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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 D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>205,196</b>	<b>132,779</b>	<b>66,683</b>	<b>5,702</b>	<b>11</b>	<b>21</b>	<b>2,186,415</b>	<b>1,386,749</b>	<b>744,881</b>	<b>54,536</b>	<b>97</b>	<b>152</b>
<b>Age</b>												
5 and younger	13	2	10	0	1	0	131	13	113	0	5	0
6-14	16	0	14	0	2	0	156	0	138	0	18	0
15-20	245	0	239	4	2	0	2,782	0	2,721	48	13	0
21-44	25,958	14	22,687	3,255	2	0	285,566	152	254,321	31,070	23	0
45-64	36,818	70	34,602	2,133	1	12	404,303	640	383,057	20,494	12	100
65-74	40,862	34,035	6,543	274	1	9	430,116	352,459	75,027	2,574	4	52
75-84	55,693	53,460	2,200	31	2	0	594,703	569,137	25,232	312	22	0
85 and older	45,591	45,198	388	5	0	0	468,658	464,348	4,272	38	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	137,376	98,796	35,293	3,260	6	21	1,473,748	1,045,075	397,182	31,292	47	152
Male	67,820	33,983	31,390	2,442	5	0	712,667	341,674	347,699	23,244	50	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	142,564	111,747	26,605	4,201	7	4	1,497,679	1,163,328	293,525	40,722	66	38
African American	8,674	4,436	3,407	827	1	3	89,488	46,644	35,156	7,657	5	26
Other/unknown	53,958	16,596	36,671	674	3	14	599,248	176,777	416,200	6,157	26	88
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	19,425	18,056	1,366	3	0	0	195,731	181,034	14,683	14	0	0
Part year	10,283	8,536	1,725	21	0	1	99,955	81,345	18,388	213	0	9
None	175,488	106,187	63,592	5,678	11	20	1,890,729	1,124,370	711,810	54,309	97	143
<b>Maintenance Assistance Status</b>												
Cash	45,300	10,859	34,009	430	2	0	512,775	122,487	387,093	3,176	19	0
Medically needy	6,848	4,699	2,120	26	3	0	63,582	43,465	19,890	205	22	0
Poverty-related	15,201	1,962	13,170	47	1	21	167,260	21,494	145,186	423	5	152
Other/unknown	137,847	115,259	17,384	5,199	5	0	1,442,798	1,199,303	192,712	50,732	51	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	203,732	132,442	66,240	5,020	9	21	2,178,579	1,384,949	742,346	51,044	88	152
FFS part year, with Rx claims	907	183	291	432	1	0	5,214	1,090	1,768	2,352	4	0
FFS part year, no Rx claims	557	154	152	250	1	0	2,622	710	767	1,140	5	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 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 2007. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>53.3</b>	<b>13.6</b>	<b>\$574</b>	<b>\$42</b>	<b>\$10,142</b>	<b>5.7</b>	<b>205,196</b>
<b>Age</b>							
5 and younger	46.2	8.1	556	69	7,294	7.6	13
6-14	56.3	14.4	1,722	119	4,238	40.6	16
15-20	60.0	9.8	969	99	12,704	7.6	245
21-44	38.1	4.0	193	48	11,342	1.7	25,958
45-64	43.6	5.0	179	36	13,552	1.3	36,818
65-74	52.2	14.3	678	48	6,931	9.8	40,862
75-84	62.0	20.0	858	43	7,782	11.0	55,693
85 and older	60.3	17.8	667	37	12,453	5.4	45,591
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	60.3	18.6	789	42	9,087	8.7	132,779
Disabled	40.3	4.5	173	39	12,927	1.3	66,683
Adults	43.2	4.5	236	53	2,107	11.2	5,702
Children	27.3	4.5	1,690	379	21,054	8.0	11
Unknown	90.5	32.9	2,734	83	8,901	30.7	21
<b>Gender</b>							
Female	58.0	15.8	655	42	9,471	6.9	137,376
Male	43.9	9.3	409	44	11,499	3.6	67,820
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	59.6	17.1	723	42	10,458	6.9	142,564
African American	38.8	5.1	222	43	13,881	1.6	8,674
Other/unknown	39.1	5.8	235	41	8,703	2.7	53,958
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	43.5	4.7	73	15	32,143	0.2	19,425
Part year	56.2	8.5	283	33	19,790	1.4	10,283
None	54.3	14.9	646	43	7,141	9.0	175,488
<b>Maintenance Assistance Status</b>							
Cash	36.5	3.8	146	38	9,890	1.5	45,300
Medically needy	38.5	4.6	166	36	11,289	1.5	6,848
Poverty related	38.2	4.2	186	45	6,030	3.1	15,201
Other/unknown	61.3	18.3	777	42	10,621	7.3	137,847

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 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, 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.

**TABLE D.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	More than						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
				None	0, but 1 or Less	1, but 2 or Less	2, but 5 or Less	5, but 10 or Less	More than 10			
<b>All</b>	<b>1.3</b>	<b>\$54</b>	<b>5.7</b>	<b>46.7</b>	<b>26.8</b>	<b>7.4</b>	<b>13.2</b>	<b>5.5</b>	<b>0.5</b>	<b>\$952</b>	<b>205,196</b>	<b>2,186,415</b>
<b>Age</b>												
5 and younger	0.8	55	7.6	53.8	38.5	0.0	0.0	7.7	0.0	724	13	131
6-14	1.5	177	40.6	43.8	18.8	18.8	18.8	0.0	0.0	435	16	156
15-20	0.9	85	7.6	40.0	40.0	10.2	7.8	2.0	0.0	1,119	245	2,782
21-44	0.4	18	1.7	61.9	31.9	3.4	2.1	0.6	0.1	1,031	25,958	285,566
45-64	0.5	16	1.3	56.4	35.8	4.4	2.4	0.7	0.2	1,234	36,818	404,303
65-74	1.4	64	9.8	47.8	24.5	7.6	13.6	6.0	0.6	658	40,862	430,116
75-84	1.9	80	11.0	38.0	22.5	9.8	20.4	8.7	0.7	729	55,693	594,703
85 and older	1.7	65	5.4	39.7	24.0	9.1	18.9	7.7	0.6	1,211	45,591	468,658
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.8	76	8.7	39.7	23.1	9.4	19.1	8.1	0.7	870	132,779	1,386,749
Disabled	0.4	16	1.3	59.7	33.7	3.8	2.1	0.6	0.1	1,157	66,683	744,881
Adults	0.5	25	11.2	56.8	34.1	4.0	3.5	1.4	0.3	220	5,702	54,536
Children	0.5	192	8.0	72.7	18.2	0.0	9.1	0.0	0.0	2,388	11	97
Unknown	4.5	378	30.7	9.5	23.8	14.3	33.3	9.5	9.5	1,230	21	152
<b>Gender</b>												
Female	1.5	61	6.9	42.0	27.4	8.2	15.3	6.5	0.6	883	137,376	1,473,748
Male	0.9	39	3.6	56.1	25.6	5.8	8.8	3.4	0.3	1,094	67,820	712,667
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	1.6	69	6.9	40.4	25.7	9.0	17.1	7.2	0.6	996	142,564	1,497,679
African American	0.5	22	1.6	61.2	29.4	3.5	4.4	1.3	0.1	1,346	8,674	89,488
Other/unknown	0.5	21	2.7	60.9	29.5	3.8	4.0	1.6	0.2	784	53,958	599,248
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	7	0.2	56.5	32.6	6.1	3.7	0.7	0.3	3,190	19,425	195,731
Part year	0.9	29	1.4	43.8	38.7	7.0	7.7	2.4	0.4	2,036	10,283	99,955
None	1.4	60	9.0	45.7	25.5	7.6	14.5	6.2	0.5	663	175,488	1,890,729
<b>Maintenance Assistance Status</b>												
Cash	0.3	13	1.5	63.5	31.2	3.0	1.6	0.6	0.1	874	45,300	512,775
Medically needy	0.5	18	1.5	61.5	28.1	4.9	3.8	1.4	0.3	1,216	6,848	63,582
Poverty related	0.4	17	3.1	61.8	32.1	3.4	2.0	0.6	0.1	548	15,201	167,260
Other/unknown	1.8	74	7.3	38.7	24.8	9.4	18.6	7.8	0.7	1,015	137,847	1,442,798

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 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, 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.

