

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY

BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH,

BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES

AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY

BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WISCONSIN, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	1038804 (A)	222555 (E)	816249 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1029993 (B)	216798 (F)	813195 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	749773 (C)	214992 (G)	534781 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	21220 (D)	20478 (H)	742 (L)

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Wisconsin in 2006 was \$349,427,742, of which \$1,484,801 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
WISCONSIN, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	749,773	145,597	143,223	221,471	239,058	424	5,593,637	1,512,001	1,564,012	1,297,419	1,216,494	3,711
Age												
5 and younger	99,515	0	5,703	5	93,807	0	507,297	0	57,406	15	449,876	0
6-14	110,581	0	14,003	14	96,564	0	651,141	0	156,552	28	494,561	0
15-20	91,976	0	10,687	33,195	48,085	9	617,955	0	118,144	229,861	269,866	84
21-44	215,559	21	45,123	169,745	558	112	1,468,963	188	496,740	968,996	2,074	965
45-64	76,781	93	58,183	18,201	9	295	725,682	635	626,625	95,770	35	2,617
65-74	45,952	38,760	6,921	262	1	8	480,085	398,815	78,909	2,315	1	45
75-84	61,614	59,383	2,183	45	3	0	652,568	627,103	25,033	407	25	0
85 and older	47,763	47,339	420	4	0	0	489,887	485,257	4,603	27	0	0
Unknown	32	1	0	0	31	0	59	3	0	0	56	0
Gender												
Female	483,046	108,282	72,039	181,989	120,312	424	3,671,075	1,139,288	796,280	1,114,259	617,537	3,711
Male	266,727	37,315	71,184	39,482	118,746	0	1,922,562	372,713	767,732	183,160	598,957	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	437,022	122,336	32,583	155,262	126,658	183	3,294,803	1,267,363	345,487	977,588	702,719	1,646
African American	72,874	4,802	4,666	26,491	36,891	24	341,444	49,885	45,162	110,768	135,426	203
Other/unknown	239,877	18,459	105,974	39,718	75,509	217	1,957,390	194,753	1,173,363	209,063	378,349	1,862
Use of Nursing Facilities^c												
Entire year	21,220	19,181	2,037	1	1	0	214,759	193,049	21,686	12	12	0
Part year	11,348	8,680	2,614	49	1	4	111,092	83,270	27,318	454	8	42
None	717,205	117,736	138,572	221,421	239,056	420	5,267,786	1,235,682	1,515,008	1,296,953	1,216,474	3,669
Maintenance Assistance Status												
Cash	216,264	11,783	98,555	44,305	61,621	0	1,679,083	132,254	1,092,518	192,417	261,894	0
Medically needy	26,220	5,075	3,849	2,032	15,264	0	163,286	47,521	33,211	8,695	73,859	0
Poverty-related	104,714	2,381	13,450	8,771	79,688	424	583,868	26,698	145,826	39,953	367,680	3,711
Other/unknown	402,575	126,358	27,369	166,363	82,485	0	3,167,400	1,305,528	292,457	1,056,354	513,061	0
Dual Medicare Status^d												
Full dual, all year	208,574	140,242	62,963	5,349	12	8	2,209,121	1,455,319	703,522	50,126	88	66
Full dual, part year	6,418	3,381	2,873	164	0	0	69,794	37,498	30,503	1,793	0	0
Non-dual, all year	534,781	1,974	77,387	215,958	239,046	416	3,314,722	19,184	829,987	1,245,500	1,216,406	3,645
Managed Care (MC) Status												
Fee-for-service (FFS) all year	519,965	145,287	140,075	130,153	104,031	419	4,957,912	1,510,399	1,544,110	1,036,199	863,518	3,686
FFS part year, with Rx claims	79,171	185	2,384	43,987	32,612	3	274,180	1,069	15,831	142,481	114,783	16
FFS part year, no Rx claims	150,637	125	764	47,331	102,415	2	361,545	533	4,071	118,739	238,193	9

