.7	34	56,677	52.9	624,752	0.7	19	107,229	1,113,514
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	2	25.0	24	0.7	22	2	25.0	24	0.9	47	8	75
21-44	590	29.3	6,175	0.5	33	217	10.8	2,257	0.6	17	2,011	19,062
45-64	366	47.5	3,864	0.5	36	282	36.6	2,860	0.6	18	770	7,481
65-74	6,837	26.8	76,065	0.6	40	13,373	52.4	147,903	0.7	19	25,520	263,682
75-84	11,762	27.7	130,719	0.6	36	24,148	56.8	270,227	0.7	20	42,526	451,250
85 and older	11,890	32.7	125,512	0.7	29	18,655	51.3	201,481	0.8	20	36,394	371,964
Male												
All Males	19,154	27.9	208,888	0.7	32	27,097	39.5	294,467	0.7	15	68,577	714,490
Male, Disabled												
All Ages	9,217	30.1	105,277	0.7	34	8,383	27.4	94,692	0.7	17	30,638	339,679
5 and younger	7	70.0	68	0.7	15	3	30.0	28	0.4	19	10	89
6-14	0	0.0	0	0.0	0	2	66.7	18	0.3	1	3	33
15-20	27	18.5	323	0.4	24	23	15.8	276	0.5	11	146	1,638
21-44	2,912	22.8	33,611	0.6	33	1,942	15.2	21,931	0.7	16	12,787	142,963
45-64	5,201	35.2	58,934	0.7	35	4,991	33.7	56,038	0.7	18	14,796	162,217
65-74	817	36.8	9,444	0.6	32	1,111	50.1	12,868	0.7	18	2,218	25,211
75-84	227	37.2	2,625	0.7	28	285	46.7	3,251	0.7	15	610	6,836
85 and older	26	38.2	272	0.8	30	26	38.2	282	0.8	21	68	692

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

TABLE 1. DRUGS GIVEN FOR ARIAS, 1990-1991												
Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	9,937	26.2	103,611	0.7	31	18,714	49.3	199,775	0.7	14	37,939	374,811
5 and younger	2	100.0	16	0.4	25	0	0.0	0	0.0	0	2	16
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	50.0	24	0.4	3	1	25.0	12	0.3	3	4	36
21-44	296	29.7	3,146	0.6	46	228	22.9	2,316	0.6	18	995	9,309
45-64	382	34.0	4,051	0.6	43	489	43.5	5,123	0.7	22	1,123	11,036
65-74	2,831	24.1	30,305	0.7	33	6,127	52.1	65,898	0.7	14	11,757	117,267
75-84	3,805	24.8	40,256	0.7	29	7,988	52.1	86,612	0.7	14	15,328	154,331
85 and older	2,619	30.0	25,813	0.7	27	3,881	44.5	39,814	0.7	13	8,730	82,816
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.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.

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$350	7.9	21,589	214,725
Age				
0-64	592	9.6	1,302	14,157
65-74	474	9.3	2,041	21,190
75-84	371	8.3	6,244	62,411
85 and older	286	7.3	12,002	116,967
Unknown	0	0.0	0	0
Gender				
Female	343	8.0	15,412	155,260
Male	368	7.7	6,177	59,465
Unknown	0	0.0	0	0
Race				
White	345	7.9	19,878	197,900
African American	459	8.4	379	3,945
Other/unknown	387	7.9	1,332	12,880
Basis of Eligibility^c				
Aged	331	7.8	20,034	197,965
Disabled	573	9.4	1,553	16,747
Adults	469	11.9	2	13
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$16	\$9	\$3	\$4	\$40	\$91	\$69	\$16	59,453	\$2,349,767	14,477	67.1	151,165
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	68	42	0	25	94	316	66	44	5,571	524,681	794	3.7	7,772
Endocrine/Metabolic Drugs	1.4	0.4	0.1	0.8	52	35	8	9	37	79	51	11	156,602	5,762,861	10,880	50.4	111,508
Cardiovascular Agents	2.5	0.6	0.0	1.9	56	35	0	21	22	63	25	11	407,299	9,115,980	16,273	75.4	164,104
Respiratory Agents	0.9	0.4	0.0	0.5	48	42	1	6	53	98	56	13	65,941	3,520,667	7,061	32.7	72,899
Gastrointestinal Agents	0.9	0.2	0.0	0.8	31	20	1	11	33	120	32	14	89,764	2,993,112	9,178	42.5	95,146
Genitourinary Agents	0.7	0.5	0.0	0.2	46	40	0	6	61	78	49	24	42,783	2,630,275	5,454	25.3	57,385
CNS Drugs	1.8	0.9	0.0	0.9	126	111	1	15	70	129	51	16	283,356	19,736,992	15,352	71.1	156,342
Stimulants/Anti-obesity/Anorexia	1.1	0.3	0.0	0.8	53	43	0	10	51	158	19	13	1,605	81,269	152	0.7	1,521
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	155	155	0	0	131	131	54	80	58,610	7,688,250	4,861	22.5	49,619
Analgesics and Anesthetics	1.3	0.2	0.1	1.0	49	13	10	26	37	83	87	25	152,047	5,698,505	11,660	54.0	116,252
Neuromuscular Agents	1.3	0.3	0.0	0.9	63	36	2	26	50	110	67	28	106,367	5,344,879	8,038	37.2	84,592
Nutritional Products	0.9	0.0	0.0	0.9	13	0	0	13	15	14	16	15	62,533	912,621	6,910	32.0	69,770
Hematological Agents	1.5	0.3	0.0	1.1	66	56	1	10	45	170	23	9	103,384	4,618,495	6,879	31.9	69,639
Topical Products	0.7	0.3	0.0	0.4	28	21	1	6	40	67	59	16	97,131	3,837,870	13,040	60.4	138,265
Miscellaneous Products	0.3	0.1	0.0	0.3	14	8	0	6	42	132	244	22	3,818	161,069	1,120	5.2	11,226
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	16	0	0	0	5,189	84,995	1,214	5.6	12,691
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.	1,701,453	75,062,288	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Wisconsin, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$12,799,401	8,419	39.0	87,809	1.0	\$152	\$146
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,688,136	6,098	28.2	62,515	0.9	131	123
ANTIDEPRESSANTS	6,288,853	15,110	70.0	156,776	0.9	43	40
ANALGESICS - Narcotic	3,942,566	12,687	58.8	126,106	0.9	35	31
ANTICONVULSANT	3,679,445	5,611	26.0	59,355	1.1	55	62
ANTIDIABETIC	3,309,449	7,458	34.5	77,051	1.0	41	43
ANTIASTHMATIC	2,929,538	9,178	42.5	95,068	0.6	55	31
ULCER DRUGS	2,818,548	10,375	48.1	107,292	0.9	30	26
ANTIHYPERTENSIVE	2,669,698	3,863	17.9	40,738	0.9	72	66
DERMATOLOGICAL	2,426,063	20,614	95.5	224,202	0.3	36	11
Total	48,551,697	99,413		1,036,912	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	800,823	\$48,551,697	8,419	39.0	87,809	1.0	\$146	6,098	28.2	62,515	0.9	\$123
Female												
All Females	571,830	34,017,416	5,825	37.8	61,263	0.9	137	4,489	29.1	47,057	0.9	123
Female, Disabled												
All Ages	44,033	3,544,505	490	63.2	5,552	1.1	238	127	16.4	1,435	1.0	302
64 or younger	35,170	2,827,866	365	62.5	4,157	1.2	237	95	16.3	1,084	1.0	361
65-74	3,361	299,642	41	73.2	456	1.3	322	6	10.7	72	1.2	147
75-84	3,532	254,866	50	70.4	556	1.1	190	14	19.7	135	0.9	108
85 and older	1,970	162,131	34	53.1	383	1.1	225	12	18.8	144	0.9	117
Female, Other Eligibles												
All Ages	527,797	30,472,911	5,335	36.4	55,711	0.9	127	4,362	29.8	45,622	0.9	117
64 or younger	123	15,168	2	66.7	24	1.0	436	0	0.0	0	0.0	0
65-74	55,504	3,661,145	576	55.5	6,315	1.1	182	224	21.6	2,413	1.0	144
75-84	176,193	10,585,157	1,706	42.2	18,151	0.9	138	1,387	34.3	14,473	0.9	116
85 and older	295,977	16,211,441	3,051	31.9	31,221	0.8	109	2,751	28.8	28,736	0.9	115
Male												
All Males	228,993	14,534,281	2,594	42.0	26,546	1.1	166	1,609	26.0	15,458	0.9	124
Male, Disabled												
All Ages	41,682	3,481,129	539	69.3	6,175	1.3	248	78	10.0	876	0.9	296
64 or younger	38,507	3,229,309	489	69.1	5,658	1.3	247	68	9.6	764	0.9	324
65-74	1,150	103,420	17	94.4	200	1.3	299	5	27.8	52	1.1	91
75-84	1,410	107,050	21	67.7	225	1.4	230	5	16.1	60	0.9	107
85 and older	615	41,350	12	57.1	92	1.4	252	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	187,311	11,053,152	2,055	38.1	20,371	1.0	141	1,531	28.4	14,582	0.9	114
64 or younger	508	29,414	4	57.1	46	1.5	168	2	28.6	24	0.3	78
65-74	43,407	2,948,454	469	50.5	5,104	1.2	196	175	18.8	1,769	0.9	120
75-84	74,513	4,302,371	811	38.6	8,117	0.9	131	620	29.5	5,929	1.0	112
85 and older	68,883	3,772,913	771	32.6	7,104	0.9	113	734	31.0	6,860	0.9	114
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					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	15,110	70.0	156,776	0.9	\$40	12,687	58.8	126,106	0.9	\$31	5,611	26.0	59,355	1.1	\$62
Female															
All Females	11,200	72.7	117,050	0.9	40	9,620	62.4	97,044	0.9	32	3,743	24.3	39,968	1.1	56
Female, Disabled															
All Ages	638	82.3	7,082	1.0	50	469	60.5	5,077	1.1	40	501	64.6	5,625	1.4	99
64 or younger	515	88.2	5,744	1.0	49	373	63.9	4,099	1.2	42	421	72.1	4,765	1.5	99
65-74	47	83.9	501	1.0	59	32	57.1	315	1.1	32	36	64.3	377	1.6	110
75-84	55	77.5	596	1.0	43	37	52.1	392	1.0	44	30	42.3	350	1.2	85
85 and older	21	32.8	241	0.9	69	27	42.2	271	0.8	19	14	21.9	133	1.0	74
Female, Other Eligibles															
All Ages	10,562	72.2	109,968	0.9	40	9,151	62.5	91,967	0.9	32	3,242	22.1	34,343	1.1	49
64 or younger	1	33.3	12	0.9	25	2	66.7	13	2.1	75	2	66.7	24	0.5	54
65-74	884	85.2	9,539	1.0	45	699	67.3	7,350	1.0	36	528	50.9	5,818	1.2	69
75-84	3,281	81.2	34,509	0.9	42	2,571	63.6	26,270	1.0	35	1,209	29.9	12,954	1.1	54
85 and older	6,396	67.0	65,908	0.9	38	5,879	61.5	58,334	0.9	30	1,503	15.7	15,547	1.0	38
Male															
All Males	3,910	63.3	39,726	0.9	40	3,067	49.7	29,062	0.8	28	1,868	30.2	19,387	1.2	74
Male, Disabled															
All Ages	549	70.6	6,174	0.9	44	350	45.0	3,722	1.1	47	488	62.7	5,454	1.4	104
64 or younger	513	72.5	5,766	0.9	44	318	44.9	3,404	1.1	49	464	65.5	5,199	1.4	106
65-74	12	66.7	144	0.9	26	10	55.6	120	0.8	26	7	38.9	80	1.1	86
75-84	16	51.6	182	1.2	65	9	29.0	100	1.0	19	12	38.7	115	1.0	81
85 and older	8	38.1	82	1.1	54	13	61.9	98	1.1	13	5	23.8	60	0.8	63
Male, Other Eligibles															
All Ages	3,361	62.3	33,552	0.9	39	2,717	50.3	25,340	0.8	25	1,380	25.6	13,933	1.1	62
64 or younger	6	85.7	68	1.0	51	4	57.1	46	0.7	32	5	71.4	60	1.2	51
65-74	649	69.9	6,917	1.0	43	474	51.0	4,918	0.9	27	420	45.2	4,583	1.2	88
75-84	1,283	61.1	13,012	0.9	39	1,007	48.0	9,487	0.8	24	528	25.2	5,326	1.1	53
85 and older	1,423	60.2	13,555	0.9	36	1,232	52.1	10,889	0.8	26	427	18.1	3,964	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 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	7,458	34.5	77,051	1.0	\$43	9,178	42.5	95,068	0.6	\$31	10,375	48.1	107,292	0.9	\$26
Female															
All Females	5,120	33.2	53,467	1.0	43	6,344	41.2	66,751	0.5	30	7,421	48.2	77,484	0.9	26
Female, Disabled															
All Ages	336	43.4	3,637	1.1	52	277	35.7	3,123	0.5	25	395	51.0	4,347	0.9	31
64 or younger	223	38.2	2,411	1.2	58	205	35.1	2,325	0.6	26	307	52.6	3,423	0.9	34
65-74	34	60.7	388	1.2	55	20	35.7	222	0.7	34	23	41.1	233	0.9	29
75-84	47	66.2	533	0.9	34	31	43.7	345	0.4	27	38	53.5	407	0.9	24
85 and older	32	50.0	305	1.0	29	21	32.8	231	0.2	6	27	42.2	284	0.8	19
Female, Other Eligibles															
All Ages	4,784	32.7	49,830	1.0	42	6,067	41.4	63,628	0.5	30	7,026	48.0	73,137	0.9	26
64 or younger	2	66.7	24	1.2	63	1	33.3	12	0.1	5	1	33.3	12	0.2	2
65-74	530	51.1	5,713	1.2	52	520	50.1	5,399	0.6	34	531	51.2	5,718	0.9	29
75-84	1,899	47.0	20,078	1.1	44	1,913	47.3	20,266	0.6	34	2,016	49.9	21,299	0.9	27
85 and older	2,353	24.6	24,015	1.0	38	3,633	38.0	37,951	0.5	27	4,478	46.9	46,108	0.9	25
Male															
All Males	2,338	37.9	23,584	1.0	43	2,834	45.9	28,317	0.6	34	2,954	47.8	29,808	0.9	27
Male, Disabled															
All Ages	296	38.0	3,231	1.2	55	248	31.9	2,690	0.6	26	419	53.9	4,596	0.9	31
64 or younger	264	37.3	2,900	1.1	53	226	31.9	2,465	0.6	24	379	53.5	4,158	0.9	32
65-74	12	66.7	134	1.3	68	6	33.3	72	0.5	59	12	66.7	130	0.8	21
75-84	10	32.3	99	1.9	98	14	45.2	149	0.9	32	19	61.3	220	0.8	20