**TABLE D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>1.3</b>	<b>\$54</b>	<b>\$42</b>	<b>0.3</b>	<b>\$39</b>	<b>\$115</b>	<b>0.1</b>	<b>\$3</b>	<b>\$65</b>	<b>0.9</b>	<b>\$11</b>	<b>\$13</b>
<b>Age</b>												
5 and younger	0.8	55	69	0.1	45	326	0.0	2	54	0.6	8	13
6-14	1.5	177	119	0.5	157	302	0.1	6	53	0.8	14	16
15-20	0.9	85	99	0.3	73	215	0.0	3	121	0.5	9	19
21-44	0.4	18	48	0.1	12	211	0.0	1	105	0.3	5	16
45-64	0.5	16	36	0.1	10	182	0.0	1	89	0.4	5	14
65-74	1.4	64	48	0.4	48	122	0.1	4	69	0.9	12	14
75-84	1.9	80	43	0.5	59	109	0.1	5	63	1.2	16	13
85 and older	1.7	65	37	0.4	45	103	0.1	5	62	1.2	14	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	1.8	76	42	0.5	55	111	0.1	5	64	1.2	15	13
Disabled	0.4	16	39	0.1	10	187	0.0	1	89	0.3	5	14
Adults	0.5	25	53	0.1	16	217	0.0	1	124	0.4	7	19
Children	0.5	192	379	0.3	184	688	0.0	0	20	0.2	7	31
Unknown	4.5	378	83	1.7	305	183	0.2	9	47	2.7	64	24
<b>Gender</b>												
Female	1.5	61	42	0.4	44	112	0.1	4	65	1.0	13	13
Male	0.9	39	44	0.2	28	128	0.0	2	67	0.6	8	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.6	69	42	0.4	50	113	0.1	5	65	1.1	14	13
African American	0.5	22	43	0.1	15	150	0.0	1	70	0.4	5	13
Other/unknown	0.5	21	41	0.1	15	137	0.0	1	71	0.4	5	13
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	7	15	0.0	3	95	0.0	0	50	0.4	4	9
Part year	0.9	29	33	0.2	20	118	0.0	2	62	0.7	8	11
None	1.4	60	43	0.4	44	115	0.1	4	66	0.9	12	13
<b>Maintenance Assistance Status</b>												
Cash	0.3	13	38	0.0	9	181	0.0	1	95	0.3	4	14
Medically needy	0.5	18	36	0.1	12	150	0.0	1	68	0.4	5	13
Poverty related	0.4	17	45	0.1	11	194	0.0	1	81	0.3	5	15
Other/unknown	1.8	74	42	0.5	54	112	0.1	5	64	1.2	15	13

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 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.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.

**TABLE D.6**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$9	\$7	\$0	\$3	\$42	\$150	\$129	\$15	63,679	\$2,705,891	26,055	12.7	292,683
Biologicals	0.5	0.5	0.0	0.0	707	707	0	0	1357	1,357	0	0	25	33,921	4	0.0	48
Antineoplastic Agents	0.6	0.3	0.0	0.3	135	129	0	6	224	483	1,091	17	16,878	3,785,620	2,574	1.3	28,128
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	38	32	1	5	49	93	47	11	280,041	13,758,413	32,558	15.9	360,949
Cardiovascular Agents	1.7	0.3	0.1	1.2	45	24	7	14	27	75	55	12	1,038,348	27,696,287	56,177	27.4	620,914
Respiratory Agents	0.5	0.3	0.0	0.2	38	33	2	3	82	115	80	18	126,587	10,331,286	23,991	11.7	269,494
Gastrointestinal Agents	0.5	0.3	0.0	0.2	52	45	4	3	100	155	133	15	121,965	12,180,491	21,034	10.3	232,370
Genitourinary Agents	0.5	0.3	0.0	0.2	32	24	0	8	65	84	45	38	56,813	3,676,189	10,414	5.1	115,764
CNS Drugs	0.7	0.1	0.0	0.6	19	12	1	6	26	144	105	9	409,717	10,733,445	51,767	25.2	565,407
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	50	45	0	5	116	182	106	26	4,065	471,279	844	0.4	9,453
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	99	98	0	1	150	151	0	99	35,436	5,328,950	5,077	2.5	53,914
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	21	9	0	11	40	211	220	23	154,120	6,114,340	26,920	13.1	297,432
Neuromuscular Agents	0.7	0.1	0.0	0.5	25	17	1	7	38	153	140	13	141,997	5,386,880	19,250	9.4	213,451
Nutritional Products	0.5	0.0	0.0	0.5	5	0	0	5	10	24	12	10	90,377	908,530	15,593	7.6	171,831
Hematological Agents	0.6	0.2	0.0	0.5	32	26	0	6	50	146	21	13	161,443	8,012,640	22,684	11.1	249,007
Topical Products	0.3	0.2	0.0	0.1	18	16	0	2	53	83	66	14	91,422	4,829,319	23,548	11.5	265,141
Miscellaneous Products	0.5	0.2	0.0	0.3	235	222	2	11	496	1,303	208	36	3,285	1,628,259	648	0.3	6,936
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	61	0	0	0	2,078	126,526	817	0.4	8,940
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,798,276</b>	<b>117,708,266</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 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.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.



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ULCER DRUGS	\$10,529,745	16,341	8.0	180,921	0.5	\$116	\$58
ANTIHYPERTENSIVE	10,108,311	34,067	16.6	383,316	0.6	45	26
ANTI-ASTHMATIC	8,679,542	18,378	9.0	202,782	0.4	102	43
ANTIHYPERTENSIVE	7,495,147	39,644	19.3	443,437	0.6	29	17
ANTIDIABETIC	6,773,233	19,850	9.7	220,138	0.6	55	31
MISC. ENDOCRINE	6,173,438	11,001	5.4	124,114	0.6	80	50
MISC. HEMATOLOGICAL	5,503,432	7,412	3.6	81,837	0.6	107	67
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,326,867	6,261	3.1	66,507	0.5	150	80
CALCIUM BLOCKERS	4,154,758	17,416	8.5	195,293	0.7	32	21
ANTIPSYCHOTICS	4,034,772	4,789	2.3	50,251	0.5	177	80
Total	68,779,245	175,159	n.a.	1,948,596	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 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 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; n.a. = not applicable.