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
WISCONSIN, 2006

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	48.2	8.2	\$464	\$57	\$5,090	9.1	749,773
Age							
5 and younger	36.5	1.7	123	71	2,179	5.6	99,515
6-14	37.8	3.5	317	90	1,888	16.8	110,581
15-20	46.1	3.6	310	87	2,460	12.6	91,976
21-44	46.4	5.1	351	69	4,371	8.0	215,559
45-64	54.5	15.1	993	66	11,747	8.5	76,781
65-74	58.7	16.1	732	45	6,374	11.5	45,952
75-84	66.9	21.5	880	41	7,306	12.0	61,614
85 and older	64.0	19.1	677	36	12,094	5.6	47,763
Unknown	0.0	0.0	0	0	15	0.0	32
Basis of Eligibility^e							
Aged	65.3	20.1	811	40	8,486	9.6	145,597
Disabled	56.2	14.2	1,139	80	13,092	8.7	143,223
Adults	46.2	3.3	168	52	1,689	9.9	221,471
Children	34.8	1.8	122	68	1,375	8.9	239,058
Unknown	75.5	18.8	1,275	68	8,025	15.9	424
Gender							
Female	50.7	8.9	456	51	4,718	9.7	483,046
Male	43.5	6.9	479	70	5,765	8.3	266,727
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	51.9	9.0	412	46	4,693	8.8	437,022
African American	34.0	2.3	139	59	3,476	4.0	72,874
Other/unknown	45.7	8.5	658	77	6,305	10.4	239,877
Use of Nursing Facilities^f							
Entire year	47.7	8.5	303	36	32,489	0.9	21,220
Part year	64.7	17.9	819	46	23,461	3.5	11,348
None	47.9	8.0	463	58	3,989	11.6	717,205
Maintenance Assistance Status							
Cash	47.1	8.7	678	78	6,919	9.8	216,264
Medically needy	38.3	3.8	201	53	4,675	4.3	26,220
Poverty related	35.4	2.5	155	61	1,938	8.0	104,714
Other/unknown	52.7	9.7	447	46	4,955	9.0	402,575

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

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

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

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

Bene(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.

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 WISCONSIN, 2006

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 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	1.1	\$62	9.1	51.8	30.2	6.2	8.0	3.2	0.5	\$682	749,773	5,593,637
Age												
5 and younger	0.3	24	5.6	63.5	32.5	2.6	1.2	0.1	0.0	428	99,515	507,297
6-14	0.6	54	16.8	62.2	28.9	4.6	3.7	0.5	0.0	321	110,581	651,141
15-20	0.5	46	12.6	53.9	37.3	4.5	3.6	0.7	0.1	366	91,976	617,955
21-44	0.7	52	8.0	53.6	31.6	6.3	6.2	2.0	0.4	641	215,559	1,468,963
45-64	1.6	105	8.5	45.5	27.7	7.3	10.5	6.6	2.4	1,243	76,781	725,682
65-74	1.5	70	11.5	41.3	26.4	9.4	15.5	6.8	0.7	610	45,952	480,085
75-84	2.0	83	12.0	33.1	23.6	11.0	21.8	9.7	0.8	690	61,614	652,568
85 and older	1.9	66	5.6	36.0	24.6	10.0	20.0	8.7	0.7	1,179	47,763	489,887
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	8	32	59
Basis of Eligibility^e												
Aged	1.9	78	9.6	34.7	24.4	10.7	20.5	9.0	0.8	817	145,597	1,512,001
Disabled	1.3	104	8.7	43.8	32.5	7.4	9.7	5.0	1.7	1,199	143,223	1,564,012
Adults	0.6	29	9.9	53.8	33.2	5.9	5.5	1.4	0.2	288	221,471	1,297,419
Children	0.4	24	8.9	65.2	29.7	3.1	1.8	0.2	0.0	270	239,058	1,216,494
Unknown	2.2	146	15.9	24.5	31.8	13.4	21.5	8.3	0.5	917	424	3,711
Gender												
Female	1.2	60	9.7	49.3	31.3	6.5	8.7	3.6	0.6	621	483,046	3,671,075
Male	1.0	67	8.3	56.5	28.2	5.8	6.7	2.4	0.4	800	266,727	1,922,562
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	55	8.8	48.1	31.3	6.9	9.5	3.7	0.4	623	437,022	3,294,803
African American	0.5	30	4.0	66.0	24.9	4.6	3.5	0.9	0.1	742	72,874	341,444
Other/unknown	1.0	81	10.4	54.3	29.9	5.5	6.6	2.9	0.8	773	239,877	1,957,390
Use of Nursing Facilities^f												
Entire year	0.8	30	0.9	52.3	31.7	6.4	5.2	2.7	1.8	3,210	21,220	214,759
Part year	1.8	84	3.5	35.3	34.7	8.0	11.7	7.1	3.2	2,397	11,348	111,092
None	1.1	63	11.6	52.1	30.1	6.2	8.0	3.1	0.4	543	717,205	5,267,786
Maintenance Assistance Status												
Cash	1.1	87	9.8	52.9	30.0	6.1	7.0	3.1	0.9	891	216,264	1,679,083
Medically needy	0.6	32	4.3	61.7	29.6	3.5	3.3	1.5	0.5	751	26,220	163,286
Poverty related	0.5	28	8.0	64.6	29.2	3.4	2.2	0.5	0.1	348	104,714	583,868
Other/unknown	1.2	57	9.0	47.3	30.6	7.2	10.4	4.0	0.4	630	402,575	3,167,400

