STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
WISCONSIN

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WISCONSIN, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	985,289	(A)	209,870	(E)	775,419	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	977,940	(B)	206,249	(F)	771,691	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	688,930	(C)	205,993	(G)	482,937	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	22,907	(D)	21,999	(H)	908	(L)

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Wisconsin in 2004 was $721,674,896, of which $1,066,191 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

WISCONSIN, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**688,930**	**131,178**	**148,965**	**191,553**	**216,943**	**291**	**5,314,567**	**1,343,580**	**1,624,242**	**1,134,080**	**1,210,195**	**2,470**
Age												
5 and younger	90,189	1	5,545	9	84,634	0	505,289	12	55,508	29	449,740	0
6-14	101,831	0	13,644	31	88,156	0	651,863	0	151,499	122	500,242	0
15-20	82,619	0	9,525	29,606	43,483	5	561,827	0	104,763	199,352	257,664	48
21-44	192,870	12	45,693	146,505	613	47	1,354,199	100	504,133	847,113	2,433	420
45-64	69,194	85	53,749	15,128	1	231	667,071	564	579,476	85,083	12	1,936
65-74	45,379	35,342	9,802	227	0	8	472,996	360,378	110,540	2,012	0	66
75-84	61,516	54,820	6,653	42	1	0	641,671	568,769	72,563	338	1	0
85 and older	45,278	40,918	4,354	4	2	0	459,553	413,757	45,760	29	7	0
Unknown	54	0	0	1	53	0	98	0	0	2	96	0
Gender												
Female	439,582	97,326	78,557	154,017	109,391	291	3,441,105	1,010,757	866,004	950,075	611,799	2,470
Male	249,348	33,852	70,408	37,536	107,552	0	1,873,462	332,823	758,238	184,005	598,396	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	408,441	109,844	39,416	137,574	121,512	95	3,115,353	1,118,264	418,233	867,531	710,523	802
African American	68,728	3,358	5,826	24,303	35,218	23	0 364,606	34,475	58,618	111,384	159,938	191
Other/unknown	211,761	17,976	103,723	29,676	60,213	173	1,834,608	190,841	1,147,391	155,165	339,734	1,477
Use of Nursing Facilities[c]												
Entire year	22,907	20,715	2,191	1	0	0	232,078	208,825	23,241	12	0	0
Part year	11,314	7,923	3,355	34	1	1	110,700	75,039	35,327	319	3	12
None	654,709	102,540	143,419	191,518	216,942	290	4,971,789	1,059,716	1,565,674	1,133,749	1,210,192	2,458
Maintenance Assistance Status												
Cash	209,848	12,736	95,953	42,295	58,864	0	1,683,795	143,675	1,062,347	196,940	280,833	0
Medically needy	28,173	6,574	5,770	1,967	13,862	0	200,968	63,916	53,679	8,712	74,661	0
Poverty-related	84,682	677	9,163	7,887	66,664	291	493,986	7,284	99,489	36,998	347,745	2,470
Other/unknown	366,227	111,191	38,079	139,404	77,553	0	2,935,818	1,128,705	408,727	891,430	506,956	0
Dual Medicare Status[d]												
Full dual, all year	202,508	126,536	71,450	4,497	11	14	2,135,849	1,299,323	793,891	42,421	96	118
Full dual, part year	3,485	1,678	1,754	53	0	0	37,930	18,281	19,070	579	0	0
Non-dual, all year	482,937	2,964	75,761	187,003	216,932	277	3,140,788	25,976	811,281	1,091,080	1,210,099	2,352
Managed Care (MC) Status												
Fee-for-service (FFS) all year	504,834	131,158	145,990	116,217	111,182	287	4,769,853	1,343,459	1,604,581	908,940	910,420	2,453
FFS part year, with Rx claims	64,209	12	2,291	35,045	26,858	3	240,122	82	15,921	120,986	103,117	16
FFS part year, no Rx claims	119,887	8	684	40,291	78,903	1	304,592	39	3,740	104,154	196,658	1