**TABLE D.7A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED**  
**AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	ULCER DRUGS							ANTIHYPERTENSIVE				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,102,031</b>	<b>\$68,779,245</b>	<b>16,341</b>	<b>8.0</b>	<b>180,921</b>	<b>0.5</b>	<b>\$58</b>	<b>34,067</b>	<b>16.6</b>	<b>383,316</b>	<b>0.6</b>	<b>\$26</b>
<b>Female</b>												
All Females	867,796	53,695,000	12,875	9.4	143,577	0.5	59	25,559	18.6	289,709	0.6	26
<b>Female, Disabled</b>												
All Ages	19,950	2,181,921	819	2.3	9,000	0.3	44	673	1.9	7,348	0.3	18
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	251	1	20.0	12	0.2	6	0	0.0	0	0.0	0
15-20	226	24,726	19	16.0	228	0.3	32	0	0.0	0	0.0	0
21-44	4,492	640,324	255	2.4	2,821	0.3	39	82	0.8	870	0.3	17
45-64	11,202	1,185,927	417	2.2	4,478	0.4	47	442	2.4	4,746	0.3	17
65-74	3,880	320,175	120	2.9	1,381	0.4	49	143	3.4	1,664	0.4	21
75-84	92	8,131	3	0.2	36	0.3	37	3	0.2	34	0.5	9
85 and older	49	2,387	4	1.3	44	0.2	8	3	0.9	34	0.2	8
<b>Female, Other Eligibles</b>												
All Ages	847,846	51,513,079	12,056	11.8	134,577	0.5	60	24,886	24.4	282,361	0.6	27
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	14	1,975	1	16.7	8	0.1	3	0	0.0	0	0.0	0
21-44	943	141,699	72	3.2	607	0.3	45	24	1.1	238	0.4	27
45-64	833	113,393	37	3.8	368	0.3	47	27	2.7	241	0.4	19
65-74	187,387	11,899,011	2,769	12.0	31,023	0.5	65	6,763	29.3	75,809	0.6	28
75-84	393,838	23,651,511	5,078	13.0	57,284	0.5	62	12,329	31.5	141,137	0.6	27
85 and older	264,831	15,705,490	4,099	11.2	45,287	0.5	56	5,743	15.7	64,936	0.6	25
<b>Male</b>												
All Males	234,235	15,084,245	3,466	5.1	37,344	0.5	54	8,508	12.5	93,607	0.6	26
<b>Male, Disabled</b>												
All Ages	15,505	1,915,065	516	1.6	5,567	0.3	42	560	1.8	5,875	0.4	19
5 and younger	20	399	2	33.3	24	0.4	10	0	0.0	0	0.0	0
6-14	18	404	2	22.2	24	0.2	5	0	0.0	0	0.0	0
15-20	357	72,964	12	10.0	142	0.3	36	3	2.5	36	0.4	25
21-44	5,434	941,151	177	1.5	1,942	0.3	45	121	1.0	1,247	0.4	18
45-64	8,266	768,114	278	1.7	2,933	0.3	41	370	2.3	3,834	0.4	19
65-74	1,369	129,589	44	1.9	490	0.4	39	63	2.7	722	0.4	23
75-84	28	2,396	1	0.2	12	0.3	3	2	0.3	24	0.3	31
85 and older	13	48	0	0.0	0	0.0	0	1	1.4	12	0.3	1
<b>Male, Other Eligibles</b>												
All Ages	218,730	13,169,180	2,950	8.1	31,777	0.5	56	7,948	21.8	87,732	0.6	27
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	6,807	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
21-44	557	63,544	31	3.0	290	0.3	42	33	3.2	280	0.3	16
45-64	885	79,181	36	2.9	326	0.5	70	50	4.1	400	0.3	19
65-74	62,765	3,896,804	733	6.5	7,860	0.5	60	2,522	22.5	27,486	0.6	29
75-84	104,662	6,112,702	1,302	9.1	14,295	0.5	56	3,872	27.1	43,354	0.6	27
85 and older	49,856	3,010,142	848	9.8	9,006	0.5	51	1,471	17.0	16,212	0.6	23
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &

Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					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
<b>All</b>	<b>18,378</b>	<b>9.0</b>	<b>202,782</b>	<b>0.4</b>	<b>\$43</b>	<b>39,644</b>	<b>19.3</b>	<b>443,437</b>	<b>0.6</b>	<b>\$17</b>	<b>19,850</b>	<b>9.7</b>	<b>220,138</b>	<b>0.6</b>	<b>\$31</b>
<b>Female</b>															
All Females	13,307	9.7	148,448	0.4	43	30,509	22.2	343,692	0.6	18	14,211	10.3	159,310	0.6	30
<b>Female, Disabled</b>															
All Ages	1,021	2.9	11,245	0.3	24	700	2.0	7,461	0.3	10	713	2.0	7,744	0.4	29
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	3	60.0	36	0.1	1	0	0.0	0	0.0	0
15-20	20	16.8	224	0.3	15	5	4.2	60	0.3	15	1	0.8	12	0.3	3
21-44	276	2.6	3,101	0.2	19	98	0.9	1,060	0.3	8	117	1.1	1,227	0.3	29
45-64	577	3.1	6,247	0.3	24	447	2.4	4,628	0.3	10	436	2.4	4,671	0.4	29
65-74	146	3.5	1,651	0.3	34	135	3.2	1,548	0.4	12	151	3.6	1,760	0.4	31
75-84	1	0.1	10	0.1	25	6	0.4	61	0.2	4	6	0.4	54	0.6	37
85 and older	1	0.3	12	0.4	54	6	1.9	68	0.2	2	2	0.6	20	0.1	1
<b>Female, Other Eligibles</b>															
All Ages	12,286	12.0	137,203	0.4	44	29,809	29.2	336,231	0.6	19	13,498	13.2	151,566	0.6	30
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	1	16.7	12	0.3	4	0	0.0	0	0.0	0
21-44	74	3.3	674	0.2	18	37	1.7	277	0.4	14	26	1.2	201	0.3	18
45-64	61	6.2	504	0.4	37	37	3.8	324	0.4	13	32	3.3	296	0.4	36
65-74	3,550	15.4	39,665	0.4	45	6,272	27.1	70,129	0.6	18	3,934	17.0	43,680	0.6	36
75-84	5,571	14.2	62,829	0.4	46	13,436	34.3	153,484	0.6	19	6,433	16.4	73,104	0.6	29
85 and older	3,030	8.3	33,531	0.4	41	10,026	27.4	112,005	0.6	18	3,073	8.4	34,285	0.6	25
<b>Male</b>															
All Males	5,071	7.5	54,334	0.4	43	9,135	13.5	99,745	0.5	12	5,639	8.3	60,828	0.5	32
<b>Male, Disabled</b>															
All Ages	511	1.6	5,378	0.3	26	678	2.2	7,004	0.3	9	576	1.8	6,032	0.4	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	11.1	12	0.2	1	0	0.0	0	0.0	0
15-20	18	15.0	210	0.2	23	5	4.2	60	0.7	6	1	0.8	12	0.8	130
21-44	142	1.2	1,527	0.3	22	165	1.4	1,674	0.4	10	148	1.2	1,492	0.3	23
45-64	305	1.9	3,163	0.3	28	435	2.7	4,456	0.3	8	362	2.3	3,778	0.4	27
65-74	45	1.9	466	0.3	27	70	3.0	778	0.3	8	64	2.7	738	0.3	15
75-84	1	0.2	12	0.1	12	0	0.0	0	0.0	0	1	0.2	12	0.5	65
85 and older	0	0.0	0	0.0	0	2	2.8	24	0.3	1	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	4,560	12.5	48,956	0.4	45	8,457	23.2	92,741	0.6	12	5,063	13.9	54,796	0.6	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	1	100.0	12	0.2	2	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	24	2.3	227	0.2	16	33	3.2	295	0.4	9	31	3.0	277	0.5	56
45-64	37	3.0	364	0.2	22	60	4.9	491	0.4	13	59	4.8	430	0.4	35
65-74	1,289	11.5	13,759	0.4	46	2,393	21.4	26,010	0.6	13	1,795	16.0	19,376	0.6	38
75-84	2,094	14.6	22,816	0.4	45	3,981	27.8	44,310	0.6	12	2,308	16.1	25,513	0.6	31
85 and older	1,116	12.9	11,790	0.4	43	1,989	23.0	21,623	0.6	12	870	10.0	9,200	0.5	28
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &

Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007

Beneficiary Characteristics	MISC. ENDOCRINE					MISC. HEMATOLOGICAL					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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
<b>All</b>	<b>11,001</b>	<b>5.4</b>	<b>124,114</b>	<b>0.6</b>	<b>\$50</b>	<b>7,412</b>	<b>3.6</b>	<b>81,837</b>	<b>0.6</b>	<b>\$67</b>	<b>6,261</b>	<b>3.1</b>	<b>66,507</b>	<b>0.5</b>	<b>\$80</b>
<b>Female</b>															
All Females	10,533	7.7	119,180	0.6	49	5,230	3.8	58,109	0.6	68	4,785	3.5	51,534	0.5	81
<b>Female, Disabled</b>															
All Ages	150	0.4	1,664	0.4	42	124	0.4	1,307	0.4	40	197	0.6	2,180	0.2	72
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	20.0	12	0.3	13	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	1	0.8	11	0.1	13
21-44	19	0.2	224	0.4	81	11	0.1	105	0.3	35	56	0.5	611	0.2	81
45-64	100	0.5	1,086	0.4	38	91	0.5	963	0.4	40	125	0.7	1,379	0.2	72
65-74	29	0.7	332	0.4	32	21	0.5	229	0.4	41	13	0.3	155	0.2	48
75-84	1	0.1	10	0.1	8	1	0.1	10	0.1	13	2	0.1	24	0.3	29
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	10,383	10.2	117,516	0.6	49	5,106	5.0	56,802	0.6	69	4,588	4.5	49,354	0.6	82
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	4	0.2	34	0.3	35	4	0.2	42	0.3	34	24	1.1	267	0.2	94
45-64	4	0.4	44	0.3	21	1	0.1	7	1.0	126	21	2.1	211	0.3	165
65-74	1,945	8.4	21,884	0.6	48	964	4.2	10,661	0.6	66	547	2.4	6,087	0.4	61
75-84	4,910	12.5	56,052	0.6	50	2,271	5.8	25,521	0.6	70	1,777	4.5	19,300	0.6	84
85 and older	3,520	9.6	39,502	0.6	49	1,866	5.1	20,571	0.7	70	2,219	6.1	23,489	0.6	84
<b>Male</b>															
All Males	468	0.7	4,934	0.5	63	2,182	3.2	23,728	0.6	64	1,476	2.2	14,973	0.5	76
<b>Male, Disabled</b>															
All Ages	64	0.2	665	0.4	88	131	0.4	1,374	0.3	52	128	0.4	1,377	0.2	57
5 and younger	1	16.7	12	0.8	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	12	0.4	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	0.8	12	0.7	54	0	0.0	0	0.0	0	2	1.7	24	0.3	31
21-44	30	0.2	325	0.5	109	7	0.1	75	0.4	294	46	0.4	495	0.2	75
45-64	28	0.2	268	0.3	38	105	0.7	1,083	0.4	39	72	0.4	771	0.3	51
65-74	3	0.1	36	0.7	339	19	0.8	216	0.3	32	7	0.3	75	0.2	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.2	12	0.3	35
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	404	1.1	4,269	0.6	59	2,051	5.6	22,354	0.6	65	1,348	3.7	13,596	0.5	78
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	2	200.0	24	0.1	283	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	0	0.0	0	0.0	0	1	0.1	8	0.1	15	8	0.8	82	0.2	197
45-64	3	0.2	33	0.3	20	12	1.0	84	0.3	28	15	1.2	129	0.2	19
65-74	93	0.8	992	0.6	76	544	4.9	5,880	0.6	67	180	1.6	1,903	0.4	64
75-84	180	1.3	1,914	0.6	44	940	6.6	10,398	0.6	65	621	4.3	6,382	0.5	79
85 and older	126	1.5	1,306	0.6	64	554	6.4	5,984	0.6	65	524	6.1	5,100	0.6	81
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &

Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIPSYCHOTICS					Number of Beneficiaries	Number of Benefit Months
	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		
<b>All</b>	<b>17,416</b>	<b>8.5</b>	<b>195,293</b>	<b>0.7</b>	<b>\$21</b>	<b>4,789</b>	<b>2.3</b>	<b>50,251</b>	<b>0.5</b>	<b>\$80</b>	<b>205,196</b>	<b>2,186,415</b>
<b>Female</b>												
All Females	14,208	10.3	160,221	0.7	22	3,394	2.5	35,915	0.4	71	137,376	1,473,748
<b>Female, Disabled</b>												
All Ages	265	0.8	2,820	0.4	15	689	2.0	7,544	0.4	101	35,293	397,182
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	43
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	49
15-20	2	1.7	24	0.3	20	11	9.2	132	0.6	95	119	1,362
21-44	47	0.4	510	0.4	13	321	3.0	3,526	0.4	95	10,565	119,471
45-64	161	0.9	1,643	0.3	14	308	1.7	3,322	0.5	109	18,538	206,551
65-74	52	1.2	607	0.4	21	47	1.1	540	0.5	94	4,173	48,069
75-84	2	0.1	24	0.3	11	1	0.1	12	0.2	235	1,572	18,138
85 and older	1	0.3	12	0.3	18	1	0.3	12	0.6	63	317	3,499
<b>Female, Other Eligibles</b>												
All Ages	13,943	13.7	157,401	0.7	22	2,705	2.6	28,371	0.4	63	102,083	1,076,566
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
15-20	0	0.0	0	0.0	0	2	33.3	24	0.4	80	6	61
21-44	13	0.6	97	0.6	22	83	3.7	761	0.3	78	2,240	21,592
45-64	12	1.2	97	0.2	11	22	2.2	224	0.4	90	983	9,449
65-74	2,469	10.7	27,628	0.7	21	536	2.3	5,778	0.4	77	23,117	242,338
75-84	6,115	15.6	69,879	0.7	22	1,002	2.6	10,670	0.4	58	39,193	422,937
85 and older	5,334	14.6	59,700	0.7	22	1,060	2.9	10,914	0.5	60	36,542	380,171
<b>Male</b>												
All Males	3,208	4.7	35,072	0.6	20	1,395	2.1	14,336	0.5	103	67,820	712,667
<b>Male, Disabled</b>												
All Ages	225	0.7	2,235	0.3	14	614	2.0	6,710	0.5	146	31,390	347,699
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	70
6-14	1	11.1	12	0.5	18	0	0.0	0	0.0	0	9	89
15-20	2	1.7	24	0.2	6	37	30.8	430	0.4	137	120	1,359
21-44	52	0.4	517	0.3	12	375	3.1	4,170	0.6	155	12,122	134,850
45-64	147	0.9	1,436	0.3	14	181	1.1	1,866	0.5	126	16,064	176,506
65-74	20	0.8	218	0.3	15	21	0.9	244	0.5	166	2,370	26,958
75-84	2	0.3	16	0.4	17	0	0.0	0	0.0	0	628	7,094
85 and older	1	1.4	12	0.2	1	0	0.0	0	0.0	0	71	773
<b>Male, Other Eligibles</b>												
All Ages	2,983	8.2	32,837	0.7	21	781	2.1	7,626	0.4	65	36,430	364,968
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	9	0.9	95	0.2	12	15	1.5	144	0.3	55	1,031	9,653
45-64	12	1.0	111	0.3	14	18	1.5	151	0.4	85	1,233	11,797
65-74	797	7.1	8,605	0.7	22	204	1.8	2,049	0.4	78	11,202	112,751
75-84	1,393	9.7	15,538	0.7	20	319	2.2	3,134	0.5	67	14,300	146,534
85 and older	772	8.9	8,488	0.6	21	225	2.6	2,148	0.4	49	8,661	84,215
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &



Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

**TABLE D.8**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

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
<b>All</b>	<b>\$7</b>	<b>0.5</b>	<b>19,425</b>	<b>195,731</b>
<b>Age</b>				
0-64	19	0.9	1,156	12,429
65-74	14	0.7	1,890	19,370
75-84	7	0.5	5,538	56,301
85 and older	5	0.4	10,841	107,631
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	7	0.5	13,846	141,460
Male	9	0.5	5,579	54,271
Unknown	0	0.0	0	0
<b>Race</b>				
White	7	0.5	17,772	179,290
African American	17	0.8	326	3,368
Other/unknown	15	0.6	1,327	13,073
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	6	0.4	18,056	181,034
Disabled	21	0.9	1,366	14,683
Adults	0	0.0	3	14
Children	0	0.0	0	0
Unknown	0	0.0	0	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$8	\$5	\$0	\$3	\$32	\$87	\$22	\$16	680	\$21,481	315	1.6	2,629
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	0.3	0.1	0.0	0.2	33	26	0	7	108	284	0	34	71	7,649	34	0.2	229
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	19	15	1	3	42	100	74	10	1,763	74,895	481	2.5	3,996
Cardiovascular Agents	0.7	0.1	0.0	0.6	13	4	2	7	18	61	51	11	4,698	85,104	816	4.2	6,683
Respiratory Agents	0.3	0.0	0.0	0.2	7	4	0	3	26	99	59	14	2,847	73,637	974	5.0	10,258
Gastrointestinal Agents	0.4	0.1	0.0	0.3	20	16	1	3	51	132	232	13	1,891	95,694	522	2.7	4,873
Genitourinary Agents	0.3	0.2	0.0	0.1	16	11	1	4	52	69	55	32	497	25,926	200	1.0	1,625
CNS Drugs	0.8	0.0	0.0	0.8	9	3	0	6	11	89	46	8	43,884	484,220	5,316	27.4	53,675
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	45	41	0	4	76	176	0	12	104	7,953	15	0.1	178
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	39	38	0	0	105	105	0	134	923	97,222	301	1.5	2,511
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	11	0	0	10	21	37	50	21	1,725	36,709	412	2.1	3,417
Neuromuscular Agents	1.0	0.1	0.0	0.9	17	8	1	9	17	127	120	9	8,604	147,571	874	4.5	8,856
Nutritional Products	0.5	0.0	0.0	0.5	5	0	0	4	10	17	15	9	4,595	45,995	909	4.7	8,910
Hematological Agents	0.8	0.0	0.0	0.8	7	2	0	5	9	116	23	6	16,795	150,541	2,020	10.4	20,663
Topical Products	0.2	0.0	0.0	0.2	5	2	1	3	23	66	61	14	2,405	55,204	998	5.1	10,256
Miscellaneous Products	0.4	0.1	0.0	0.3	10	3	0	7	28	54	0	23	49	1,361	19	0.1	138
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	31	0	0	0	159	4,897	68	0.4	697
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>91,690</b>	<b>1,416,059</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 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 2007. 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.medi-span.com/master-drug-database.aspx>.
  - 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.medi-span.com/master-drug-database.aspx>.
- 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.
- 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Top 10 Drug Groups in Nursing Facilities	Users			Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTI-ANXIETY AGENTS	\$304,361	4,735	24.4	48,259	0.8	\$8	\$6	
OPHTHALMIC	173,362	3,349	17.2	36,671	0.4	11	5	
ANTICONVULSANT	134,989	822	4.2	8,418	1.0	17	16	
HEMATOPOIETIC AGENTS	122,323	1,942	10.0	20,551	0.8	8	6	
ANTIPSYCHOTICS	108,116	272	1.4	2,366	0.4	125	46	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	97,222	374	1.9	3,182	0.3	105	31	
DERMATOLOGICAL	83,598	3,859	19.9	42,138	0.2	11	2	
ANTIHISTAMINES	79,499	1,829	9.4	19,943	0.5	8	4	
COUGH/COLD/ALLERGY	60,238	1,983	10.2	22,067	0.2	12	3	
ULCER DRUGS	58,309	250	1.3	2,230	0.3	96	26	
<b>Total</b>	<b>1,222,017</b>	<b>19,415</b>	<b>n.a.</b>	<b>205,825</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

**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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups				ANTI-ANXIETY AGENTS				OPHTHALMIC			
	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 \$
<b>All</b>	<b>102,831</b>	<b>\$1,222,017</b>	<b>4,735</b>	<b>24.4</b>	<b>48,259</b>	<b>0.8</b>	<b>\$6</b>	<b>3,349</b>	<b>17.2</b>	<b>36,671</b>	<b>0.4</b>	<b>\$5</b>
<b>Female</b>												
All Females	76,278	854,252	3,525	25.5	36,228	0.8	6	2,555	18.5	28,086	0.4	5
<b>Female, Disabled</b>												
All Ages	5,845	94,213	215	30.8	2,357	0.9	8	93	13.3	1,090	0.5	5
64 or younger	4,831	65,606	180	33.0	2,001	1.0	8	72	13.2	862	0.5	5
65-74	535	23,283	12	32.4	113	0.8	8	6	16.2	70	0.4	5
75-84	323	3,443	12	20.0	122	1.0	10	9	15.0	108	0.6	7
85 and older	156	1,881	11	20.0	121	0.4	3	6	10.9	50	0.2	2
<b>Female, Other Eligibles</b>												
All Ages	70,433	760,039	3,310	25.2	33,871	0.8	6	2,462	18.7	26,996	0.4	5
64 or younger	14	144	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,465	99,752	310	32.5	3,214	1.0	8	156	16.4	1,698	0.5	5
75-84	21,230	224,995	993	28.1	10,256	0.8	7	599	17.0	6,689	0.5	5
85 and older	41,724	435,148	2,007	23.2	20,401	0.7	6	1,707	19.7	18,609	0.4	5
<b>Male</b>												
All Males	26,553	367,765	1,210	21.7	12,031	0.8	6	794	14.2	8,585	0.4	5
<b>Male, Disabled</b>												
All Ages	5,591	116,796	214	32.0	2,347	0.9	9	72	10.8	827	0.5	6
64 or younger	5,199	107,190	195	32.3	2,130	0.9	9	63	10.4	732	0.5	6
65-74	185	7,831	8	34.8	85	0.7	7	6	26.1	61	0.3	10
75-84	103	986	6	24.0	72	0.9	9	2	8.0	24	0.2	2
85 and older	104	789	5	31.3	60	1.4	11	1	6.3	10	0.3	2
<b>Male, Other Eligibles</b>												
All Ages	20,962	250,969	996	20.3	9,684	0.7	6	722	14.7	7,758	0.4	5
64 or younger	37	748	2	66.7	14	1.4	13	0	0.0	0	0.0	0
65-74	4,805	60,564	185	21.1	1,961	1.0	9	101	11.5	1,117	0.4	6
75-84	7,717	89,190	388	20.2	3,849	0.7	5	257	13.4	2,833	0.4	4
85 and older	8,403	100,467	421	19.9	3,860	0.6	5	364	17.2	3,808	0.4	5
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS				
	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 \$
<b>All</b>	<b>822</b>	<b>4.2</b>	<b>8,418</b>	<b>1.0</b>	<b>\$16</b>	<b>1,942</b>	<b>10.0</b>	<b>20,551</b>	<b>0.8</b>	<b>\$6</b>	<b>272</b>	<b>1.4</b>	<b>2,366</b>	<b>0.4</b>	<b>\$46</b>
<b>Female</b>															
All Females	566	4.1	5,810	1.0	16	1,422	10.3	15,197	0.8	6	171	1.2	1,532	0.3	37
<b>Female, Disabled</b>															
All Ages	75	10.7	852	1.5	35	75	10.7	837	0.7	6	25	3.6	271	0.3	45
64 or younger	61	11.2	686	1.4	24	59	10.8	669	0.7	6	18	3.3	189	0.3	33
65-74	12	32.4	142	1.9	96	3	8.1	36	0.9	5	6	16.2	70	0.3	75
75-84	1	1.7	12	0.4	3	6	10.0	72	0.8	10	0	0.0	0	0.0	0
85 and older	1	1.8	12	1.0	8	7	12.7	60	0.8	5	1	1.8	12	0.6	63
<b>Female, Other Eligibles</b>															
All Ages	491	3.7	4,958	0.9	12	1,347	10.2	14,360	0.8	6	146	1.1	1,261	0.3	36
64 or younger	1	33.3	12	1.1	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	80	8.4	820	1.0	18	126	13.2	1,360	0.7	5	23	2.4	229	0.4	83
75-84	171	4.8	1,804	0.9	13	383	10.8	4,088	0.8	6	35	1.0	305	0.3	22
85 and older	239	2.8	2,322	0.9	10	838	9.7	8,912	0.8	5	88	1.0	727	0.3	26
<b>Male</b>															
All Males	256	4.6	2,608	0.9	17	520	9.3	5,354	0.8	7	101	1.8	834	0.4	61
<b>Male, Disabled</b>															
All Ages	85	12.7	984	1.1	27	75	11.2	863	0.8	8	17	2.5	195	0.9	167
64 or younger	83	13.7	960	1.1	27	72	11.9	827	0.8	8	14	2.3	159	0.9	190
65-74	2	8.7	24	0.6	56	1	4.3	12	1.0	7	3	13.0	36	0.8	67
75-84	0	0.0	0	0.0	0	1	4.0	12	0.5	3	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	6.3	12	0.9	4	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	171	3.5	1,624	0.7	11	445	9.1	4,491	0.8	7	84	1.7	639	0.3	29
64 or younger	2	66.7	4	1.8	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	54	6.2	509	0.9	19	84	9.6	850	0.8	5	20	2.3	147	0.3	36
75-84	53	2.8	549	0.7	7	174	9.1	1,731	0.8	7	35	1.8	234	0.4	36
85 and older	62	2.9	562	0.7	7	187	8.9	1,910	0.8	8	29	1.4	258	0.2	19
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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.

- Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 benefit months were excluded from the analysis.
- 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 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.
- Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					DERMATOLOGICAL					ANTIHISTAMINES				
	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 \$
<b>All</b>	<b>374</b>	<b>1.9</b>	<b>3,182</b>	<b>0.3</b>	<b>\$31</b>	<b>3,859</b>	<b>19.9</b>	<b>42,138</b>	<b>0.2</b>	<b>\$2</b>	<b>1,829</b>	<b>9.4</b>	<b>19,943</b>	<b>0.5</b>	<b>\$4</b>
<b>Female</b>															
All Females	255	1.8	2,209	0.3	31	2,667	19.3	29,366	0.2	2	1,332	9.6	14,627	0.5	4
<b>Female, Disabled</b>															
All Ages	5	0.7	58	0.5	50	160	22.9	1,780	0.2	2	103	14.8	1,164	0.5	4
64 or younger	5	0.9	58	0.5	50	130	23.8	1,441	0.2	2	88	16.1	1,014	0.5	4
65-74	0	0.0	0	0.0	0	14	37.8	153	0.2	2	5	13.5	60	0.6	5
75-84	0	0.0	0	0.0	0	12	20.0	139	0.2	1	3	5.0	26	1.0	9
85 and older	0	0.0	0	0.0	0	4	7.3	47	0.2	2	7	12.7	64	0.2	2
<b>Female, Other Eligibles</b>															
All Ages	250	1.9	2,151	0.3	30	2,507	19.1	27,586	0.2	2	1,229	9.3	13,463	0.5	4
64 or younger	0	0.0	0	0.0	0	1	33.3	3	0.3	1	0	0.0	0	0.0	0
65-74	22	2.3	194	0.3	33	214	22.4	2,371	0.2	2	106	11.1	1,115	0.5	4
75-84	72	2.0	644	0.3	29	717	20.3	7,900	0.2	2	348	9.8	3,799	0.5	4
85 and older	156	1.8	1,313	0.3	30	1,575	18.2	17,312	0.2	2	775	9.0	8,549	0.5	4
<b>Male</b>															
All Males	119	2.1	973	0.3	31	1,192	21.4	12,772	0.2	2	497	8.9	5,316	0.5	4
<b>Male, Disabled</b>															
All Ages	7	1.0	64	0.4	49	156	23.4	1,776	0.2	3	69	10.3	810	0.5	4
64 or younger	7	1.2	64	0.4	49	138	22.8	1,574	0.2	3	64	10.6	750	0.5	4
65-74	0	0.0	0	0.0	0	9	39.1	104	0.2	5	2	8.7	24	0.7	3
75-84	0	0.0	0	0.0	0	6	24.0	64	0.1	1	3	12.0	36	0.5	5
85 and older	0	0.0	0	0.0	0	3	18.8	34	0.1	1	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	112	2.3	909	0.3	29	1,036	21.1	10,996	0.2	2	428	8.7	4,506	0.5	4
64 or younger	1	33.3	2	1.0	169	1	33.3	2	0.5	8	2	66.7	24	0.2	1
65-74	13	1.5	120	0.3	24	173	19.7	1,926	0.2	2	78	8.9	843	0.5	4
75-84	44	2.3	359	0.3	31	385	20.1	4,192	0.2	2	149	7.8	1,660	0.5	4
85 and older	54	2.6	428	0.3	29	477	22.6	4,876	0.2	2	199	9.4	1,979	0.5	4
<b>Unknown</b>	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 2007 file for Wisconsin, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ULCER DRUGS					Benefit Months Among All-Year Nursing Facility Residents	
	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	All-Year Nursing Facility Residents
<b>All</b>	<b>1,983</b>	<b>10.2</b>	<b>22,067</b>	<b>0.2</b>	<b>\$3</b>	<b>250</b>	<b>1.3</b>	<b>2,230</b>	<b>0.3</b>	<b>\$26</b>	<b>19,425</b>	<b>195,731</b>
<b>Female</b>												
All Females	1,510	10.9	16,820	0.2	3	153	1.1	1,324	0.3	26	13,846	141,460
<b>Female, Disabled</b>												
All Ages	85	12.2	994	0.2	3	12	1.7	144	0.5	54	698	7,500
64 or younger	65	11.9	754	0.3	3	10	1.8	120	0.5	45	546	5,914
65-74	4	10.8	48	0.2	1	2	5.4	24	0.7	98	37	393
75-84	9	15.0	108	0.2	3	0	0.0	0	0.0	0	60	648
85 and older	7	12.7	84	0.1	1	0	0.0	0	0.0	0	55	545
<b>Female, Other Eligibles</b>												
All Ages	1,425	10.8	15,826	0.2	3	141	1.1	1,180	0.2	23	13,148	133,960
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
65-74	111	11.6	1,261	0.3	4	15	1.6	125	0.2	14	954	9,936
75-84	380	10.8	4,225	0.2	3	33	0.9	274	0.3	22	3,533	36,642
85 and older	934	10.8	10,340	0.2	3	93	1.1	781	0.2	25	8,658	87,355
<b>Male</b>												
All Males	473	8.5	5,247	0.2	3	97	1.7	906	0.3	26	5,579	54,271
<b>Male, Disabled</b>												
All Ages	55	8.2	621	0.2	2	32	4.8	328	0.4	39	668	7,183
64 or younger	50	8.3	567	0.2	2	30	5.0	304	0.3	35	604	6,472
65-74	1	4.3	12	0.1	0	2	8.7	24	0.6	94	23	244
75-84	3	12.0	36	0.1	1	0	0.0	0	0.0	0	25	287
85 and older	1	6.3	6	0.2	1	0	0.0	0	0.0	0	16	180
<b>Male, Other Eligibles</b>												
All Ages	418	8.5	4,626	0.2	3	65	1.3	578	0.2	19	4,911	47,088
64 or younger	0	0.0	0	0.0	0	1	33.3	2	1.0	10	3	16
65-74	71	8.1	807	0.4	4	14	1.6	95	0.4	39	876	8,797
75-84	164	8.5	1,845	0.2	2	21	1.1	193	0.2	14	1,920	18,724
85 and older	183	8.7	1,974	0.2	3	29	1.4	288	0.2	15	2,112	19,551
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 10,283 beneficiaries who were in nursing facilities for part of their enrollment and their 99,955 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 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<sup>a,b</sup>**  
**WISCONSIN, 2007**

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	
<b>All</b>	<b>76,302</b>	<b>37.2</b>	<b>2.8</b>	<b>581,913</b>	<b>\$26</b>	<b>\$5,374,675</b>	<b>\$9</b>	<b>4.6</b>	<b>205,196</b>	
<b>Age</b>										
5 and younger	5	38.5	2.2	29	32	410	14	5.7	13	
6-14	9	56.3	5.8	92	68	1,093	12	4.0	16	
15-20	78	31.8	1.6	400	45	11,133	28	4.7	245	
21-44	9,732	37.5	2.8	73,729	31	799,989	11	16.0	25,958	
45-64	17,181	46.7	4.2	154,562	44	1,615,494	10	24.5	36,818	
65-74	12,700	31.1	2.3	96,021	21	868,176	9	3.1	40,862	
75-84	18,199	32.7	2.3	128,446	19	1,061,192	8	2.2	55,693	
85 and older	18,398	40.4	2.8	128,634	22	1,017,188	8	3.3	45,591	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	45,465	34.2	2.4	322,811	20	2,660,584	8	2.5	132,779	
Disabled	28,663	43.0	3.7	245,210	38	2,553,866	10	22.1	66,683	
Adults	2,161	37.9	2.4	13,829	28	159,693	12	11.9	5,702	
Children	2	18.2	1.5	16	11	126	8	0.7	11	
Unknown	11	52.4	2.2	47	19	406	9	0.7	21	
<b>Gender</b>										
Female	54,277	39.5	3.0	413,173	28	3,798,609	9	4.2	137,376	
Male	22,025	32.5	2.5	168,740	23	1,576,066	9	5.7	67,820	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	52,518	36.8	2.8	400,678	25	3,579,226	9	3.5	142,564	
African American	3,213	37.0	2.5	22,077	25	212,750	10	11.0	8,674	
Other/unknown	20,571	38.1	2.9	159,158	29	1,582,699	10	12.5	53,958	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	10,595	54.5	4.7	91,465	40	786,686	9	55.6	19,425	
Part year	5,925	57.6	3.9	39,766	33	336,713	8	11.6	10,283	
None	59,782	34.1	2.6	450,682	24	4,251,276	9	3.7	175,488	
<b>Maintenance Assistance Status</b>										
Cash	18,458	40.7	3.3	149,945	33	1,489,001	10	22.5	45,300	
Medically needy	2,676	39.1	2.9	19,710	26	179,682	9	15.8	6,848	
Poverty related	5,560	36.6	2.8	42,544	31	476,587	11	16.8	15,201	
Other/unknown	49,608	36.0	2.7	369,714	23	3,229,405	9	3.0	137,847	

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b</sup>**  
**WISCONSIN, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$2</b>	<b>\$9</b>	<b>\$0</b>	<b>\$1</b>	<b>2,186,415</b>
<b>Age</b>						
5 and younger	0.2	3	14	0	0	131
6-14	0.6	7	12	0	0	156
15-20	0.1	4	28	0	0	2,782
21-44	0.3	3	11	0	2	285,566
45-64	0.4	4	10	0	2	404,303
65-74	0.2	2	9	0	1	430,116
75-84	0.2	2	8	0	1	594,703
85 and older	0.3	2	8	0	1	468,658
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	2	8	0	1	1,386,749
Disabled	0.3	3	10	0	2	744,881
Adults	0.3	3	12	0	2	54,536
Children	0.2	1	8	0	0	97
Unknown	0.3	3	9	0	2	152
<b>Gender</b>						
Female	0.3	3	9	0	1	1,473,748
Male	0.2	2	9	0	1	712,667
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	2	9	0	1	1,497,679
African American	0.2	2	10	0	1	89,488
Other/unknown	0.3	3	10	0	1	599,248
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	4	9	0	2	195,731
Part year	0.4	3	8	0	2	99,955
None	0.2	2	9	0	1	1,890,729
<b>Maintenance Assistance Status</b>						
Cash	0.3	3	10	0	2	512,775
Medically needy	0.3	3	9	0	1	63,582
Poverty related	0.3	3	11	0	2	167,260
Other/unknown	0.3	2	9	0	1	1,442,798

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b,c</sup>**  
**WISCONSIN, 2007**

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
<b>All</b>	<b>98,000</b>	<b>\$55</b>	<b>\$5,374,675</b>	<b>100.0</b>	<b>581,913</b>	<b>\$9</b>	<b>100.0</b>
Anorexia or weight loss/gain	171	132	22,621	0.4	732	31	0.1
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	9,788	54	526,124	9.8	20,948	25	3.6
Vitamins and minerals	14,458	56	805,948	15.0	82,160	10	14.1
Non-prescription drugs	28,983	39	1,135,526	21.1	158,303	7	27.2
Barbiturates	1,195	86	102,974	1.9	12,088	9	2.1
Benzodiazepines	41,862	61	2,536,712	47.2	302,057	8	51.9
Other Part D Excl Rx Drugs	1,543	159	244,770	4.6	5,625	44	1.0

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 WISCONSIN, 2007

Total Number of Dual Eligible Beneficiaries: 205,196  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$117,708,266  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$573

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	95,738	46.7	\$0	0.0
1-500	63,307	30.9	7,438,338	6.3
501-1,000	12,233	6.0	8,976,955	7.6
1,001-1,500	8,462	4.1	10,446,443	8.9
1,501-2,000	6,370	3.1	11,086,630	9.4
2,001-2,500	4,571	2.2	10,232,590	8.7
2,501-3,000	3,424	1.7	9,377,784	8.0
3,001-3,500	2,630	1.3	8,501,284	7.2
3,501-4,000	2,057	1.0	7,682,374	6.5
4,001-4,500	1,450	0.7	6,140,579	5.2
4,501-5,000	1,079	0.5	5,119,788	4.3
5,001-5,500	847	0.4	4,441,311	3.8
5,501-6,000	628	0.3	3,607,016	3.1
6,001-6,500	452	0.2	2,818,550	2.4
6,501-7,000	313	0.2	2,111,656	1.8
7,001-7,500	293	0.1	2,118,038	1.8
7,501-8,000	202	0.1	1,561,131	1.3
8,001-8,500	157	0.1	1,292,469	1.1
8,501-9,000	140	0.1	1,224,064	1.0
9,001-9,500	111	0.1	1,026,734	0.9
9,501-10,000	90	0.0	879,728	0.7
10,001+	642	0.3	11,624,804	9.9

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. 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 2007.

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<sup>a, b, c</sup>  
 WISCONSIN, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 57,552  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,485,556  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$182

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	33,888	58.9	\$0	0.0
1-500	20,869	36.3	1,949,831	18.6
501-1,000	942	1.6	663,121	6.3
1,001-1,500	418	0.7	509,725	4.9
1,501-2,000	297	0.5	516,620	4.9
2,001-2,500	183	0.3	408,263	3.9
2,501-3,000	141	0.2	385,390	3.7
3,001-3,500	128	0.2	412,776	3.9
3,501-4,000	96	0.2	358,838	3.4
4,001-4,500	83	0.1	352,824	3.4
4,501-5,000	64	0.1	301,471	2.9
5,001-5,500	52	0.1	271,913	2.6
5,501-6,000	44	0.1	252,723	2.4
6,001-6,500	35	0.1	216,959	2.1
6,501-7,000	37	0.1	249,492	2.4
7,001-7,500	32	0.1	230,953	2.2
7,501-8,000	25	0.0	194,195	1.9
8,001-8,500	21	0.0	172,961	1.6
8,501-9,000	20	0.0	174,840	1.7
9,001-9,500	18	0.0	166,452	1.6
9,501-10,000	14	0.0	137,414	1.3
10,001+	145	0.3	2,558,795	24.4

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. 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 2007.

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<sup>a, b</sup>  
 WISCONSIN, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 142,146  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$105,839,326  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$744

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	58,796	41.4	\$0	0.0
1-500	40,365	28.4	5,298,405	5.0
501-1,000	11,171	7.9	8,229,140	7.8
1,001-1,500	7,989	5.6	9,869,348	9.3
1,501-2,000	6,035	4.2	10,504,602	9.9
2,001-2,500	4,362	3.1	9,765,437	9.2
2,501-3,000	3,258	2.3	8,922,888	8.4
3,001-3,500	2,486	1.7	8,036,786	7.6
3,501-4,000	1,952	1.4	7,289,436	6.9
4,001-4,500	1,360	1.0	5,757,728	5.4
4,501-5,000	1,008	0.7	4,785,003	4.5
5,001-5,500	786	0.6	4,121,995	3.9
5,501-6,000	575	0.4	3,302,285	3.1
6,001-6,500	413	0.3	2,576,831	2.4
6,501-7,000	272	0.2	1,834,844	1.7
7,001-7,500	256	0.2	1,850,595	1.7
7,501-8,000	175	0.1	1,351,516	1.3
8,001-8,500	132	0.1	1,086,333	1.0
8,501-9,000	118	0.1	1,031,512	1.0
9,001-9,500	90	0.1	832,687	0.8
9,501-10,000	74	0.1	722,915	0.7
10,001+	473	0.3	8,669,040	8.2