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

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

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

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

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

Bene(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.

All Medicaid Beneficiaries

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 WISCONSIN, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.1	\$62	\$57	0.4	\$47	\$130	0.0	\$5	\$99	0.7	\$11	\$16
Age												
5 and younger	0.3	24	71	0.1	19	210	0.0	1	52	0.2	4	17
6-14	0.6	54	90	0.3	46	153	0.0	2	90	0.3	6	23
15-20	0.5	46	87	0.2	38	156	0.0	2	108	0.3	6	22
21-44	0.7	52	69	0.2	38	167	0.0	3	122	0.5	10	21
45-64	1.6	105	66	0.5	77	166	0.1	7	124	1.1	21	20
65-74	1.5	70	45	0.5	51	101	0.1	7	97	1.0	12	13
75-84	2.0	83	41	0.7	60	90	0.1	9	90	1.3	15	12
85 and older	1.9	66	36	0.6	47	84	0.1	6	78	1.2	13	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.9	78	40	0.6	56	91	0.1	8	88	1.2	14	12
Disabled	1.3	104	80	0.4	82	187	0.0	6	122	0.8	17	21
Adults	0.6	29	52	0.2	19	116	0.0	3	113	0.4	7	20
Children	0.4	24	68	0.1	19	135	0.0	1	70	0.2	4	20
Unknown	2.2	146	68	0.7	115	162	0.1	10	121	1.4	21	15
Gender												
Female	1.2	60	51	0.4	43	117	0.1	5	99	0.7	11	15
Male	1.0	67	70	0.3	53	159	0.0	4	100	0.6	10	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	55	46	0.4	39	104	0.1	5	93	0.8	11	14
African American	0.5	30	59	0.2	22	143	0.0	2	98	0.3	6	18
Other/unknown	1.0	81	77	0.4	63	174	0.0	4	113	0.6	13	20
Use of Nursing Facilities^e												
Entire year	0.8	30	36	0.2	20	129	0.0	2	74	0.7	8	13
Part year	1.8	84	46	0.5	58	124	0.1	6	95	1.3	19	15
None	1.1	63	58	0.4	47	130	0.0	5	100	0.7	11	16
Maintenance Assistance Status												
Cash	1.1	87	78	0.4	68	184	0.0	5	121	0.7	15	21
Medically needy	0.6	32	53	0.1	22	152	0.0	2	94	0.4	8	18
Poverty related	0.5	28	61	0.1	21	154	0.0	2	102	0.3	5	17
Other/unknown	1.2	57	46	0.4	41	102	0.1	5	91	0.8	10	14

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wisconsin, 0.4 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.medi-span.com/master-drug-database.aspx>

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

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 WISCONSIN, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$13	\$9	\$0	\$4	\$52	\$214	\$50	\$19	338,714	\$17,556,308	144,766	19.3	1,358,014
Biologicals	0.5	0.5	0.0	0.0	606	604	1	0	1326	1,326	2,755	580	3,568	4,732,234	809	0.1	7,813
Antineoplastic Agents	0.6	0.2	0.0	0.4	120	111	0	9	211	536	165	25	27,508	5,810,792	4,711	0.6	48,488
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	29	21	1	6	47	85	46	18	679,377	31,659,356	120,814	16.1	1,107,665
Cardiovascular Agents	1.5	0.4	0.1	0.9	48	29	10	9	32	65	102	9	1,599,834	51,524,253	104,204	13.9	1,078,047
Respiratory Agents	0.5	0.3	0.0	0.2	33	29	1	4	70	114	71	19	380,483	26,667,882	82,671	11.0	799,110
Gastrointestinal Agents	0.5	0.3	0.0	0.2	46	38	5	3	94	149	451	15	272,108	25,497,691	54,414	7.3	551,208
Genitourinary Agents	0.4	0.2	0.1	0.1	22	15	4	3	59	79	81	22	98,787	5,793,286	26,517	3.5	261,697
CNS Drugs	0.8	0.2	0.0	0.5	59	47	4	7	70	191	95	13	978,129	68,422,857	116,985	15.6	1,162,150
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	69	64	0	5	98	121	95	28	151,052	14,803,926	22,846	3.0	213,077
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	91	85	0	6	178	184	69	128	51,166	9,115,550	9,829	1.3	100,018
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	25	12	1	12	46	195	264	25	521,431	23,779,126	100,998	13.5	953,228
Neuromuscular Agents	0.7	0.2	0.0	0.5	52	42	1	10	72	170	121	21	390,456	28,124,541	53,025	7.1	535,786
Nutritional Products	0.5	0.0	0.0	0.4	6	1	0	5	13	31	25	12	158,139	2,052,308	35,487	4.7	338,671
Hematological Agents	0.7	0.2	0.0	0.5	52	43	0	9	80	286	23	18	221,447	17,690,342	32,100	4.3	339,991
Topical Products	0.3	0.1	0.0	0.2	12	9	0	3	43	82	61	17	233,305	10,123,500	85,312	11.4	842,011
Miscellaneous Products	0.6	0.2	0.0	0.3	168	150	5	14	273	600	192	40	15,764	4,310,397	2,511	0.3	25,632
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	54	0	0	0	5,117	278,592	2,122	0.3	22,754
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,126,385	347,942,941	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

Bene(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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 WISCONSIN, 2006

Top 10 Drug Groups	Users			Among Users				
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$43,631,220	32,947	4.4	344,551	0.6	\$214	\$127	
ANTICONVULSANT	25,166,855	43,040	5.7	450,092	0.7	85	56	
ANTIHYPERTENSIVE	25,021,409	55,418	7.4	600,324	0.5	77	42	
ANTIASTHMATIC	20,578,634	78,770	10.5	765,688	0.3	79	27	
ULCER DRUGS	19,898,963	60,381	8.1	628,511	0.4	79	32	
ANTIDEPRESSANTS	17,223,358	79,577	10.6	771,170	0.5	45	22	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	14,803,227	25,797	3.4	245,722	0.6	98	60	
ANTIDIABETIC	12,924,797	39,846	5.3	409,269	0.6	54	32	
ANALGESICS - Narcotic	12,733,412	106,833	14.2	1,030,154	0.3	37	12	
MISC. HEMATOLOGICAL	11,490,675	10,813	1.4	115,364	0.6	174	100	
Total	203,472,550	533,422	n.a.	5,360,845	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Wisconsin, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries