STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
WISCONSIN

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WISCONSIN, 2003

Inclusion Criteria (2003)	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]	923,296	(A)	203,269	(E)	720,027	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	916,381	(B)	199,828	(F)	716,553	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	637,383	(C)	199,574	(G)	437,809	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	23,724	(D)	22,796	(H)	928	(L)

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003 (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 2003, 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 2003 was $636,092,067, of which $442,616 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 19 states in 2003 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. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.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 package.

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 2003. 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 2003. 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, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**637,383**	**128,983**	**144,731**	**161,585**	**202,084**	**0**	**4,820,223**	**1,292,544**	**1,577,764**	**848,351**	**1,101,564**	**0**
Age												
5 and younger	85,430	3	5,621	2	79,804	0	466,718	19	55,973	5	410,721	0
6-14	96,139	1	13,404	17	82,717	0	612,035	1	148,225	73	463,736	0
15-20	71,966	1	9,199	23,819	38,947	0	460,949	7	100,980	135,376	224,586	0
21-44	170,476	59	45,667	124,222	528	0	1,144,226	392	504,017	637,643	2,174	0
45-64	64,638	229	51,153	13,246	10	0	626,493	1,701	551,822	72,906	64	0
65-74	45,384	35,610	9,540	234	0	0	463,789	354,300	107,464	2,025	0	0
75-84	59,701	53,523	6,139	39	0	0	610,497	542,833	67,385	279	0	0
85 and older	43,573	39,557	4,007	6	3	0	435,257	393,291	41,896	44	26	0
Unknown	76	0	1	0	75	0	259	0	2	0	257	0
Gender												
Female	398,876	95,567	76,442	125,724	101,143	0	3,044,288	971,781	842,929	679,122	550,456	0
Male	238,507	33,416	68,289	35,861	100,941	0	1,775,935	320,763	734,835	169,229	551,108	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	371,501	107,169	36,845	114,109	113,378	0	2,727,415	1,065,486	388,809	638,515	634,605	0
African American	63,342	3,223	5,655	21,198	33,266	0	329,986	32,230	56,836	86,643	154,277	0
Other/unknown	202,540	18,591	102,231	26,278	55,440	0	1,762,822	194,828	1,132,119	123,193	312,682	0
Use of Nursing Facilities[c]												
Entire year	23,724	21,500	2,220	3	1	0	239,963	216,190	23,745	16	12	0
Part year	11,284	8,136	3,104	40	4	0	108,288	75,205	32,697	343	43	0
None	602,375	99,347	139,407	161,542	202,079	0	4,471,972	1,001,149	1,521,322	847,992	1,101,509	0
Maintenance Assistance Status												
Cash	196,410	13,196	95,271	35,286	52,657	0	1,610,898	149,312	1,056,999	158,104	246,483	0
Medically needy	28,562	6,894	6,043	1,982	13,643	0	200,858	66,451	56,769	7,834	69,804	0
Poverty-related	74,348	691	6,635	7,363	59,659	0	413,410	6,952	70,575	30,585	305,298	0
Other/unknown	338,063	108,202	36,782	116,954	76,125	0	2,595,057	1,069,829	393,421	651,828	479,979	0
Dual Medicare Status[d]												
Full dual, all year	196,207	124,328	67,950	3,919	10	0	2,037,673	1,245,642	755,830	36,103	98	0
Full dual, part year	3,367	1,829	1,480	58	0	0	37,067	20,293	16,159	615	0	0
Non-dual, all year	437,809	2,826	75,301	157,608	202,074	0	2,745,483	26,609	805,775	811,633	1,101,466	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	462,694	128,965	141,804	89,674	102,251	0	4,305,939	1,292,434	1,558,209	639,199	816,097	0
FFS part year, with Rx claims	59,862	12	2,297	32,089	25,464	0	222,543	95	16,142	108,197	98,109	0
FFS part year, no Rx claims	114,827	6	630	39,822	74,369	0	291,741	15	3,413	100,955	187,358	0

