

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 2007
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, 2007

Inclusion Criteria (2007)	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	1039668 (A)	216203 (E)	823465 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1028089 (B)	207436 (F)	820653 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	743145 (C)	205196 (G)	537949 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	20109 (D)	19425 (H)	684 (L)

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007 (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 2007, 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 2007 was \$348,740,427, of which \$1,609,388 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

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 2007. 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 2007. 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.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
WISCONSIN, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	743,145	134,655	145,514	221,747	240,682	547	5,489,765	1,405,465	1,592,623	1,264,340	1,222,311	5,026
Age												
5 and younger	101,830	3	5,801	2	96,024	0	520,082	19	58,804	10	461,249	0
6-14	110,977	0	14,300	20	96,657	0	658,031	0	160,154	73	497,804	0
15-20	90,436	1	11,135	31,873	47,417	10	591,750	1	123,656	206,828	261,166	99
21-44	216,037	17	44,683	170,670	541	126	1,451,664	181	493,200	955,093	1,971	1,219
45-64	79,209	95	59,858	18,856	3	397	749,297	704	645,631	99,330	21	3,611
65-74	42,187	34,802	7,084	286	1	14	443,624	359,942	80,948	2,633	4	97
75-84	56,401	54,113	2,252	34	2	0	602,204	576,010	25,838	334	22	0
85 and older	46,031	45,624	401	6	0	0	473,039	468,608	4,392	39	0	0
Unknown	37	0	0	0	37	0	74	0	0	0	74	0
Gender												
Female	477,087	99,990	72,872	182,507	121,172	546	3,565,661	1,057,181	806,649	1,080,354	616,453	5,024
Male	266,058	34,665	72,642	39,240	119,510	1	1,924,104	348,284	785,974	183,986	605,858	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	427,198	112,395	33,476	154,388	126,718	221	3,175,406	1,169,726	357,259	947,454	698,894	2,073
African American	71,071	4,606	4,767	26,307	35,350	41	326,936	48,369	46,883	106,299	125,022	363
Other/unknown	244,876	17,654	107,271	41,052	78,614	285	1,987,423	187,370	1,188,481	210,587	398,395	2,590
Use of Nursing Facilities^c												
Entire year	20,109	18,202	1,902	5	0	0	202,663	182,460	20,187	16	0	0
Part year	11,269	8,588	2,629	48	1	3	109,322	81,832	26,993	458	12	27
None	711,767	107,865	140,983	221,694	240,681	544	5,177,780	1,141,173	1,545,443	1,263,866	1,222,299	4,999
Maintenance Assistance Status												
Cash	214,896	11,399	99,943	43,715	59,839	0	1,678,205	128,461	1,109,626	188,188	251,930	0
Medically needy	25,855	4,752	3,224	2,160	15,719	0	156,979	43,944	27,759	8,826	76,450	0
Poverty-related	107,030	1,976	14,732	8,980	80,795	547	603,772	21,637	159,968	39,459	377,682	5,026
Other/unknown	395,364	116,528	27,615	166,892	84,329	0	3,050,809	1,211,423	295,270	1,027,867	516,249	0
Dual Medicare Status^d												
Full dual, all year	198,909	129,712	63,646	5,519	11	21	2,118,149	1,353,277	712,106	52,517	97	152
Full dual, part year	6,287	3,067	3,037	183	0	0	68,266	33,472	32,775	2,019	0	0
Non-dual, all year	537,949	1,876	78,831	216,045	240,671	526	3,303,350	18,716	847,742	1,209,804	1,222,214	4,874
Managed Care (MC) Status												
Fee-for-service (FFS) all year	508,531	134,304	142,389	128,156	103,140	542	4,834,597	1,403,581	1,573,106	994,905	858,016	4,989
FFS part year, with Rx claims	80,202	190	2,335	44,715	32,957	5	291,155	1,151	15,450	149,655	124,862	37
FFS part year, no Rx claims	154,412	161	790	48,876	104,585	0	364,013	733	4,067	119,780	239,433	0

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

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	46.7	7.7	\$467	\$61	\$5,281	8.8	743,145
Age							
5 and younger	35.9	1.7	150	87	2,204	6.8	101,830
6-14	38.1	3.5	330	93	1,941	17.0	110,977
15-20	46.6	3.6	325	90	2,643	12.3	90,436
21-44	46.1	5.1	368	72	4,517	8.1	216,037
45-64	52.5	14.4	989	69	12,043	8.2	79,209
65-74	52.3	14.4	688	48	7,085	9.7	42,187
75-84	61.9	20.0	859	43	7,854	10.9	56,401
85 and older	60.3	17.8	668	38	12,470	5.4	46,031
Unknown	0.0	0.0	0	0	0	0.0	37
Basis of Eligibility^e							
Aged	60.3	18.6	789	42	9,130	8.6	134,655
Disabled	54.3	13.7	1,161	85	13,383	8.7	145,514
Adults	46.4	3.4	181	54	1,790	10.1	221,747
Children	34.7	1.8	128	71	1,435	8.9	240,682
Unknown	79.2	21.3	1,622	76	9,654	16.8	547
Gender							
Female	49.1	8.3	450	54	4,893	9.2	477,087
Male	42.3	6.6	498	76	5,976	8.3	266,058
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	50.2	8.3	403	49	4,868	8.3	427,198
African American	32.6	2.2	132	59	3,714	3.6	71,071
Other/unknown	44.6	8.2	676	83	6,455	10.5	244,876
Use of Nursing Facilities^f							
Entire year	44.8	7.5	259	35	32,941	0.8	20,109
Part year	59.5	14.3	697	49	23,533	3.0	11,269
None	46.5	7.6	469	62	4,210	11.1	711,767
Maintenance Assistance Status							
Cash	46.4	8.6	720	84	7,245	9.9	214,896
Medically needy	36.4	3.0	160	53	4,702	3.4	25,855
Poverty related	34.5	2.4	148	62	2,090	7.1	107,030
Other/unknown	50.8	8.9	436	49	5,115	8.5	395,364

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); 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, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries	Benefit Months			
All	1.0	\$63	8.8	53.3	30.0	5.9	7.5	2.9	0.5	\$715	743,145	5,489,765	
Age													
5 and younger	0.3	29	6.8	64.1	32.1	2.4	1.2	0.2	0.0	432	101,830	520,082	
6-14	0.6	56	17.0	61.9	29.2	4.7	3.7	0.5	0.0	327	110,977	658,031	
15-20	0.5	50	12.3	53.4	37.6	4.7	3.6	0.7	0.1	404	90,436	591,750	
21-44	0.8	55	8.1	53.9	31.4	6.2	6.2	2.0	0.4	672	216,037	1,451,664	
45-64	1.5	105	8.2	47.5	27.3	6.9	9.9	6.1	2.3	1,273	79,209	749,297	
65-74	1.4	65	9.7	47.7	24.5	7.6	13.5	6.0	0.7	674	42,187	443,624	
75-84	1.9	81	10.9	38.1	22.5	9.8	20.3	8.7	0.7	736	56,401	602,204	
85 and older	1.7	65	5.4	39.7	24.0	9.1	18.9	7.7	0.6	1,214	46,031	473,039	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	37	74	
Basis of Eligibility^e													
Aged	1.8	76	8.6	39.7	23.1	9.4	19.0	8.1	0.7	875	134,655	1,405,465	
Disabled	1.2	106	8.7	45.7	31.9	7.1	9.0	4.7	1.6	1,223	145,514	1,592,623	
Adults	0.6	32	10.1	53.6	33.2	6.0	5.6	1.5	0.2	314	221,747	1,264,340	
Children	0.4	25	8.9	65.3	29.6	3.2	1.8	0.2	0.0	283	240,682	1,222,311	
Unknown	2.3	177	16.8	20.8	31.4	12.2	26.9	7.7	0.9	1,051	547	5,026	
Gender													
Female	1.1	60	9.2	50.9	31.1	6.1	8.1	3.3	0.6	655	477,087	3,565,661	
Male	0.9	69	8.3	57.7	27.9	5.5	6.4	2.2	0.4	826	266,058	1,924,104	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	1.1	54	8.3	49.8	31.2	6.5	8.9	3.3	0.4	655	427,198	3,175,406	
African American	0.5	29	3.6	67.4	23.7	4.5	3.5	0.8	0.1	807	71,071	326,936	
Other/unknown	1.0	83	10.5	55.4	29.7	5.3	6.2	2.7	0.8	795	244,876	1,987,423	
Use of Nursing Facilities^f													
Entire year	0.7	26	0.8	55.2	31.7	6.0	4.1	1.6	1.4	3,269	20,109	202,663	
Part year	1.5	72	3.0	40.5	36.1	6.9	9.1	4.8	2.6	2,426	11,269	109,322	
None	1.0	65	11.1	53.5	29.8	5.9	7.5	2.9	0.4	579	711,767	5,177,780	
Maintenance Assistance Status													
Cash	1.1	92	9.9	53.6	29.5	6.1	6.8	3.0	1.0	928	214,896	1,678,205	
Medically needy	0.5	26	3.4	63.6	29.2	3.4	2.5	1.0	0.3	775	25,855	156,979	
Poverty related	0.4	26	7.1	65.5	28.7	3.2	2.0	0.5	0.1	370	107,030	603,772	
Other/unknown	1.1	57	8.5	49.2	30.6	6.7	9.6	3.5	0.4	663	395,364	3,050,809	