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

WISCONSIN, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**58.1 %**	**18.4**	**$1,046**	**$57**	**$5,736**	**18.2 %**	**688,930**
Age							
5 and younger	39.2	1.9	118	61	2,017	5.9	90,189
6-14	39.7	3.8	310	81	1,757	17.6	101,831
15-20	41.1	3.7	295	80	2,264	13.0	82,619
21-44	52.7	10.6	847	80	4,951	17.1	192,870
45-64	78.8	41.9	2,946	70	13,793	21.4	69,194
65-74	84.7	41.7	1,979	47	7,587	26.1	45,379
75-84	88.4	44.9	1,857	41	8,549	21.7	61,516
85 and older	91.2	49.0	1,828	37	13,797	13.2	45,278
Unknown	0.0	0.0	0	0	0	0.0	54
Basis of Eligibility[e]							
Aged	88.5	43.4	1,754	40	8,726	20.1	131,178
Disabled	81.0	38.6	2,809	73	14,983	18.8	148,965
Adults	44.3	4.2	238	57	1,594	14.9	191,553
Children	36.0	2.0	121	62	1,232	9.8	216,943
Unknown	77.0	18.5	1,184	64	9,350	12.7	291
Gender							
Female	59.8	20.0	1,043	52	5,456	19.1	439,582
Male	54.9	15.6	1,052	67	6,230	16.9	249,348
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	59.5	19.3	959	50	5,352	17.9	408,441
African American	40.5	7.1	412	58	3,394	12.1	68,728
Other/unknown	61.0	20.4	1,420	70	7,238	19.6	211,761
Use of Nursing Facilities[f]							
Entire year	95.7	76.7	3,443	45	34,638	9.9	22,907
Part year	97.1	70.5	3,370	48	26,188	12.9	11,314
None	56.1	15.5	922	60	4,372	21.1	654,709
Maintenance Assistance Status							
Cash	61.0	19.4	1,359	70	7,270	18.7	209,848
Medically needy	58.8	22.3	1,377	62	5,513	25.0	28,173
Poverty related	41.5	6.7	484	72	2,051	23.6	84,682
Other/unknown	60.1	20.2	971	48	5,727	17.0	366,227

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

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

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

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

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

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

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

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

WISCONSIN, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**2.4**	**$136**	**18.2 %**	**41.9 %**	**26.2 %**	**7.3 %**	**13.4 %**	**8.5 %**	**2.6 %**	**$744**	**688,930**	**5,314,567**
Age												
5 and younger	0.3	21	5.9	60.8	35.1	2.6	1.4	0.2	0.0	360	90,189	505,289
6-14	0.6	48	17.6	60.3	30.6	4.8	3.8	0.5	0.0	275	101,831	651,863
15-20	0.5	43	13.0	58.9	32.3	4.5	3.5	0.7	0.1	333	82,619	561,827
21-44	1.5	121	17.1	47.3	30.1	7.7	9.4	4.3	1.1	705	192,870	1,354,199
45-64	4.3	306	21.4	21.2	18.1	9.6	23.0	19.8	8.2	1,431	69,194	667,071
65-74	4.0	190	26.1	15.3	16.4	12.1	30.2	20.1	5.9	728	45,379	472,996
75-84	4.3	178	21.7	11.6	13.7	12.1	33.6	22.7	6.2	820	61,516	641,671
85 and older	4.8	180	13.2	8.8	10.6	11.0	34.6	27.5	7.6	1,359	45,278	459,553
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	54	98
Basis of Eligibility[e]												
Aged	4.2	171	20.1	11.5	14.1	12.4	33.9	22.1	6.0	852	131,178	1,343,580
Disabled	3.5	258	18.8	19.0	24.4	10.4	22.3	17.5	6.4	1,374	148,965	1,624,242
Adults	0.7	40	14.9	55.7	30.5	6.1	5.6	1.7	0.3	269	191,553	1,134,080
Children	0.4	22	9.8	64.0	31.0	3.1	1.7	0.2	0.0	221	216,943	1,210,195
Unknown	2.2	140	12.7	23.0	30.9	13.1	24.1	8.9	0.0	1,102	291	2,470
Gender												
Female	2.6	133	19.1	40.2	25.7	7.5	14.3	9.4	2.9	697	439,582	3,441,105
Male	2.1	140	16.9	45.1	27.1	7.0	11.8	7.0	2.1	829	249,348	1,873,462
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.5	126	17.9	40.5	25.5	7.4	14.4	9.3	2.8	702	408,441	3,115,353
African American	1.3	78	12.1	59.5	25.2	5.2	6.0	3.2	0.9	640	68,728	364,606
Other/unknown	2.4	164	19.6	39.0	28.0	7.9	13.8	8.7	2.7	836	211,761	1,834,608
Use of Nursing Facilities[f]												
Entire year	7.6	340	9.9	4.3	4.1	4.5	24.5	39.6	23.1	3,419	22,907	232,078
Part year	7.2	344	12.9	2.9	5.5	6.1	27.1	38.7	19.7	2,677	11,314	110,700
None	2.0	121	21.1	43.9	27.4	7.4	12.8	6.9	1.6	576	654,709	4,971,789
Maintenance Assistance Status												
Cash	2.4	169	18.7	39.0	28.8	8.1	13.1	8.4	2.7	906	209,848	1,683,795
Medically needy	3.1	193	25.0	41.2	23.7	5.4	12.9	12.2	4.5	773	28,173	200,968
Poverty related	1.2	83	23.6	58.5	29.4	3.9	4.6	2.7	0.8	352	84,682	493,986
Other/unknown	2.5	121	17.0	39.9	24.2	7.8	15.6	9.7	2.8	714	366,227	2,935,818