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. 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, 2003

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	**58.5 %**	**18.4**	**$997**	**$54**	**$5,787**	**17.2 %**	**637,383**
Age							
5 and younger	39.0	2.0	109	56	2,018	5.4	85,430
6-14	40.0	3.8	274	73	1,957	14.0	96,139
15-20	39.8	3.8	267	70	2,339	11.4	71,966
21-44	54.1	11.4	869	76	5,260	16.5	170,476
45-64	78.8	42.0	2,776	66	13,232	21.0	64,638
65-74	83.4	38.7	1,750	45	7,017	24.9	45,384
75-84	86.9	41.5	1,658	40	8,266	20.1	59,701
85 and older	91.2	46.1	1,716	37	13,673	12.5	43,573
Unknown	1.3	0.0	1	34	3	33.3	76
Basis of Eligibility[e]							
Aged	87.3	39.9	1,567	39	8,484	18.5	128,983
Disabled	80.6	38.0	2,586	68	14,493	17.8	144,731
Adults	44.3	4.2	234	56	1,622	14.5	161,585
Children	35.7	1.9	106	56	1,161	9.2	202,084
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	60.8	20.3	1,023	50	5,577	18.3	398,876
Male	54.7	15.1	954	63	6,139	15.5	238,507
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	59.8	18.9	902	48	5,416	16.6	371,501
African American	40.2	7.0	383	55	3,275	11.7	63,342
Other/unknown	61.8	21.0	1,365	65	7,254	18.8	202,540
Use of Nursing Facilities[f]							
Entire year	95.9	73.0	3,243	44	32,798	9.9	23,724
Part year	96.9	65.6	3,010	46	24,173	12.5	11,284
None	56.3	15.3	871	57	4,379	19.9	602,375
Maintenance Assistance Status							
Cash	61.9	20.5	1,338	65	7,230	18.5	196,410
Medically needy	58.8	22.2	1,327	60	5,233	25.4	28,562
Poverty related	40.0	5.5	364	66	1,744	20.9	74,348
Other/unknown	60.6	19.7	911	46	5,885	15.5	338,063

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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. 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, 2003

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**	**$132**	**17.2 %**	**41.5 %**	**26.1 %**	**7.7 %**	**13.6 %**	**8.4 %**	**2.6 %**	**$765**	**637,383**	**4,820,223**
Age												
5 and younger	0.4	20	5.4	61.0	34.8	2.7	1.4	0.2	0.0	369	85,430	466,718
6-14	0.6	43	14.0	60.0	30.9	4.9	3.7	0.5	0.0	308	96,139	612,035
15-20	0.6	42	11.4	60.2	30.8	4.6	3.6	0.8	0.1	365	71,966	460,949
21-44	1.7	130	16.5	45.9	29.9	8.1	10.1	4.7	1.3	784	170,476	1,144,226
45-64	4.3	286	21.0	21.2	17.9	9.7	23.0	20.0	8.2	1,365	64,638	626,493
65-74	3.8	171	24.9	16.6	17.7	12.7	29.3	18.2	5.4	687	45,384	463,789
75-84	4.1	162	20.1	13.1	15.3	13.2	32.3	20.4	5.8	808	59,701	610,497
85 and older	4.6	172	12.5	8.8	11.8	11.9	34.4	25.9	7.2	1,369	43,573	435,257
Unknown	0.0	0	33.3	98.7	1.3	0.0	0.0	0.0	0.0	1	76	259
Basis of Eligibility[e]												
Aged	4.0	156	18.5	12.7	15.7	13.4	32.7	19.9	5.5	847	128,983	1,292,544
Disabled	3.5	237	17.8	19.4	24.8	10.4	21.9	17.2	6.3	1,330	144,731	1,577,764
Adults	0.8	45	14.5	55.7	29.8	6.5	6.0	1.8	0.3	309	161,585	848,351
Children	0.4	20	9.2	64.3	30.7	3.1	1.7	0.2	0.0	213	202,084	1,101,564
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.7	134	18.3	39.2	25.5	8.1	14.8	9.5	3.0	731	398,876	3,044,288
Male	2.0	128	15.5	45.3	27.2	7.1	11.7	6.7	2.0	824	238,507	1,775,935
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.6	123	16.6	40.2	25.3	8.0	14.7	9.0	2.8	738	371,501	2,727,415
African American	1.3	74	11.7	59.8	25.2	4.9	6.0	3.2	0.9	629	63,342	329,986
Other/unknown	2.4	157	18.8	38.2	27.8	8.2	14.1	9.0	2.8	833	202,540	1,762,822
Use of Nursing Facilities[f]												
Entire year	7.2	321	9.9	4.1	4.7	5.5	25.6	39.0	21.1	3,243	23,724	239,963
Part year	6.8	314	12.5	3.1	5.8	6.9	29.3	37.6	17.2	2,519	11,284	108,288
None	2.1	117	19.9	43.7	27.3	7.8	12.9	6.7	1.6	590	602,375	4,471,972
Maintenance Assistance Status												
Cash	2.5	163	18.5	38.1	28.5	8.1	13.6	8.9	2.8	882	196,410	1,610,898
Medically needy	3.2	189	25.4	41.2	23.1	5.5	13.5	12.4	4.2	744	28,562	200,858
Poverty related	1.0	65	20.9	60.0	29.6	3.8	3.9	2.1	0.6	314	74,348	413,410
Other/unknown	2.6	119	15.5	39.4	24.2	8.5	15.8	9.3	2.8	767	338,063	2,595,057

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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. 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, 2003

	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**	**$132**	**$54**	**1.1**	**$107**	**$101**	**0.1**	**$4**	**$45**	**1.3**	**$20**	**$16**
Age												
5 and younger	0.4	20	56	0.1	17	115	0.0	1	51	0.2	3	14
6-14	0.6	43	73	0.3	37	108	0.0	1	70	0.2	5	20
15-20	0.6	42	70	0.3	35	110	0.0	1	69	0.2	5	20
21-44	1.7	130	76	0.8	107	139	0.1	5	72	0.9	18	20
45-64	4.3	286	66	1.9	233	121	0.2	10	61	2.2	43	19
65-74	3.8	171	45	1.7	138	83	0.1	4	33	2.0	29	14
75-84	4.1	162	40	1.7	130	75	0.1	3	24	2.2	28	13
85 and older	4.6	172	37	1.8	134	73	0.2	4	22	2.6	33	13
Unknown	0.0	0	34	0.0	0	34	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.0	156	39	1.7	125	75	0.1	3	24	2.2	28	13
Disabled	3.5	237	68	1.6	194	124	0.1	9	61	1.8	34	19
Adults	0.8	45	56	0.3	36	104	0.0	1	45	0.4	7	17
Children	0.4	20	56	0.2	16	91	0.0	1	60	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.7	134	50	1.2	108	93	0.1	4	39	1.4	22	15
Male	2.0	128	63	0.9	105	117	0.1	4	59	1.1	19	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	123	48	1.1	99	90	0.1	3	35	1.4	20	15
African American	1.3	74	55	0.6	61	102	0.0	2	51	0.7	11	16
Other/unknown	2.4	157	65	1.1	128	118	0.1	6	59	1.2	22	18
Use of Nursing Facilities[e]												
Entire year	7.2	321	44	2.9	254	86	0.3	8	26	4.0	59	15
Part year	6.8	314	46	2.8	249	89	0.3	8	29	3.7	56	15
None	2.1	117	57	0.9	96	104	0.1	4	51	1.1	18	16
Maintenance Assistance Status												
Cash	2.5	163	65	1.1	133	120	0.1	6	59	1.3	24	19
Medically needy	3.2	189	60	1.4	154	112	0.1	6	47	1.6	29	17
Poverty related	1.0	65	66	0.5	53	117	0.0	3	68	0.5	9	19
Other/unknown	2.6	119	46	1.1	96	87	0.1	3	34	1.4	20	14

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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, 0.6 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$17	$14	$0	$3	$61	$115	$75	$21	551,494	$33,598,506	191,294	30.0 %	1,922,115
Biologicals	0.5	0.4	0.0	0.0	677	568	30	80	1413	1,321	1,794	2,417	2,613	3,691,220	584	0.1	5,451
Antineoplastic Agents	0.6	0.3	0.0	0.3	105	94	2	10	185	337	133	36	43,093	7,989,179	7,259	1.1	75,772
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.3	33	27	2	4	38	63	17	13	1,156,538	44,155,919	131,348	20.6	1,320,494
Cardiovascular Agents	1.7	0.6	0.0	1.1	47	35	1	11	27	58	27	10	2,917,581	78,709,259	158,997	24.9	1,673,674
Respiratory Agents	0.6	0.4	0.0	0.2	35	31	1	3	55	78	59	15	761,499	41,708,215	118,200	18.5	1,201,283
Gastrointestinal Agents	0.7	0.3	0.0	0.4	55	40	1	15	77	119	117	39	744,808	57,713,987	98,950	15.5	1,042,425
Genitourinary Agents	0.5	0.4	0.0	0.1	29	27	0	2	59	71	45	17	205,964	12,252,562	39,957	6.3	416,915
CNS Drugs	1.3	0.7	0.0	0.6	105	91	4	10	82	132	124	18	1,960,249	160,140,574	148,354	23.3	1,524,751
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	53	43	2	8	78	95	72	40	136,785	10,666,796	20,443	3.2	201,952
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.0	86	81	0	5	147	152	22	96	89,983	13,227,909	14,767	2.3	154,538
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	41	33	1	6	56	135	88	14	1,129,034	63,337,902	153,246	24.0	1,560,475
Neuromuscular Agents	1.0	0.4	0.1	0.5	69	56	3	9	71	126	52	20	793,463	55,966,355	76,614	12.0	814,271
Nutritional Products	0.6	0.0	0.0	0.6	10	0	1	8	16	33	28	15	299,259	4,784,488	51,296	8.0	502,870
Hematological Agents	0.8	0.2	0.1	0.5	49	42	2	6	59	186	16	11	386,000	22,725,158	44,516	7.0	467,311
Topical Products	0.4	0.2	0.0	0.2	14	10	1	3	38	60	55	16	478,203	17,989,477	124,129	19.5	1,293,089
Miscellaneous Products	0.6	0.2	0.1	0.3	108	85	11	12	196	405	227	40	28,731	5,634,067	4,997	0.8	52,134
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	49	0	0	0	27,727	1,357,878	11,823	1.9	120,947
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.	11,713,024	635,649,451	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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, 2003

		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	$96,712,757	69,323	10.9 %	757,715	0.8	$165	$128
ANTIDEPRESSANTS	53,586,782	137,946	21.6	1,426,137	0.6	58	38
ANTICONVULSANT	47,779,996	62,770	9.8	680,715	0.8	86	70
ULCER DRUGS	47,225,289	92,480	14.5	983,082	0.6	83	48
ANALGESICS - Narcotic	34,733,892	164,952	25.9	1,710,592	0.4	51	20
ANTIHYPERLIPIDEMIC	31,365,598	61,134	9.6	665,390	0.7	72	47
ANTIASTHMATIC	27,147,703	108,130	17.0	1,116,288	0.4	59	24
ANTIDIABETIC	24,434,332	67,035	10.5	714,659	0.7	46	34
ANALGESICS - ANTI-INFLAMMATORY	21,223,566	81,224	12.7	860,130	0.4	67	25
ANTIHYPERTENSIVE	17,635,594	100,171	15.7	1,074,112	0.7	24	16
Total	401,845,509	945,165		9,988,820	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wisconsin, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. 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.