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

term-care services, were included.

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

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

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

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, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.0	\$63	\$61	0.3	\$48	\$153	0.0	\$3	\$84	0.7	\$12	\$17
Age												
5 and younger	0.3	29	87	0.1	24	292	0.0	1	72	0.2	5	19
6-14	0.6	56	93	0.3	47	159	0.0	2	113	0.3	7	24
15-20	0.5	50	90	0.3	41	164	0.0	2	123	0.3	7	23
21-44	0.8	55	72	0.2	41	185	0.0	2	112	0.5	11	22
45-64	1.5	105	69	0.4	78	187	0.0	5	107	1.1	22	20
65-74	1.4	65	48	0.4	49	123	0.1	4	69	0.9	12	14
75-84	1.9	81	43	0.5	60	110	0.1	5	63	1.2	16	13
85 and older	1.7	65	38	0.4	46	103	0.1	5	62	1.2	15	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.8	76	42	0.5	55	111	0.1	5	64	1.2	15	13
Disabled	1.2	106	85	0.4	84	210	0.0	5	119	0.8	17	21
Adults	0.6	32	54	0.2	22	129	0.0	1	90	0.4	9	21
Children	0.4	25	71	0.1	20	144	0.0	1	90	0.2	4	21
Unknown	2.3	177	76	0.7	143	192	0.1	6	96	1.5	28	19
Gender												
Female	1.1	60	54	0.3	45	137	0.0	3	80	0.7	12	17
Male	0.9	69	76	0.3	55	184	0.0	3	96	0.6	11	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	54	49	0.3	40	124	0.0	3	71	0.7	12	15
African American	0.5	29	59	0.1	22	153	0.0	1	78	0.3	6	18
Other/unknown	1.0	83	83	0.3	66	196	0.0	4	111	0.6	13	21
Use of Nursing Facilities^e												
Entire year	0.7	26	35	0.1	17	149	0.0	1	70	0.6	8	12
Part year	1.5	72	49	0.3	51	155	0.0	3	73	1.1	17	16
None	1.0	65	62	0.3	49	153	0.0	3	85	0.7	12	18
Maintenance Assistance Status												
Cash	1.1	92	84	0.4	72	206	0.0	4	121	0.7	16	22
Medically needy	0.5	26	53	0.1	19	177	0.0	1	85	0.4	7	17
Poverty related	0.4	26	62	0.1	19	163	0.0	1	86	0.3	6	20
Other/unknown	1.1	57	49	0.3	42	122	0.0	3	70	0.8	11	15