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

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

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

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

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

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

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

WISCONSIN, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**2.4**	**$136**	**$57**	**0.9**	**$105**	**$115**	**0.1**	**$9**	**$70**	**1.3**	**$21**	**$16**
Age												
5 and younger	0.3	21	61	0.1	17	143	0.0	1	42	0.2	3	15
6-14	0.6	48	81	0.3	42	127	0.0	2	69	0.2	5	20
15-20	0.5	43	80	0.3	36	136	0.0	2	77	0.2	5	21
21-44	1.5	121	80	0.6	93	161	0.1	10	104	0.8	18	21
45-64	4.3	306	70	1.7	234	141	0.3	24	96	2.4	47	19
65-74	4.0	190	47	1.6	148	94	0.2	11	58	2.2	31	14
75-84	4.3	178	41	1.6	139	85	0.2	9	44	2.4	30	12
85 and older	4.8	180	37	1.7	136	81	0.3	10	38	2.9	34	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.2	171	40	1.6	132	84	0.2	9	43	2.4	30	12
Disabled	3.5	258	73	1.4	202	144	0.2	19	92	1.9	37	19
Adults	0.7	40	57	0.3	29	115	0.0	3	84	0.4	8	19
Children	0.4	22	62	0.2	18	108	0.0	1	59	0.2	3	17
Unknown	2.2	140	64	0.7	106	149	0.1	10	79	1.3	23	17
Gender												
Female	2.6	133	52	1.0	103	106	0.1	9	64	1.4	22	15
Male	2.1	140	67	0.8	111	135	0.1	9	85	1.1	20	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.5	126	50	1.0	97	102	0.1	8	60	1.4	21	15
African American	1.3	78	58	0.5	61	117	0.1	4	72	0.7	12	16
Other/unknown	2.4	164	70	0.9	129	137	0.1	11	87	1.3	23	18
Use of Nursing Facilities[e]												
Entire year	7.6	340	45	2.6	254	97	0.5	22	46	4.4	63	14
Part year	7.2	344	48	2.5	259	103	0.4	22	53	4.2	63	15
None	2.0	121	60	0.8	95	118	0.1	8	77	1.1	18	16
Maintenance Assistance Status												
Cash	2.4	169	70	1.0	133	139	0.1	12	89	1.3	25	19
Medically needy	3.1	193	62	1.2	150	126	0.2	13	75	1.7	29	17
Poverty related	1.2	83	72	0.5	65	138	0.1	6	96	0.6	12	20
Other/unknown	2.5	121	48	1.0	94	98	0.1	8	56	1.4	20	14