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. 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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 WISCONSIN, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 40,862  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$27,686,673  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$677

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	19,516	47.8	\$0	0.0
1-500	11,427	28.0	1,412,061	5.1
501-1,000	2,426	5.9	1,781,633	6.4
1,001-1,500	1,777	4.3	2,190,920	7.9
1,501-2,000	1,271	3.1	2,212,741	8.0
2,001-2,500	942	2.3	2,109,557	7.6
2,501-3,000	742	1.8	2,035,028	7.4
3,001-3,500	589	1.4	1,902,142	6.9
3,501-4,000	482	1.2	1,800,845	6.5
4,001-4,500	394	1.0	1,671,733	6.0
4,501-5,000	228	0.6	1,081,384	3.9
5,001-5,500	223	0.5	1,168,872	4.2
5,501-6,000	150	0.4	864,656	3.1
6,001-6,500	114	0.3	711,127	2.6
6,501-7,000	76	0.2	513,670	1.9
7,001-7,500	93	0.2	671,442	2.4
7,501-8,000	57	0.1	440,056	1.6
8,001-8,500	36	0.1	295,380	1.1
8,501-9,000	45	0.1	393,626	1.4
9,001-9,500	36	0.1	334,105	1.2
9,501-10,000	32	0.1	311,559	1.1
10,001+	206	0.5	3,784,136	13.7

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. 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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 WISCONSIN, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 55,693  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$47,761,518  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$857

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,180	38.0	\$0	0.0
1-500	15,057	27.0	2,115,834	4.4
501-1,000	4,986	9.0	3,678,832	7.7
1,001-1,500	3,540	6.4	4,386,612	9.2
1,501-2,000	2,742	4.9	4,782,727	10.0
2,001-2,500	2,025	3.6	4,538,571	9.5
2,501-3,000	1,517	2.7	4,153,456	8.7
3,001-3,500	1,123	2.0	3,637,766	7.6
3,501-4,000	890	1.6	3,324,697	7.0
4,001-4,500	618	1.1	2,613,668	5.5
4,501-5,000	500	0.9	2,374,602	5.0
5,001-5,500	352	0.6	1,847,373	3.9
5,501-6,000	278	0.5	1,596,268	3.3
6,001-6,500	192	0.3	1,199,914	2.5
6,501-7,000	138	0.2	931,454	2.0
7,001-7,500	109	0.2	788,238	1.7
7,501-8,000	80	0.1	617,335	1.3
8,001-8,500	62	0.1	511,815	1.1
8,501-9,000	48	0.1	419,127	0.9
9,001-9,500	33	0.1	305,034	0.6
9,501-10,000	31	0.1	302,989	0.6
10,001+	192	0.3	3,635,206	7.6

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. 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 2007.

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

Dual Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 WISCONSIN, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 45,591  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$30,391,135  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$666

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,100	39.7	\$0	0.0
1-500	13,881	30.4	1,770,510	5.8
501-1,000	3,759	8.2	2,768,675	9.1
1,001-1,500	2,672	5.9	3,291,816	10.8
1,501-2,000	2,022	4.4	3,509,134	11.5
2,001-2,500	1,395	3.1	3,117,309	10.3
2,501-3,000	999	2.2	2,734,404	9.0
3,001-3,500	774	1.7	2,496,878	8.2
3,501-4,000	580	1.3	2,163,894	7.1
4,001-4,500	348	0.8	1,472,327	4.8
4,501-5,000	280	0.6	1,329,017	4.4
5,001-5,500	211	0.5	1,105,750	3.6
5,501-6,000	147	0.3	841,361	2.8
6,001-6,500	107	0.2	665,790	2.2
6,501-7,000	58	0.1	389,720	1.3
7,001-7,500	54	0.1	390,915	1.3
7,501-8,000	38	0.1	294,125	1.0
8,001-8,500	34	0.1	279,138	0.9
8,501-9,000	25	0.1	218,759	0.7
9,001-9,500	21	0.0	193,548	0.6
9,501-10,000	11	0.0	108,367	0.4
10,001+	75	0.2	1,249,698	4.1

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. 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 2007.

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

Dual Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

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
<b>All</b>	<b>207,436</b>	<b>134,166</b>	<b>67,226</b>	<b>6,012</b>	<b>11</b>	<b>21</b>	<b>2,218,789</b>	<b>1,403,382</b>	<b>753,414</b>	<b>61,736</b>	<b>105</b>	<b>152</b>
<b>Age</b>												
5 and younger	13	2	10	0	1	0	134	13	115	0	6	0
6-14	16	0	14	0	2	0	156	0	138	0	18	0
15-20	245	0	239	4	2	0	2,797	0	2,736	48	13	0
21-44	26,242	14	22,784	3,442	2	0	292,190	152	256,530	35,485	23	0
45-64	37,370	70	35,033	2,254	1	12	412,993	640	389,136	23,105	12	100
65-74	41,277	34,434	6,557	276	1	9	435,519	357,470	75,238	2,748	11	52
75-84	56,198	53,964	2,201	31	2	0	600,949	575,366	25,249	312	22	0
85 and older	46,075	45,682	388	5	0	0	474,051	469,741	4,272	38	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	138,886	99,801	35,597	3,461	6	21	1,495,720	1,057,264	402,349	35,901	54	152
Male	68,550	34,365	31,629	2,551	5	0	723,069	346,118	351,065	25,835	51	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	144,422	112,946	27,062	4,403	7	4	1,523,189	1,177,624	299,942	45,511	74	38
African American	8,817	4,485	3,449	879	1	3	92,117	47,315	35,883	8,888	5	26
Other/unknown	54,197	16,735	36,715	730	3	14	603,483	178,443	417,589	7,337	26	88
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	19,425	18,056	1,366	3	0	0	195,731	181,034	14,683	14	0	0
Part year	10,288	8,540	1,726	21	0	1	100,407	81,674	18,506	218	0	9
None	177,723	107,570	64,134	5,988	11	20	1,922,651	1,140,674	720,225	61,504	105	143
<b>Maintenance Assistance Status</b>												
Cash	45,924	11,131	34,174	617	2	0	522,506	126,005	390,328	6,154	19	0
Medically needy	6,848	4,699	2,120	26	3	0	63,615	43,468	19,908	210	29	0
Poverty related	15,257	1,962	13,225	48	1	21	168,228	21,499	146,123	448	6	152
Other/unknown	139,407	116,374	17,707	5,321	5	0	1,464,440	1,212,410	197,055	54,924	51	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	201,149	131,099	64,189	5,829	11	21	2,150,168	1,369,723	720,486	59,702	105	152
Full dual, part year	6,287	3,067	3,037	183	0	0	68,621	33,659	32,928	2,034	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	203,732	132,442	66,240	5,020	9	21	2,178,579	1,384,949	742,346	51,044	88	152
FFS part year, with Rx claims	907	183	291	432	1	0	10,159	2,105	3,310	4,733	11	0
FFS part year, no Rx claims	557	154	152	250	1	0	5,870	1,612	1,700	2,552	6	0
MC all year, with Rx claims	181	126	52	3	0	0	2,012	1,378	598	36	0	0
MC all year, no Rx claims	2,059	1,261	491	307	0	0	22,169	13,338	5,460	3,371	0	0
	0	0	0	0	0	0	0	0	0	0	0	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 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 2007. 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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WISCONSIN, 2007**

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>207,436</b>	<b>2,218,789</b>	<b>205,196</b>	<b>2,186,415</b>	<b>0</b>	<b>32,374</b>
Fee-for-service (FFS) all year	203,732	2,178,579	203,732	2,178,579	0	0
FFS part year, with Rx claims	907	10,159	907	5,214	0	4,945
FFS part year, with no Rx claims	557	5,870	557	2,622	0	3,248
Managed care (MC) all year, with Rx claims	181	2,012	0	0	0	2,012
MC all year, with no Rx claims	2,059	22,169	0	0	0	22,169

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. 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.