

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 WISCONSIN

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
WISCONSIN, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	812,511 (A)	179,708 (E)	632,803 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	752,385 (B)	123,198 (F)	629,187 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	496,618 (C)	123,062 (G)	373,556 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	25,675 (D)	24,705 (H)	970 (L)

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Wisconsin in 2002 was \$485,537,658, of which \$12,582,999 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) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 were excluded from the analysis 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 were excluded from the analysis.
- 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 1.1 percent were restricted benefit months without a pharmacy benefit in Wisconsin, were used in the dual tables. 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 = Center for Medicare and 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<sup>a, b</sup>  
 WISCONSIN, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>496,618</b>	<b>55,917</b>	<b>140,358</b>	<b>114,627</b>	<b>185,608</b>	<b>108</b>	<b>3,532,949</b>	<b>551,144</b>	<b>1,510,070</b>	<b>506,574</b>	<b>964,347</b>	<b>814</b>	<b>3,532,949</b>	<b>551,144</b>	<b>1,510,070</b>	<b>506,574</b>	<b>964,347</b>	<b>814</b>	
<b>Age</b>																			
5 and younger	80,895	4	5,579	5	75,307	0	421,545	32	54,184	33	367,296	0	421,545	32	54,184	33	367,296	0	
6-14	91,594	0	13,219	16	78,359	0	568,115	0	145,520	76	422,519	0	568,115	0	145,520	76	422,519	0	
15-20	51,849	1	8,863	11,592	31,393	0	316,744	7	96,126	48,214	172,397	0	316,744	7	96,126	48,214	172,397	0	
21-44	137,536	13	45,614	91,410	477	22	897,179	132	496,850	398,202	1,853	142	897,179	132	496,850	398,202	1,853	142	
45-64	59,490	108	47,935	11,352	9	86	571,120	639	511,863	57,906	40	672	571,120	639	511,863	57,906	40	672	
65-74	22,505	12,839	9,442	218	6	0	237,991	130,615	105,439	1,919	18	0	237,991	130,615	105,439	1,919	18	0	
75-84	26,511	20,473	6,008	30	0	0	269,432	206,105	63,131	196	0	0	269,432	206,105	63,131	196	0	0	
85 and older	26,186	22,479	3,697	4	6	0	250,642	213,614	36,956	28	44	0	250,642	213,614	36,956	28	44	0	
Unknown	52	0	1	0	51	0	181	0	1	0	180	0	181	0	1	0	180	0	
<b>Gender</b>																			
Female	288,454	40,514	74,287	82,807	90,739	107	2,049,976	406,175	807,996	366,506	468,488	811	2,049,976	406,175	807,996	366,506	468,488	811	
Male	208,164	15,403	66,071	31,820	94,869	1	1,482,973	144,969	702,074	140,068	495,859	3	1,482,973	144,969	702,074	140,068	495,859	3	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>																			
White	248,598	38,068	34,689	77,185	98,615	41	1,611,378	367,014	360,615	362,876	520,571	302	1,611,378	367,014	360,615	362,876	520,571	302	
African American	56,222	2,040	5,736	16,303	32,140	3	278,759	20,870	58,056	54,769	145,048	16	278,759	20,870	58,056	54,769	145,048	16	
Other/unknown	191,798	15,809	99,933	21,139	54,853	64	1,642,812	163,260	1,091,399	88,929	298,728	496	1,642,812	163,260	1,091,399	88,929	298,728	496	
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	25,675	23,377	2,294	0	4	0	254,896	230,373	24,486	0	37	0	254,896	230,373	24,486	0	37	0	
Part year	10,654	7,646	2,983	24	1	0	96,816	65,595	31,035	182	4	0	96,816	65,595	31,035	182	4	0	
None	460,289	24,894	135,081	114,603	185,603	108	3,181,237	255,176	1,454,549	506,392	964,306	814	3,181,237	255,176	1,454,549	506,392	964,306	814	
<b>Maintenance Assistance Status</b>																			
Cash	185,134	13,567	94,926	29,872	46,769	0	1,521,631	151,851	1,040,267	123,539	205,974	0	1,521,631	151,851	1,040,267	123,539	205,974	0	
Medically needy	28,556	7,281	5,852	2,238	13,185	0	192,236	67,746	53,719	8,146	62,625	0	192,236	67,746	53,719	8,146	62,625	0	
Poverty-related	68,758	495	4,662	8,035	55,458	108	352,299	5,321	48,217	29,954	267,993	814	352,299	5,321	48,217	29,954	267,993	814	
Other/unknown	214,170	34,574	34,918	74,482	70,196	0	1,466,783	326,226	367,867	344,935	427,755	0	1,466,783	326,226	367,867	344,935	427,755	0	
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	120,020	52,554	64,230	3,211	22	3	1,251,358	516,982	705,289	28,898	171	18	1,251,358	516,982	705,289	28,898	171	18	
Full dual, part year	3,042	1,530	1,496	16	0	0	32,967	16,728	16,054	185	0	0	32,967	16,728	16,054	185	0	0	
Non-dual, all year	373,556	1,833	74,632	111,400	185,556	105	2,248,624	17,434	788,727	477,491	964,176	796	2,248,624	17,434	788,727	477,491	964,176	796	
<b>Managed Care Status</b>																			
FFS all year	331,129	55,904	137,559	49,330	88,229	107	3,060,881	551,063	1,491,974	331,054	685,981	809	3,060,881	551,063	1,491,974	331,054	685,981	809	
FFS part year, with Rx claims	54,676	5	2,148	28,179	24,344	0	196,544	36	14,732	90,022	91,754	0	196,544	36	14,732	90,022	91,754	0	
FFS part year, no Rx claims	110,813	8	651	37,118	73,035	1	275,524	45	3,364	85,498	186,612	5	275,524	45	3,364	85,498	186,612	5	

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 WISCONSIN, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	56.6 %	17.5	\$952	\$54	\$7,109	13.4 %	496,618
<b>Age</b>							
5 and younger	36.9	1.8	90	50	2,261	4.0	80,895
6-14	38.3	3.5	229	65	2,039	11.2	91,594
15-20	45.0	4.3	285	66	3,106	9.2	51,849
21-44	57.7	12.7	901	71	6,041	14.9	137,536
45-64	78.2	40.4	2,446	61	13,054	18.7	59,490
65-74	83.7	48.0	2,252	47	14,203	15.9	22,505
75-84	88.7	53.1	2,218	42	18,289	12.1	26,511
85 and older	92.9	51.7	1,945	38	22,437	8.7	26,186
Unknown	0.0	0.0	0	0	5	0.0	52
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	89.9	51.2	2,100	41	18,649	11.3	55,917
Disabled	79.4	35.5	2,231	63	14,287	15.6	140,358
Adults	48.4	4.4	226	51	2,096	10.8	114,627
Children	34.3	1.8	89	50	1,297	6.8	185,608
Unknown	76.9	14.4	990	69	10,367	9.6	108
<b>Gender</b>							
Female	60.3	20.2	1,028	51	7,436	13.8	288,454
Male	51.4	13.7	848	62	6,655	12.7	208,164
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	56.7	17.7	874	49	7,506	11.6	248,598
African American	39.0	6.5	335	51	4,080	8.2	56,222
Other/unknown	61.6	20.5	1,235	60	7,481	16.5	191,798
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	95.8	66.9	2,832	42	30,295	9.3	25,675
Part year	96.4	60.6	2,666	44	23,155	11.5	10,654
None	53.5	13.7	808	59	5,444	14.8	460,289

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	61.6	20.4	1,231	60	7,600	16.2	185,134
Medically needy	57.8	20.8	1,142	55	4,802	23.8	28,556
Poverty related	37.1	4.0	239	60	1,567	15.2	68,758
Other/unknown	58.3	18.9	915	49	8,770	10.4	214,170

