

STATE OF WISCONSIN

CIRCUIT COURT  
Branch 9

DANE COUNTY

STATE OF WISCONSIN,

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Plaintiff,

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v.

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Civil Action No. 04 CV 1709

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ABBOTT LABORATORIES, INC.,

)

et al.,

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Defendants.

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**DEFENDANTS' FIFTH SET OF INTERROGATORIES  
DIRECTED TO PLAINTIFF**

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Pursuant to Chapter 804 of the Wisconsin Statutes, Defendants request that the State of Wisconsin ("Plaintiff") respond to the following Interrogatories no later than 30 days from date of service. In an effort to limit the burden on Plaintiff and advance the efficient resolution of this litigation, Defendants have coordinated in propounding these Interrogatories. By submitting joint Interrogatories, Defendants do not intend to waive or limit each Defendant's right to propound additional discovery, whether joint or individual.

**DEFINITIONS AND GENERAL INSTRUCTIONS**

Defendants hereby incorporate the Definitions and General Instructions contained in Defendants' First Set of Interrogatories and Requests for Production Direct to Plaintiff, served on October 19, 2005, Defendants' Second Set of Interrogatories and Requests for Production Directed to Plaintiff, served on February 20, 2006, Defendants' Third Set of Interrogatories and Requests for Production Directed to Plaintiff, served on May 21, 2007, and Defendants' Fourth Set of Interrogatories and Requests for Production

Directed to Plaintiff, served on October 18, 2007. In addition, the following terms used in these Interrogatories, whether or not capitalized, are defined as follows:

A. “Managed Care Program” refers to any health care program operated by the State of Wisconsin, including but not limited programs operated by the Bureau of Managed Health Care Programs (“BMHCP”),

B. “Managed Care Organization” refers to any Health Maintenance Organization (“HMO”) or other entity that provides insurance or coverage based on a capitated rate.

## **INTERROGATORIES**

### **INTERROGATORY NO. 1:**

Pursuant to your response to Interrogatory No. 15 of the Defendants’ Second Set of Interrogatories to Plaintiff, identify all Managed Care Programs in which a beneficiary of any of the Wisconsin Medical Assistance Programs has participated or been enrolled.

- a. Identify the number of Wisconsin Medicaid beneficiaries covered by each Managed Care Program, specifying the timeframe for coverage; and
- b. Identify each Managed Care Organization that has provided coverage for any Managed Care Program, specifying the timeframe for coverage.

### **INTERROGATORY NO. 2:**

Identify each Managed Care Program that has included or provided prescription drug benefits or coverage to a beneficiary of any of the Wisconsin Medical Assistance Programs, specifying the timeframe for coverage.

### **INTERROGATORY NO. 3:**

For each Managed Care Program identified in your response to Interrogatory No. 2, please state whether the prescription drug benefit or coverage is included in any capitated rate paid by you or the Managed Care Program to a Managed Care Organization.

**INTERROGATORY NO. 4:**

If your answer to Interrogatory No. 3 is anything other than an unqualified “No,” please explain in detail:

a. The capitated rate paid by you or the Managed Care Program to each Managed Care Organization, specifying the timeframe;

b. How each capitated rate was determined or calculated, specifying the timeframe;

c. The factors considered in determining to pay a capitated rate to each Managed Care Organization; and

d. Identify all Persons currently or formerly employed by or serving as a contractor to you with any knowledge about how each capitated rate was determined, including but not limited to:

- (i) the name(s) of the individuals;
- (ii) the title(s) of the individuals; and
- (iii) their relationship(s) with the State of Wisconsin.

e. Identify all Persons who have approved each capitated rate that includes prescription drug benefits or coverage and state how and when the approval was memorialized.

**INTERROGATORY NO. 5:**

Identify all communications between you and any Managed Care Program or Managed Care Organization concerning capitated rates for prescription drug benefits or coverage.

**INTERROGATORY NO. 6:**

Identify all communications between any Managed Care Program and any Managed Care Organization concerning capitated rates for prescription drug benefits or coverage

**INTERROGATORY NO. 7:**

Have you produced all prescription drug claims paid on a capitated basis by you for any beneficiaries of the Wisconsin Medical Assistance Programs to the Defendants?

**INTERROGATORY NO. 8:**

If your response to Interrogatory No. 7 is “Yes,” please identify the prescription drug claims paid by you, including any field(s) containing such information.

**INTERROGATORY NO. 9:**

Identify all communications between you and any Managed Care Program or Managed Care Organization concerning the cost or price of prescription drugs.

Dated: November 26, 2007

/s/ Kimberly K. Heuer  
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Certificate of Service

I, Kimberly K. Heuer, hereby certify that on this 26th day of November, 2007, a true and correct copy of the foregoing Defendants' Fifth Set of Interrogatories Directed to Plaintiff was served on all counsel of record by Lexis Nexis File & Serve®.

/s/ Kimberly K. Heuer

Kimberly K. Heuer