85 and older	10	47.6	98	1.1	43	2	9.5	4	0.5	60	9	42.9	88	1.0	28
Male, Other Eligibles															
All Ages	2,042	37.8	20,353	1.0	42	2,586	47.9	25,627	0.6	35	2,535	47.0	25,212	0.9	26
64 or younger	10	142.9	120	0.9	39	0	0.0	0	0.0	0	4	57.1	48	1.1	39
65-74	452	48.7	4,759	1.1	45	465	50.1	5,008	0.7	40	497	53.5	5,278	0.9	30
75-84	899	42.8	9,182	1.1	45	980	46.7	9,431	0.6	36	950	45.3	9,516	0.8	24
85 and older	681	28.8	6,292	0.9	35	1,141	48.3	11,188	0.6	31	1,084	45.9	10,370	0.8	25
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE						DERMATOLOGICAL					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	3,863	17.9	40,738	0.9	\$66	20,614	95.5	224,202	0.3	\$11	21,589	214,725
Female												
All Females	2,544	16.5	27,132	0.9	65	14,169	91.9	155,367	0.3	11	15,412	155,260
Female, Disabled												
All Ages	200	25.8	2,260	0.9	61	932	120.3	10,623	0.3	13	775	8,369
64 or younger	152	26.0	1,713	0.9	61	761	130.3	8,673	0.4	13	584	6,394
65-74	20	35.7	221	1.0	77	67	119.6	762	0.3	11	56	564
75-84	16	22.5	192	0.9	62	58	81.7	680	0.3	19	71	762
85 and older	12	18.8	134	0.9	43	46	71.9	508	0.3	12	64	649
Female, Other Eligibles												
All Ages	2,344	16.0	24,872	0.9	66	13,237	90.4	144,744	0.3	11	14,637	146,891
64 or younger	1	33.3	12	0.8	37	4	133.3	48	0.2	2	3	25
65-74	349	33.6	3,868	0.9	68	1,171	112.8	13,170	0.3	12	1,038	10,864
75-84	1,015	25.1	10,734	0.9	67	3,833	94.8	42,472	0.3	11	4,043	41,182
85 and older	979	10.2	10,258	0.9	63	8,229	86.1	89,054	0.3	10	9,553	94,820
Male												
All Males	1,319	21.4	13,606	0.9	66	6,445	104.3	68,835	0.3	11	6,177	59,465
Male, Disabled												
All Ages	212	27.2	2,395	0.9	66	935	120.2	10,766	0.3	12	778	8,378
64 or younger	201	28.4	2,263	0.9	65	867	122.5	10,012	0.3	12	708	7,656
65-74	8	44.4	96	1.0	72	22	122.2	264	0.4	8	18	202
75-84	3	9.7	36	0.8	60	30	96.8	348	0.3	14	31	334
85 and older	0	0.0	0	0.0	0	16	76.2	142	0.4	13	21	186
Male, Other Eligibles												
All Ages	1,107	20.5	11,211	0.9	66	5,510	102.1	58,069	0.3	10	5,399	51,087
64 or younger	1	14.3	12	1.0	80	17	242.9	204	0.4	21	7	82
65-74	291	31.3	3,182	0.9	70	1,022	110.0	11,174	0.3	10	929	9,560
75-84	526	25.1	5,204	0.9	68	2,089	99.5	22,361	0.3	10	2,099	20,133
85 and older	289	12.2	2,813	0.9	59	2,382	100.8	24,330	0.3	10	2,364	21,312
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 10,525 beneficiaries who were in nursing facilities for part of their enrollment and their 102,253 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
WISCONSIN, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	102,458	48.9	5.1	1,069,554	\$72	\$15,087,547	\$14	2.8	209,658
Age									
5 and younger	14	87.5	17.4	279	280	4,474	16	7.1	16
6-14	9	90.0	12.0	120	121	1,205	10	1.1	10
15-20	110	42.1	4.0	1,052	177	46,315	44	6.2	261
21-44	12,795	48.3	4.6	121,234	85	2,246,217	19	2.4	26,490
45-64	20,710	61.2	7.5	252,578	126	4,264,019	17	3.0	33,862
65-74	18,207	41.9	4.2	181,468	54	2,364,523	13	2.5	43,483
75-84	26,019	43.4	4.3	257,280	51	3,075,954	12	2.6	60,006
85 and older	24,594	54.0	5.6	255,543	68	3,084,840	12	3.5	45,530
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	63,408	45.3	4.5	632,598	54	7,629,965	12	2.8	140,042
Disabled	36,383	56.4	6.4	414,856	110	7,074,308	17	2.9	64,490
Adults	2,651	52.0	4.3	21,967	75	381,231	17	2.4	5,102
Children	8	72.7	9.3	102	159	1,749	17	2.1	11
Unknown	8	61.5	2.4	31	23	294	9	1.6	13
Gender									
Female	71,876	50.9	5.4	759,419	75	10,561,958	14	3.0	141,081
Male	30,582	44.6	4.5	310,135	66	4,525,589	15	2.5	68,577
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	70,032	47.7	5.0	735,789	67	9,867,051	13	2.7	146,967
African American	4,566	53.2	5.2	44,377	73	628,390	14	2.7	8,575
Other/unknown	27,860	51.5	5.3	289,388	85	4,592,106	16	3.0	54,116
Use of Nursing Facilities^d									
Entire year	16,262	75.3	10.4	223,680	145	3,132,669	14	4.2	21,589
Part year	8,271	78.6	8.8	92,410	121	1,271,218	14	3.8	10,525
None	77,925	43.9	4.2	753,464	60	10,683,660	14	2.5	177,544
Maintenance Assistance Status									
Cash	25,157	55.1	6.0	274,262	96	4,400,024	16	3.2	45,658
Medically needy	5,742	58.7	6.0	58,656	93	906,679	15	3.0	9,785
Poverty related	5,823	53.4	5.4	58,825	95	1,038,716	18	2.4	10,896
Other/unknown	65,736	45.9	4.7	677,811	61	8,742,128	13	2.7	143,319

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
WISCONSIN, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$7	\$14	\$0	\$1	2,209,669
Age						
5 and younger	1.8	29	16	0	0	153
6-14	1.1	11	10	0	0	106
15-20	0.4	16	44	0	1	2,919
21-44	0.4	8	19	0	3	292,843
45-64	0.7	11	17	0	3	372,240
65-74	0.4	5	13	0	1	452,091
75-84	0.4	5	12	0	1	630,113
85 and older	0.6	7	12	0	1	459,204
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	5	12	0	1	1,439,296
Disabled	0.6	10	17	0	3	721,344
Adults	0.4	8	17	0	3	48,855
Children	1.2	20	17	0	0	86
Unknown	0.4	3	9	0	2	88
Gender						
Female	0.5	7	14	0	1	1,495,179
Male	0.4	6	15	0	1	714,490
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	6	13	0	1	1,519,138
African American	0.5	7	14	0	1	88,141
Other/unknown	0.5	8	16	0	2	602,390
Use of Nursing Facilities^d						
Entire year	1.0	15	14	0	2	214,725
Part year	0.9	12	14	0	2	102,253
None	0.4	6	14	0	1	1,892,691
Maintenance Assistance Status						
Cash	0.5	8	16	0	2	518,024
Medically needy	0.6	10	15	0	2	93,713
Poverty related	0.5	9	18	0	2	119,967
Other/unknown	0.5	6	13	0	1	1,477,965

