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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
WISCONSIN

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WISCONSIN, 2005

Inclusion Criteria (2005)	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]	1022203 (A)	215527 (E)	806676 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1013765 (B)	211261 (F)	802504 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	723119 (C)	209658 (G)	513461 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	22400 (D)	21589 (H)	811 (L)

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 2005 was $761,689,006, of which $1,344,684 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, 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 2005 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 2005. 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 N+B18D.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 beneficiary 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 2005. 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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**723,119**	**142,037**	**141,650**	**211,051**	**227,999**	**382**	**5,556,314**	**1,458,155**	**1,541,491**	**1,283,162**	**1,270,132**	**3,374**
Age												
5 and younger	95,321	0	5,691	2	89,628	0	530,216	0	56,677	4	473,535	0
6-14	105,360	1	13,962	26	91,371	0	673,108	1	155,142	90	517,875	0
15-20	89,516	2	10,155	33,030	46,322	7	618,530	4	111,604	230,689	276,160	73
21-44	207,540	16	45,696	161,115	605	108	1,463,233	147	502,880	956,838	2,404	964
45-64	73,675	75	56,740	16,595	4	261	703,953	561	608,162	92,907	34	2,289
65-74	44,786	37,769	6,775	234	2	6	464,998	385,465	77,291	2,189	5	48
75-84	60,786	58,534	2,207	45	0	0	637,950	612,408	25,133	409	0	0
85 and older	46,068	45,640	424	4	0	0	464,207	459,569	4,602	36	0	0
Unknown	67	0	0	0	67	0	119	0	0	0	119	0
Gender												
Female	465,091	105,673	71,491	172,407	115,138	382	3,631,617	1,098,728	787,658	1,095,263	646,594	3,374
Male	258,028	36,364	70,159	38,644	112,861	0	1,924,697	359,427	753,833	187,899	623,538	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	427,025	119,056	32,102	150,418	125,292	157	3,260,349	1,215,156	338,186	970,865	734,747	1,395
African American	72,643	4,809	4,847	26,301	36,661	25	386,669	50,109	46,787	123,168	166,391	214
Other/unknown	223,451	18,172	104,701	34,332	66,046	200	1,909,296	192,890	1,156,518	189,129	368,994	1,765
Use of Nursing Facilities[c]												
Entire year	22,400	20,243	2,154	3	0	0	222,859	199,969	22,875	15	0	0
Part year	11,632	8,982	2,605	42	3	0	112,754	85,361	27,016	361	16	0
None	689,087	112,812	136,891	211,006	227,996	382	5,220,701	1,172,825	1,491,600	1,282,786	1,270,116	3,374
Maintenance Assistance Status												
Cash	214,017	12,089	97,615	44,392	59,921	0	1,710,437	135,896	1,078,196	208,319	288,026	0
Medically needy	28,158	6,103	5,095	1,995	14,965	0	191,390	57,992	46,295	8,779	78,324	0
Poverty-related	92,813	733	11,623	8,436	71,639	382	549,428	7,848	126,001	39,970	372,235	3,374
Other/unknown	388,131	123,112	27,317	156,228	81,474	0	3,105,059	1,256,419	290,999	1,026,094	531,547	0
Dual Medicare Status[d]												
Full dual, all year	205,582	138,144	62,390	5,025	10	13	2,165,711	1,418,718	698,777	48,044	84	88
Full dual, part year	4,076	1,898	2,100	77	1	0	43,958	20,578	22,567	811	2	0
Non-dual, all year	513,461	1,995	77,160	205,949	227,988	369	3,346,645	18,859	820,147	1,234,307	1,270,046	3,286
Managed Care (MC) Status												
Fee-for-service (FFS) all year	526,961	141,805	138,500	131,119	115,157	380	4,971,261	1,456,927	1,521,387	1,040,409	949,178	3,360
FFS part year, with Rx claims	71,276	198	2,425	39,009	29,642	2	269,694	1,117	16,299	136,957	115,307	14
FFS part year, no Rx claims	124,882	34	725	40,923	83,200	0	315,359	111	3,805	105,796	205,647	0

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

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	**59.1**	**18.4**	**$1,052**	**$57**	**$5,743**	**18.3**	**723,119**
Age							
5 and younger	39.6	1.9	120	62	2,227	5.4	95,321
6-14	40.9	3.9	324	84	1,878	17.2	105,360
15-20	46.4	3.8	306	81	2,377	12.9	89,516
21-44	53.9	10.0	798	80	4,808	16.6	207,540
45-64	78.9	41.5	2,951	71	13,756	21.4	73,675
65-74	85.1	44.0	2,118	48	7,914	26.8	44,786
75-84	89.2	47.6	1,989	42	8,720	22.8	60,786
85 and older	92.8	51.3	1,927	38	13,759	14.0	46,068
Unknown	0.0	0.0	0	0	0	0.0	67
Basis of Eligibility[e]							
Aged	89.2	47.3	1,961	42	9,908	19.8	142,037
Disabled	81.1	36.8	2,842	77	14,662	19.4	141,650
Adults	47.3	4.2	237	56	1,667	14.2	211,051
Children	37.6	2.0	127	63	1,372	9.2	227,999
Unknown	75.7	18.9	1,263	67	9,568	13.2	382
Gender							
Female	61.1	19.8	1,037	53	5,370	19.3	465,091
Male	55.5	15.9	1,077	68	6,413	16.8	258,028
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	61.3	19.8	996	50	5,344	18.6	427,025
African American	41.5	7.2	432	60	3,620	11.9	72,643
Other/unknown	60.7	19.3	1,360	70	7,195	18.9	223,451
Use of Nursing Facilities[f]							
Entire year	95.8	79.4	3,559	45	35,015	10.2	22,400
Part year	96.4	71.0	3,329	47	26,205	12.7	11,632
None	57.3	15.5	932	60	4,446	21.0	689,087
Maintenance Assistance Status							
Cash	61.3	19.0	1,340	71	7,470	17.9	214,017
Medically needy	56.2	20.5	1,255	61	5,611	22.4	28,158
Poverty related	43.3	7.9	585	74	2,314	25.3	92,813
Other/unknown	61.9	20.4	989	49	5,619	17.6	388,131

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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]	Beneficiaries	Benefit Months
All	**2.4**	**$137**	**18.3**	**40.9**	**27.6**	**7.1**	**13.0**	**8.7**	**2.7**	**$747**	**723,119**	**5,556,314**
Age												
5 and younger	0.3	22	5.4	60.4	35.6	2.6	1.2	0.1	0.0	400	95,321	530,216
6-14	0.6	51	17.2	59.1	31.4	5.0	4.0	0.5	0.0	294	105,360	673,108
15-20	0.5	44	12.9	53.6	37.6	4.5	3.6	0.7	0.1	344	89,516	618,530
21-44	1.4	113	16.6	46.1	32.0	7.6	9.2	4.0	1.1	682	207,540	1,463,233
45-64	4.3	309	21.4	21.1	18.4	9.7	22.7	19.7	8.3	1,440	73,675	703,953
65-74	4.2	204	26.8	14.9	15.7	11.5	29.5	21.8	6.6	762	44,786	464,998
75-84	4.5	190	22.8	10.8	12.6	11.4	33.8	24.5	7.0	831	60,786	637,950
85 and older	5.1	191	14.0	7.2	9.5	10.3	34.6	29.9	8.5	1,365	46,068	464,207
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	67	119
Basis of Eligibility[e]												
Aged	4.6	191	19.8	10.8	12.4	11.2	33.2	25.2	7.2	965	142,037	1,458,155
Disabled	3.4	261	19.4	18.9	26.6	10.7	21.6	16.0	6.1	1,347	141,650	1,541,491
Adults	0.7	39	14.2	52.7	33.4	6.0	5.8	1.8	0.3	274	211,051	1,283,162
Children	0.4	23	9.2	62.4	32.3	3.3	1.8	0.2	0.0	246	227,999	1,270,132
Unknown	2.1	143	13.2	24.3	29.3	14.4	23.3	8.6	0.0	1,083	382	3,374
Gender												
Female	2.5	133	19.3	38.9	27.7	7.1	13.8	9.5	3.0	688	465,091	3,631,617
Male	2.1	144	16.8	44.5	27.4	7.0	11.6	7.2	2.2	860	258,028	1,924,697
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	130	18.6	38.7	27.0	7.1	14.2	9.8	3.1	700	427,025	3,260,349
African American	1.4	81	11.9	58.5	25.9	5.3	5.9	3.4	1.0	680	72,643	386,669
Other/unknown	2.3	159	18.9	39.3	29.3	7.6	13.1	8.2	2.6	842	223,451	1,909,296
Use of Nursing Facilities[f]												
Entire year	8.0	358	10.2	4.2	3.6	4.2	21.8	40.0	26.1	3,520	22,400	222,859
Part year	7.3	343	12.7	3.6	5.4	5.5	26.2	39.0	20.3	2,703	11,632	112,754
None	2.0	123	21.0	42.7	28.8	7.2	12.5	7.1	1.7	587	689,087	5,220,701
Maintenance Assistance Status												
Cash	2.4	168	17.9	38.7	29.6	8.1	12.8	8.1	2.6	935	214,017	1,710,437
Medically needy	3.0	185	22.4	43.8	24.3	4.8	11.2	11.4	4.5	826	28,158	191,390
Poverty related	1.3	99	25.3	56.7	29.8	4.1	5.1	3.3	1.0	391	92,813	549,428
Other/unknown	2.5	124	17.6	38.1	26.3	7.4	15.2	10.0	3.0	702	388,131	3,105,059

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

	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**	**$137**	**$57**	**0.9**	**$107**	**$122**	**0.1**	**$6**	**$87**	**1.4**	**$24**	**$17**
Age												
5 and younger	0.3	22	62	0.1	18	155	0.0	0	53	0.2	4	16
6-14	0.6	51	84	0.3	44	137	0.0	2	92	0.3	5	20
15-20	0.5	44	81	0.3	37	141	0.0	2	73	0.3	5	21
21-44	1.4	113	80	0.5	88	172	0.1	6	113	0.8	19	23
45-64	4.3	309	71	1.6	238	152	0.1	15	123	2.6	56	21
65-74	4.2	204	48	1.6	161	101	0.1	7	72	2.5	36	14
75-84	4.5	190	42	1.7	149	89	0.1	6	57	2.8	35	13
85 and older	5.1	191	38	1.7	143	86	0.1	7	54	3.3	41	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.6	191	42	1.6	148	90	0.1	6	58	2.8	37	13
Disabled	3.4	261	77	1.3	207	162	0.1	12	117	2.0	42	21
Adults	0.7	39	56	0.2	28	119	0.0	3	94	0.4	9	20
Children	0.4	23	63	0.2	19	116	0.0	1	74	0.2	3	18
Unknown	2.1	143	67	0.7	120	169	0.0	2	51	1.4	21	15
Gender												
Female	2.5	133	53	0.9	103	112	0.1	6	80	1.5	25	16
Male	2.1	144	68	0.8	115	143	0.1	6	106	1.3	23	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	130	50	0.9	101	108	0.1	5	78	1.6	25	15
African American	1.4	81	60	0.5	64	127	0.0	4	97	0.8	14	17
Other/unknown	2.3	159	70	0.9	127	147	0.1	7	103	1.3	26	19
Use of Nursing Facilities[e]												
Entire year	8.0	358	45	2.5	263	104	0.2	15	59	5.2	80	16
Part year	7.3	343	47	2.3	256	109	0.2	13	65	4.8	74	16
None	2.0	123	60	0.8	97	125	0.1	5	95	1.2	21	17
Maintenance Assistance Status												
Cash	2.4	168	71	0.9	132	150	0.1	8	107	1.4	28	20
Medically needy	3.0	185	61	1.1	143	132	0.1	9	105	1.8	33	18
Poverty related	1.3	99	74	0.5	78	153	0.0	4	108	0.8	17	21
Other/unknown	2.5	124	49	0.9	96	104	0.1	5	72	1.6	23	15

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 0.4 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)

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, 2005

	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	$17	$12	$2	$3	$58	$178	$65	$17	638,057	$36,980,452	220,281	30.5	2,215,390
Biologicals	0.5	0.4	0.0	0.1	688	557	48	83	1401	1,342	2,122	1,554	3,514	4,923,006	762	0.1	7,159
Antineoplastic Agents	0.6	0.2	0.0	0.5	93	78	1	14	145	440	313	31	52,696	7,666,112	7,926	1.1	82,727
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.5	37	27	3	7	44	85	46	14	1,427,852	62,421,359	171,142	23.7	1,686,773
Cardiovascular Agents	1.9	0.7	0.0	1.2	57	45	0	12	30	68	37	10	3,544,358	107,613,514	176,095	24.4	1,871,725
Respiratory Agents	0.6	0.4	0.0	0.2	41	36	1	3	66	102	66	14	761,866	50,365,045	121,375	16.8	1,236,400
Gastrointestinal Agents	0.6	0.2	0.0	0.4	44	38	0	6	71	162	60	15	587,742	41,495,998	88,053	12.2	940,196
Genitourinary Agents	0.5	0.3	0.0	0.2	32	27	1	3	62	81	55	22	251,421	15,565,882	47,221	6.5	494,050
CNS Drugs	1.3	0.6	0.0	0.7	111	98	1	12	86	173	106	17	2,139,336	184,912,154	161,688	22.4	1,667,554
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	68	60	1	7	94	116	108	35	177,139	16,612,049	25,029	3.5	244,416
Miscellaneous Psychological/ Neurological Agents	0.8	0.7	0.0	0.0	128	123	0	6	171	174	99	117	170,491	29,083,702	21,553	3.0	226,495
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	40	17	8	16	55	170	209	27	1,225,280	67,927,115	165,717	22.9	1,685,070
Neuromuscular Agents	0.9	0.3	0.0	0.6	70	50	3	17	74	158	111	28	885,746	65,783,754	88,723	12.3	940,934
Nutritional Products	0.6	0.0	0.0	0.6	8	0	0	8	14	31	20	13	338,142	4,659,461	56,180	7.8	560,619
Hematological Agents	0.9	0.3	0.0	0.6	60	53	1	6	69	197	47	11	477,836	33,023,065	51,401	7.1	546,936
Topical Products	0.4	0.2	0.0	0.2	16	12	0	4	44	76	54	19	544,104	23,810,559	138,790	19.2	1,450,287
Miscellaneous Products	0.6	0.2	0.0	0.4	103	82	4	17	184	451	227	47	37,853	6,961,381	6,481	0.9	67,603
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	22,008	539,714	6,244	0.9	68,298
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.	13,285,441	760,344,322	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 0.4 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 2005.

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, 2005

		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	$126,510,497	75,906	10.5	826,376	0.8	$195	$153
ANTICONVULSANT	56,994,906	70,634	9.8	765,133	0.8	92	74
ANTIHYPERLIPIDEMIC	48,705,799	88,428	12.2	975,033	0.7	73	50
ANTIDEPRESSANTS	45,582,859	147,697	20.4	1,538,070	0.6	46	30
ANALGESICS - Narcotic	39,883,541	187,161	25.9	1,940,081	0.4	49	21
ANTIASTHMATIC	38,462,323	128,804	17.8	1,334,965	0.4	71	29
ANTIDIABETIC	32,079,947	77,423	10.7	831,293	0.7	52	39
ULCER DRUGS	32,006,280	92,949	12.9	994,078	0.6	54	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	29,089,242	25,307	3.5	266,585	0.6	170	109
ANTIHYPERTENSIVE	21,819,063	114,825	15.9	1,244,119	0.7	25	18
Total	471,134,457	1,009,134		10,715,733	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wisconsin, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.