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

Table 3



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 WISCONSIN, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos		
				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	
<b>All</b>	<b>2.5</b>	<b>\$134</b>	<b>13.4 %</b>	<b>43.4 %</b>	<b>26.9 %</b>	<b>6.9 %</b>	<b>11.5 %</b>	<b>8.5 %</b>	<b>2.8 %</b>	<b>\$999</b>	<b>496,618</b>	<b>3,532,949</b>
<b>Age</b>												
5 and younger	0.3	17	4.0	63.1	32.9	2.6	1.3	0.1	0.0	434	80,895	421,545
6-14	0.6	37	11.2	61.7	29.8	4.5	3.6	0.4	0.0	329	91,594	568,115
15-20	0.7	47	9.2	55.0	34.5	5.5	4.2	0.8	0.1	508	51,849	316,744
21-44	1.9	138	14.9	42.3	30.8	9.1	11.2	5.2	1.4	926	137,536	897,179
45-64	4.2	255	18.7	21.8	18.3	9.7	23.0	19.6	7.5	1,360	59,490	571,120
65-74	4.5	213	15.9	16.3	15.0	9.3	25.8	24.6	9.0	1,343	22,505	237,991
75-84	5.2	218	12.1	11.3	10.7	8.5	28.0	30.5	11.1	1,800	26,511	269,432
85 and older	5.4	203	8.7	7.1	8.6	8.9	31.9	33.9	9.6	2,344	26,186	250,642
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1	52	181
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.2	213	11.3	10.1	11.1	9.0	29.0	30.3	10.5	1,892	55,917	551,144
Disabled	3.3	207	15.6	20.6	25.4	10.5	21.7	16.3	5.5	1,328	140,358	1,510,070
Adults	1.0	51	10.8	51.6	31.8	7.7	6.6	1.9	0.3	474	114,627	506,574
Children	0.3	17	6.8	65.7	29.6	3.0	1.6	0.1	0.0	250	185,608	964,347
Unknown	1.9	131	9.6	23.1	32.4	18.5	21.3	4.6	0.0	1,375	108	814
<b>Gender</b>												
Female	2.8	145	13.8	39.7	26.8	7.2	12.6	10.2	3.5	1,046	288,454	2,049,976
Male	1.9	119	12.7	48.6	27.0	6.3	10.0	6.2	1.9	934	208,164	1,482,973
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	2.7	135	11.6	43.3	26.6	6.3	11.0	9.4	3.3	1,158	248,598	1,611,378
African American	1.3	68	8.2	61.0	24.7	4.9	5.6	3.0	0.8	823	56,222	278,759
Other/unknown	2.4	144	16.5	38.4	27.8	8.1	13.9	9.0	2.7	874	191,798	1,642,812
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.7	285	9.3	4.2	5.5	6.4	27.6	38.9	17.4	3,052	25,675	254,896
Part year	6.7	293	11.5	3.6	6.5	7.3	29.2	37.1	16.2	2,548	10,654	96,816
None	2.0	117	14.8	46.5	28.5	6.9	10.2	6.2	1.7	788	460,289	3,181,237

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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				
<b>Maintenance Assistance Status</b>												
Cash	2.5	150	16.2	38.4	27.9	8.2	13.9	8.9	2.7	925	185,134	1,521,631
Medically needy	3.1	170	23.8	42.2	22.4	5.8	13.9	11.9	3.8	713	28,556	192,236
Poverty related	0.8	47	15.2	62.9	28.7	3.5	3.1	1.4	0.4	306	68,758	352,299
Other/unknown	2.8	134	10.4	41.7	26.0	6.9	11.8	10.0	3.6	1,281	214,170	1,466,783

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 WISCONSIN, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs				
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$			
<b>All</b>	<b>2.5</b>	<b>\$134</b>	<b>1.0</b>	<b>\$105</b>	<b>0.2</b>	<b>\$101</b>	<b>0.2</b>	<b>\$49</b>	<b>1.2</b>	<b>\$19</b>	<b>\$16</b>
<b>Age</b>											
5 and younger	0.3	17	0.1	14	0.0	102	0.0	1	48	2	13
6-14	0.6	37	0.3	30	0.0	99	0.0	3	66	4	19
15-20	0.7	47	0.4	37	0.1	105	0.1	4	68	6	19
21-44	1.9	138	0.9	111	0.1	130	0.1	10	69	18	19
45-64	4.2	255	1.8	202	0.3	110	0.3	17	58	36	17
65-74	4.5	213	1.9	166	0.3	86	0.3	13	41	33	15
75-84	5.2	218	2.1	168	0.4	79	0.4	14	33	36	14
85 and older	5.4	203	2.0	151	0.5	75	0.5	15	29	37	13
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
<b>Basis of Eligibility<sup>d</sup></b>											
Aged	5.2	213	2.1	163	0.4	79	0.4	14	32	36	14
Disabled	3.3	207	1.5	165	0.2	114	0.2	15	59	28	17
Adults	1.0	51	0.4	40	0.1	98	0.1	4	53	8	15
Children	0.3	17	0.2	13	0.0	82	0.0	2	62	2	16
Unknown	1.9	131	0.9	114	0.0	133	0.0	3	70	15	14
<b>Gender</b>											
Female	2.8	145	1.2	113	0.2	94	0.2	10	45	21	15
Male	1.9	119	0.8	94	0.1	114	0.1	8	58	16	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
<b>Race</b>											
White	2.7	135	1.1	105	0.2	93	0.2	9	42	21	15
African American	1.3	68	0.6	53	0.1	96	0.1	4	51	10	15
Other/unknown	2.4	144	1.1	115	0.2	109	0.2	10	57	19	17
<b>Use of Nursing Facilities<sup>e</sup></b>											
Entire year	6.7	285	2.6	216	0.6	83	0.6	19	33	50	14
Part year	6.7	293	2.7	225	0.5	84	0.5	19	36	49	14
None	2.0	117	0.9	93	0.1	106	0.1	8	56	16	17