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
WISCONSIN, 2005

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	153,165	\$99	\$15,087,547	100.0	1,069,554	\$14	100.0
Anorexia or weight loss/gain	344	264	90,834	0.6	1,404	65	0.1
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	85	25	2,115	0.0	175	12	0.0
Cough and cold medications	15,723	67	1,057,538	7.0	38,064	28	3.6
Vitamins and minerals	36,152	94	3,392,303	22.5	266,746	13	24.9
Non-prescription drugs	52,900	117	6,187,494	41.0	405,166	15	37.9
Barbiturates	1,343	104	139,102	0.9	15,486	9	1.4
Benzodiazepines	43,510	71	3,103,047	20.6	328,764	9	30.7
Other Part D Excl Rx Drugs	3,108	359	1,115,114	7.4	13,749	81	1.3

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 209,658
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$537,905,757
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,565

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	23,686	11.3	\$0	0.0
1-500	42,023	20.0	8,819,971	1.6
501-1,000	26,134	12.5	19,338,452	3.6
1,001-1,500	20,503	9.8	25,453,533	4.7
1,501-2,000	16,014	7.6	27,893,910	5.2
2,001-2,500	13,190	6.3	29,598,131	5.5
2,501-3,000	10,522	5.0	28,844,498	5.4
3,001-3,500	8,829	4.2	28,629,472	5.3
3,501-4,000	7,220	3.4	27,010,198	5.0
4,001-4,500	5,826	2.8	24,716,486	4.6
4,501-5,000	4,840	2.3	22,949,772	4.3
5,001-5,500	4,008	1.9	21,004,826	3.9
5,501-6,000	3,378	1.6	19,409,151	3.6
6,001-6,500	2,914	1.4	18,203,834	3.4
6,501-7,000	2,477	1.2	16,700,270	3.1
7,001-7,500	2,114	1.0	15,317,673	2.8
7,501-8,000	1,836	0.9	14,223,581	2.6
8,001-8,500	1,584	0.8	13,059,924	2.4
8,501-9,000	1,334	0.6	11,667,208	2.2
9,001-9,500	1,132	0.5	10,462,174	1.9
9,501-10,000	997	0.5	9,712,353	1.8
10,001+	9,097	4.3	144,890,340	26.9

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 WISCONSIN, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 55,726
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$221,227,377
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,969

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	7,164	12.9	0	0.0
1-500	10,453	18.8	1,934,825	0.9
501-1,000	4,601	8.3	3,392,472	1.5
1,001-1,500	3,542	6.4	4,398,390	2.0
1,501-2,000	2,888	5.2	5,033,176	2.3
2,001-2,500	2,562	4.6	5,753,477	2.6
2,501-3,000	2,191	3.9	6,016,976	2.7
3,001-3,500	2,093	3.8	6,800,425	3.1
3,501-4,000	1,787	3.2	6,704,407	3.0
4,001-4,500	1,593	2.9	6,760,899	3.1
4,501-5,000	1,500	2.7	7,122,237	3.2
5,001-5,500	1,380	2.5	7,232,713	3.3
5,501-6,000	1,207	2.2	6,934,977	3.1
6,001-6,500	1,138	2.0	7,108,907	3.2
6,501-7,000	1,011	1.8	6,822,099	3.1
7,001-7,500	932	1.7	6,756,919	3.1
7,501-8,000	862	1.5	6,680,057	3.0
8,001-8,500	771	1.4	6,358,917	2.9
8,501-9,000	646	1.2	5,648,790	2.6
9,001-9,500	622	1.1	5,751,830	2.6
9,501-10,000	563	1.0	5,485,899	2.5
10,001+	6,220	11.2	102,528,985	46.3

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 WISCONSIN, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 149,019
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$300,761,924
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,018

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	15,904	10.7	0	0.0
1-500	30,365	20.4	6,667,313	2.2
501-1,000	21,053	14.1	15,595,111	5.2
1,001-1,500	16,657	11.2	20,677,841	6.9
1,501-2,000	12,869	8.6	22,416,218	7.5
2,001-2,500	10,388	7.0	23,309,169	7.8
2,501-3,000	8,127	5.5	22,268,628	7.4
3,001-3,500	6,552	4.4	21,232,071	7.1
3,501-4,000	5,279	3.5	19,731,092	6.6
4,001-4,500	4,079	2.7	17,303,379	5.8
4,501-5,000	3,246	2.2	15,383,541	5.1
5,001-5,500	2,536	1.7	13,290,667	4.4
5,501-6,000	2,087	1.4	11,991,879	4.0
6,001-6,500	1,703	1.1	10,639,999	3.5
6,501-7,000	1,389	0.9	9,358,430	3.1
7,001-7,500	1,122	0.8	8,126,341	2.7
7,501-8,000	925	0.6	7,163,233	2.4
8,001-8,500	762	0.5	6,280,187	2.1
8,501-9,000	638	0.4	5,579,834	1.9
9,001-9,500	476	0.3	4,397,206	1.5
9,501-10,000	402	0.3	3,915,010	1.3
10,001+	2,460	1.7	35,434,775	11.8

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 WISCONSIN, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 43,483
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$93,100,461
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,141

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	6,293	14.5		0	0.0
1-500	8,938	20.6		1,851,074	2.0
501-1,000	5,603	12.9		4,144,660	4.5
1,001-1,500	4,241	9.8		5,254,895	5.6
1,501-2,000	3,293	7.6		5,727,639	6.2
2,001-2,500	2,689	6.2		6,045,682	6.5
2,501-3,000	2,083	4.8		5,707,601	6.1
3,001-3,500	1,771	4.1		5,737,510	6.2
3,501-4,000	1,386	3.2		5,178,881	5.6
4,001-4,500	1,201	2.8		5,099,200	5.5
4,501-5,000	933	2.1		4,425,631	4.8
5,001-5,500	729	1.7		3,824,788	4.1
5,501-6,000	656	1.5		3,772,318	4.1
6,001-6,500	532	1.2		3,322,227	3.6
6,501-7,000	425	1.0		2,866,323	3.1
7,001-7,500	391	0.9		2,832,290	3.0
7,501-8,000	284	0.7		2,199,166	2.4
8,001-8,500	265	0.6		2,185,275	2.3
8,501-9,000	254	0.6		2,224,322	2.4
9,001-9,500	176	0.4		1,627,648	1.7
9,501-10,000	158	0.4		1,538,279	1.7
10,001+	1,182	2.7		17,535,052	18.8

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 WISCONSIN, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 60,006
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$119,716,070
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$1,995

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,378	10.6	0	0.0
1-500	11,831	19.7	2,603,686	2.2
501-1,000	8,426	14.0	6,237,238	5.2
1,001-1,500	7,012	11.7	8,715,280	7.3
1,501-2,000	5,378	9.0	9,383,756	7.8
2,001-2,500	4,244	7.1	9,508,027	7.9
2,501-3,000	3,340	5.6	9,159,056	7.7
3,001-3,500	2,628	4.4	8,517,352	7.1
3,501-4,000	2,161	3.6	8,073,539	6.7
4,001-4,500	1,673	2.8	7,087,142	5.9
4,501-5,000	1,291	2.2	6,120,172	5.1
5,001-5,500	1,001	1.7	5,244,293	4.4
5,501-6,000	831	1.4	4,773,898	4.0
6,001-6,500	661	1.1	4,135,688	3.5
6,501-7,000	561	0.9	3,782,244	3.2
7,001-7,500	427	0.7	3,090,055	2.6
7,501-8,000	384	0.6	2,972,856	2.5
8,001-8,500	309	0.5	2,546,886	2.1
8,501-9,000	242	0.4	2,118,743	1.8
9,001-9,500	202	0.3	1,866,058	1.6
9,501-10,000	154	0.3	1,500,454	1.3
10,001+	872	1.5	12,279,647	10.3

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 WISCONSIN, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 45,530
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$87,945,393
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,931

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	3,233	7.1	0	0.0
1-500	9,596	21.1	2,212,553	2.5
501-1,000	7,024	15.4	5,213,213	5.9
1,001-1,500	5,404	11.9	6,707,666	7.6
1,501-2,000	4,198	9.2	7,304,823	8.3
2,001-2,500	3,455	7.6	7,755,460	8.8
2,501-3,000	2,704	5.9	7,401,971	8.4
3,001-3,500	2,153	4.7	6,977,209	7.9
3,501-4,000	1,732	3.8	6,478,672	7.4
4,001-4,500	1,205	2.6	5,117,037	5.8
4,501-5,000	1,022	2.2	4,837,738	5.5
5,001-5,500	806	1.8	4,221,586	4.8
5,501-6,000	600	1.3	3,445,663	3.9
6,001-6,500	510	1.1	3,182,084	3.6
6,501-7,000	403	0.9	2,709,863	3.1
7,001-7,500	304	0.7	2,203,996	2.5
7,501-8,000	257	0.6	1,991,211	2.3
8,001-8,500	188	0.4	1,548,026	1.8
8,501-9,000	142	0.3	1,236,769	1.4
9,001-9,500	98	0.2	903,500	1.0
9,501-10,000	90	0.2	876,277	1.0
10,001+	406	0.9	5,620,076	6.4

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	211,261	140,960	64,833	5,444	11	13	2,234,495	1,450,645	727,270	56,402	90	88
Age												
5 and younger	16	0	14	0	2	0	155	0	139	0	16	0
6-14	10	0	10	0	0	0	106	0	106	0	0	0
15-20	261	0	249	6	6	0	2,951	0	2,825	69	57	0
21-44	26,800	9	23,553	3,235	2	1	299,920	107	266,341	33,447	15	10
45-64	34,227	48	32,236	1,936	0	7	378,400	477	357,647	20,236	0	40
65-74	43,765	37,320	6,212	227	1	5	455,757	382,236	71,232	2,249	2	38
75-84	60,377	58,186	2,153	38	0	0	634,753	609,820	24,556	377	0	0
85 and older	45,805	45,397	406	2	0	0	462,453	458,005	4,424	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	142,180	105,076	34,050	3,037	4	13	1,512,116	1,095,007	385,370	31,629	22	88
Male	69,081	35,884	30,783	2,407	7	0	722,379	355,638	341,900	24,773	68	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	148,250	119,059	25,195	3,983	9	4	1,537,956	1,217,810	278,366	41,679	74	27
African American	8,722	4,647	3,282	792	1	0	90,683	48,561	34,144	7,974	4	0
Other/unknown	54,289	17,254	36,356	669	1	9	605,856	184,274	414,760	6,749	12	61
Use of Nursing Facilities^c												
Entire year	21,589	20,034	1,553	2	0	0	214,727	197,967	16,747	13	0	0
Part year	10,526	8,894	1,615	17	0	0	102,469	84,758	17,529	182	0	0
None	179,146	112,032	61,665	5,425	11	13	1,917,299	1,167,920	692,994	56,207	90	88
Maintenance Assistance Status												
Cash	46,157	11,658	33,866	631	2	0	525,986	132,013	387,517	6,432	24	0
Medically needy	9,785	6,032	3,718	33	2	0	93,815	57,448	36,096	265	6	0
Poverty related	10,926	730	10,137	44	2	13	120,570	7,824	112,270	371	17	88
Other/unknown	144,393	122,540	17,112	4,736	5	0	1,494,124	1,253,360	191,387	49,334	43	0
Dual Status^d												
Full dual, all year	207,185	139,062	62,733	5,367	10	13	2,190,352	1,429,993	704,599	55,584	88	88
Full dual, part year	4,076	1,898	2,100	77	1	0	44,143	20,652	22,671	818	2	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	208,364	139,828	64,118	4,395	10	13	2,202,445	1,438,188	719,104	44,987	78	88
FFS part year, with Rx claims	1,128	181	322	624	1	0	12,651	2,057	3,679	6,903	12	0
FFS part year, no Rx claims	166	33	50	83	0	0	1,608	305	533	770	0	0
MC all year, with Rx claims	27	14	10	3	0	0	304	164	114	26	0	0
MC all year, no Rx claims	1,576	904	333	339	0	0	17,487	9,931	3,840	3,716	0	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	211,261	2,234,495	209,658	2,209,669	0	24,826
Fee-for-service (FFS) all year	208,364	2,202,445	208,364	2,202,445	0	0
FFS part year, with Rx claims	1,128	12,651	1,128	6,586	0	6,065
FFS part year, with no Rx claims	166	1,608	166	638	0	970
Managed care (MC) all year, with Rx claims	27	304	0	0	0	304
MC all year, with no Rx claims	1,576	17,487	0	0	0	17,487

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

Dual Eligible Beneficiaries