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wisconsin, 0.6 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

WISCONSIN, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$18	$13	$1	$4	$62	$133	$90	$21	598,949	$37,031,097	205,271	29.8 %	2,078,118
Biologicals	0.5	0.4	0.0	0.1	674	537	11	126	1444	1,348	1,595	2,048	2,948	4,255,555	670	0.1	6,314
Antineoplastic Agents	0.6	0.1	0.0	0.5	78	62	1	15	126	438	170	32	49,253	6,207,938	7,588	1.1	79,221
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	36	28	3	6	42	78	23	15	1,299,667	54,616,033	149,857	21.8	1,501,384
Cardiovascular Agents	1.8	0.6	0.0	1.2	52	39	1	12	28	64	35	10	3,329,366	94,288,199	170,117	24.7	1,809,212
Respiratory Agents	0.6	0.4	0.0	0.2	38	35	0	3	62	90	39	14	718,030	44,505,146	113,841	16.5	1,165,409
Gastrointestinal Agents	0.6	0.2	0.0	0.3	42	33	2	7	70	148	53	20	610,561	42,818,245	94,306	13.7	1,009,300
Genitourinary Agents	0.5	0.3	0.0	0.1	31	27	1	3	62	79	50	22	233,336	14,541,309	43,690	6.3	462,344
CNS Drugs	1.3	0.6	0.1	0.7	110	91	7	13	86	162	92	20	2,080,317	178,577,962	156,760	22.8	1,620,150
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	62	53	1	8	87	105	82	40	164,836	14,357,701	23,535	3.4	230,930
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	114	108	1	5	167	172	108	112	137,723	23,064,574	19,138	2.8	202,257
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	46	35	3	8	62	145	240	17	1,232,170	76,354,222	162,849	23.6	1,667,269
Neuromuscular Agents	1.0	0.3	0.1	0.5	75	47	18	11	77	143	120	22	842,345	65,161,262	81,299	11.8	866,369
Nutritional Products	0.6	0.0	0.0	0.6	9	0	1	8	15	32	27	14	331,862	4,935,567	54,689	7.9	546,491
Hematological Agents	0.9	0.2	0.1	0.5	59	51	2	6	69	207	35	10	446,106	30,829,950	48,907	7.1	520,304
Topical Products	0.4	0.2	0.0	0.2	16	11	1	4	42	70	55	18	518,876	21,647,345	132,665	19.3	1,388,050
Miscellaneous Products	0.6	0.2	0.0	0.3	109	81	11	16	195	463	247	49	33,290	6,505,805	5,688	0.8	59,877
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	21	0	0	0	44,164	910,795	11,215	1.6	123,893
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,673,799	720,608,705	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wisconsin, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

WISCONSIN, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$115,853,767	73,831	10.7 %	806,969	0.8	$182	$144
ANTICONVULSANT	56,552,884	66,944	9.7	727,084	0.8	95	78
ANTIDEPRESSANTS	51,544,449	144,549	21.0	1,507,124	0.6	54	34
ANALGESICS - Narcotic	42,943,764	178,207	25.9	1,854,960	0.4	57	23
ANTIHYPERLIPIDEMIC	40,428,762	76,280	11.1	838,494	0.7	72	48
ULCER DRUGS	33,962,496	94,265	13.7	1,012,601	0.6	59	34
ANTIASTHMATIC	33,370,800	115,634	16.8	1,199,287	0.4	67	28
ANTIDIABETIC	29,250,548	72,655	10.5	778,368	0.8	50	38
ANALGESICS - ANTI-INFLAMMATORY	24,193,163	85,287	12.4	913,268	0.4	73	26
NEUROLOGICAL	23,066,647	21,733	3.2	230,280	0.6	167	100
Total	451,167,280	929,385		9,868,435	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wisconsin, released by CMS in 02/2008. This table was produced on 09/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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