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	2.5	150	1.1	119	0.2	11	1.2	20
Medically needy	3.1	170	1.3	135	0.2	11	1.5	25
Poverty related	0.8	47	0.3	36	0.1	4	0.4	7
Other/unknown	2.8	134	1.1	104	0.2	9	1.4	21

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wisconsin, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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 = Center for Medicare and 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<sup>a, b, c, d</sup>  
 WISCONSIN, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name								
Anti-infective Agents	0.3	0.1	0.0	0.2	\$18	\$14	\$1	\$2	\$58	\$107	\$83	\$14	456,916	\$26,729,313	155,013	31.2 %	1,512,880
Biologics	0.5	0.4	0.0	0.0	592	503	22	67	1,266	1,235	1,030	1,719	2,026	2,564,609	483	0.1	4,334
Antineoplastic Agents	0.6	0.4	0.0	0.2	134	119	6	9	211	337	134	38	31,315	6,601,533	4,865	1.0	49,367
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	34	26	4	5	36	60	22	14	827,789	30,141,770	88,623	17.8	887,303
Cardiovascular Agents	1.7	0.5	0.1	1.1	49	33	4	12	28	60	30	12	1,794,507	50,729,045	99,443	20.0	1,029,640
Respiratory Agents	0.7	0.4	0.1	0.2	35	26	4	4	52	72	73	18	631,445	32,754,137	95,823	19.3	949,134
Gastrointestinal Agents	0.7	0.4	0.0	0.3	58	52	1	5	78	126	97	15	553,976	43,311,386	72,096	14.5	748,362
Genitourinary Agents	0.5	0.4	0.0	0.1	28	26	0	2	55	68	42	15	147,283	8,100,962	28,664	5.8	292,974
CNS Drugs	1.4	0.7	0.1	0.6	109	91	6	12	79	125	99	20	1,637,471	130,163,010	117,650	23.7	1,190,865
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.2	43	28	6	9	64	84	63	37	111,378	7,180,220	16,887	3.4	165,412
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	75	71	0	4	135	142	0	73	57,424	7,740,566	10,044	2.0	102,758
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	39	29	3	7	53	123	70	15	857,366	45,117,868	116,996	23.6	1,160,711
Neuromuscular Agents	1.0	0.5	0.1	0.5	68	53	5	9	65	116	58	18	686,548	44,538,369	62,416	12.6	659,811
Nutritional Products	0.6	0.0	0.0	0.6	12	0	1	10	19	39	25	18	227,954	4,249,006	39,263	7.9	364,429
Hematological Agents	0.9	0.2	0.2	0.5	53	44	2	6	59	219	15	12	257,814	15,322,891	28,229	5.7	289,842
Topical Products	0.4	0.1	0.0	0.2	13	9	1	3	35	58	54	16	368,094	12,996,197	97,052	19.5	990,632
Miscellaneous Products	0.5	0.2	0.1	0.3	90	66	13	10	172	348	238	37	25,122	4,332,298	4,680	0.9	48,398
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	25	0	0	0	15,329	381,479	5,022	1.0	54,396
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	8,689,757	472,954,659	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 6 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 therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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<sup>a, b, c</sup>  
 WISCONSIN, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$77,544,350	12.0 %	59,697	0.8	\$147	\$120	
ANTIDEPRESSANTS	43,594,112	22.3	110,946	0.7	59	39	
ANTICONVULSANT	37,929,438	10.7	52,895	0.8	78	66	
ULCER DRUGS	36,258,608	13.8	68,594	0.6	86	50	
ANALGESICS - Narcotic	25,443,413	25.7	127,815	0.4	48	20	
ANTIASTHMATIC	18,965,420	17.1	84,788	0.4	52	22	
ANTIDIABETIC	17,662,326	9.6	47,554	0.8	46	35	
ANTHYPERLIPIDEMIC	17,371,670	6.1	30,535	0.7	75	52	
ANALGESICS - ANTI-INFLAMMATORY	14,398,138	12.9	64,273	0.4	59	21	
ANTIHYPERTENSIVE	12,218,939	11.8	58,499	0.7	28	20	
Total	301,386,414		705,596	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Wisconsin, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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