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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, 0.5 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, 2007

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	\$8	\$0	\$4	\$51	\$248	\$95	\$19	325,470	\$16,725,067	139,889	18.8	1,315,154
Biologicals	0.5	0.5	0.0	0.0	691	691	0	0	1488	1,488	0	0	3,395	5,053,056	748	0.1	7,317
Antineoplastic Agents	0.6	0.2	0.0	0.3	142	133	0	9	242	555	312	26	25,173	6,093,614	4,115	0.6	42,891
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	32	25	1	6	56	98	52	21	593,830	33,037,110	112,660	15.2	1,023,663
Cardiovascular Agents	1.5	0.3	0.1	1.1	41	22	6	13	28	81	57	12	1,358,694	37,764,771	89,510	12.0	929,856
Respiratory Agents	0.5	0.3	0.0	0.2	37	32	2	3	79	114	79	20	368,374	29,144,681	80,159	10.8	782,734
Gastrointestinal Agents	0.5	0.3	0.0	0.2	55	45	4	6	104	159	150	27	287,733	29,916,449	53,849	7.2	545,302
Genitourinary Agents	0.4	0.2	0.0	0.2	24	16	0	7	60	87	33	36	93,502	5,630,086	23,865	3.2	234,922
CNS Drugs	0.9	0.2	0.0	0.6	59	48	2	8	69	221	113	13	943,717	64,813,952	111,445	15.0	1,106,327
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	75	69	1	5	104	132	76	27	157,316	16,385,926	23,425	3.2	218,176
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	75	72	0	3	181	184	38	126	55,437	10,013,687	13,129	1.8	133,002
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	25	10	1	14	46	245	381	27	481,616	22,085,987	93,279	12.6	875,764
Neuromuscular Agents	0.8	0.3	0.0	0.5	62	49	4	8	81	179	205	18	412,759	33,252,653	53,445	7.2	540,413
Nutritional Products	0.5	0.0	0.0	0.4	6	1	0	5	13	29	22	12	147,126	1,931,049	33,051	4.4	315,022
Hematological Agents	0.7	0.2	0.0	0.5	65	58	0	6	99	314	23	13	200,483	19,813,715	28,826	3.9	307,164
Topical Products	0.3	0.1	0.0	0.2	12	9	0	3	46	94	66	17	216,031	9,944,942	81,042	10.9	806,131
Miscellaneous Products	0.6	0.3	0.0	0.3	212	194	4	14	337	708	200	42	14,564	4,905,539	2,265	0.3	23,141
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	25	0	0	0	120	0	0	0	5,149	618,755	2,309	0.3	24,837
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.	5,690,369	347,131,039	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

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

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 WISCONSIN, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$44,846,991	30,776	4.1	323,237	0.6	\$229	\$139
ANTICONVULSANT	30,051,310	45,355	6.1	473,676	0.7	94	63
ULCER DRUGS	24,218,844	42,304	5.7	433,455	0.5	118	56
ANTIASTHMATIC	22,433,781	75,164	10.1	734,660	0.3	90	31
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	16,385,842	26,521	3.6	252,315	0.6	104	65
ANTIHYPERLIPIDEMIC	13,766,426	46,964	6.3	509,633	0.6	47	27
MISC. HEMATOLOGICAL	13,702,312	9,218	1.2	99,399	0.6	222	138
ANALGESICS - Narcotic	13,685,935	102,167	13.7	983,305	0.3	40	14
ANTIDEPRESSANTS	13,601,980	72,286	9.7	697,636	0.5	39	19
ANTIDIABETIC	13,485,438	34,770	4.7	360,607	0.6	65	37
Total	206,178,859	485,525	n.a.	4,867,923	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries