Wisconsin Medicaid is three major programs:

- Medicaid – Very low-income children, parents, pregnant women (AFDC & Healthy Start), elderly & disabled (SSI)
- BadgerCare – Non-Medicaid children and parents up to 185% FPL
- SeniorCare – Non-Medicaid seniors up to 240% FPL (prescription drugs only)

In SFY 2005, Wisconsin Medicaid expenditures totaled $4.5 billion

- $4.2 billion for Medicaid
- $189 million for BadgerCare
- $130 million for SeniorCare

As of December 2005, enrollment totaled 820,948 or 15% of Wisconsin’s population, including:

- Medicaid – 625,660
- BadgerCare – 94,257
- SeniorCare – 87,776
Medicaid Population Enrollment

Disability and Elderly Coverage Includes: SSI, MAPP, Nursing Home, SeniorCare, Waiver
Other Coverage Includes: Family Care, Foster Care, Subsidized Adoption, TB-related, Well Women Program
Family Coverage Includes: AFDC, Healthy Start, BadgerCare, Family Planning Waiver, Presumptive Eligibility
State and Federal Authority

**Title 19**
- Grants to States for the Medical Assistance Program
- The portion of the Social Security Act pertaining to Medicaid

**Title 21**
- State Children’s Health Insurance Program (SCHIP)

**State Plan**
- The contract between the state and the Centers for Medicare and Medicaid Services allowing federal reimbursement to be claimed for Medicaid expenditures.
Federal Match Rates for Benefits

- **57.65% federal match** – Standard match rate. Applies to most benefits and populations.

- **70.36% federal match** – SCHIP match rate, applies to all BadgerCare children, some BadgerCare adults and the Well Woman Program.

- **90% federal match** – Family Planning Services.

- **100% federal match** – Medicaid services provided to tribal members at tribally-owned or operated facilities.
<table>
<thead>
<tr>
<th>Service</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management *</td>
<td>Office, home, community</td>
</tr>
<tr>
<td>Central Nervous Assessment Tests (e.g., psych testing)</td>
<td>Office, hospital, nursing home, school</td>
</tr>
<tr>
<td>Clozapine management</td>
<td>Office, home, community</td>
</tr>
<tr>
<td>Community Support Program*</td>
<td>Office, home, community</td>
</tr>
<tr>
<td>Comprehensive Community Services*</td>
<td>Office, home, community</td>
</tr>
<tr>
<td>Crisis intervention services*</td>
<td>Office, home, community</td>
</tr>
<tr>
<td>Day Treatment (Adult mental health, Child/adolescent mental health (HealthCheck “Other Services), Substance abuse (adults and children))</td>
<td>Day Treatment Facility</td>
</tr>
<tr>
<td>Health and Behavior Assessments/interventions (for individuals with a physical illness)</td>
<td>Office, hospital, nursing home, school</td>
</tr>
<tr>
<td>Inpatient hospital for mental health/substance abuse</td>
<td>Inpatient hospital</td>
</tr>
<tr>
<td>General Hospital</td>
<td></td>
</tr>
<tr>
<td>Specialty Hospital (“IMD”)</td>
<td></td>
</tr>
<tr>
<td>State Institutes (“IMD”)</td>
<td></td>
</tr>
<tr>
<td>In-Home mental MH/SA treatment services for children (HealthCheck “Other Services”)</td>
<td>Home, community</td>
</tr>
<tr>
<td>Narcotic Treatment Services - NTS (methadone clinics)</td>
<td>NTS facility</td>
</tr>
<tr>
<td>Outpatient Mental Health (strength based assessments, including diagnostic evaluation, psychotherapy, pharmacologic management)</td>
<td>Office, hospital, nursing home, school</td>
</tr>
<tr>
<td>Outpatient MH and SA services in home and community*</td>
<td>Home, community</td>
</tr>
<tr>
<td>Outpatient substance abuse (counseling)</td>
<td>Office, hospital, nursing home, school</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Home, community</td>
</tr>
</tbody>
</table>

* Counties pay the Medicaid State share for these services
Mental Health and Substance Abuse Services

County-funded services not part of the HMO capitation rate:

- Case management
- Community support programs
- Comprehensive community services
- Crisis intervention services
- Outpatient services in the home and community
Total Medicaid* Population Receiving Distinct MH/SA Services (Not Including Drugs)

% Change 2001-2005:
MH/SA Services: 59%
Medicaid Enrollment*: 38%

* Includes: FFS, HMO, SSI Managed Care, Family Care
* Excludes: WRAP, CCF, Family Planning Waiver, SeniorCare, Other Waiver Programs
SFY 2005 Number of Medicaid Users Receiving MH/SA Services (FFS Claims)

- Outpatient MH
  - SA Treatment: 12694
  - HCK-MH Day Treatment: 1676
  - Crisis Intervention: 6556
  - Case Management: 4810
  - CSP: 4585
  - Other: 1876

- Inpatient MH
  - 5926

- HCK-In Home MH/SA
  - 956

- Other
  - 1876

Total:
- Outpatient MH: 57512
- Inpatient MH: 5926
- HCK-In Home MH/SA: 956
- Other: 1876
- Total: 65126
Annual Expenditure and Number of Medicaid Users
Pharmacological Management (FFS Claims)
Annual FED Expenditure and Number of Medicaid Users
CSP Services (FFS Claims)
Annual FED Expenditure and Number of Medicaid Users
Crisis Intervention Services (FFS Claims)
Number of Medicaid Users of Inpatient MH/SA (FFS Claims)

- General Hospital
- IMD (Other than State Institute)
- State Institute

Year | General Hospital | IMD (Other than State Institute) | State Institute |
--- | --- | --- | --- |
2000 | 4962 | 1039 | 335 |
2001 | 4826 | 915 | 587 |
2002 | 4959 | 1248 | 739 |
2003 | 5013 | 1298 | 628 |
2004 | 5245 | 1370 | 662 |
2005 | 5328 | 1460 | 606 |
Number of Medicaid Users of Inpatient MH (FFS Claims)
Number of Medicaid Users of Inpatient SA (FFS Claims)

General Hospital
IMD (Other than State Institute)
State Institute
Average Length of Stay per Admission
Inpatient MH (FFS Claims)

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>11.8</td>
</tr>
<tr>
<td>2001</td>
<td>9.9</td>
</tr>
<tr>
<td>2002</td>
<td>8.8</td>
</tr>
<tr>
<td>2003</td>
<td>8.1</td>
</tr>
<tr>
<td>2004</td>
<td>7.4</td>
</tr>
<tr>
<td>2005</td>
<td>7.0</td>
</tr>
</tbody>
</table>

- **General Hospital:** 8.0, 7.5, 7.0, 6.7, 6.8, 6.2
- **IMD (Other than State Institute):** 52.8, 50.9, 55.1, 63.5, 57.3
- **State Institute:** 57.3, 63.5, 55.1, 58.9, 50.9, 52.8
Mental Health Drugs
# Highest Cost Therapeutic Categories of Drugs in SFY 2005

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>FFS Medicaid</th>
<th></th>
<th></th>
<th>SeniorCare</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount State</td>
<td>% State</td>
<td>Total Rx</td>
<td>Amount State</td>
<td>% State</td>
<td>Total Rx</td>
</tr>
<tr>
<td></td>
<td>Paid</td>
<td>Paid</td>
<td></td>
<td>Paid</td>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>* ANTIPSYCHOTICS - ATYPICALS</td>
<td>$116,699,343</td>
<td>18.0%</td>
<td>513,576</td>
<td>$3,098,641</td>
<td>2.4%</td>
<td>19,928</td>
</tr>
<tr>
<td>* ANTICONVULSANTS</td>
<td>$59,489,322</td>
<td>9.2%</td>
<td>510,162</td>
<td>$2,924,661</td>
<td>2.2%</td>
<td>40,746</td>
</tr>
<tr>
<td>ANALGESICS - NARCOTICS</td>
<td>$40,116,204</td>
<td>6.2%</td>
<td>697,697</td>
<td>$4,207,001</td>
<td>3.2%</td>
<td>117,470</td>
</tr>
<tr>
<td>PROTON PUMP INHIBITORS</td>
<td>$24,648,143</td>
<td>3.8%</td>
<td>347,247</td>
<td>$7,646,853</td>
<td>5.9%</td>
<td>65,015</td>
</tr>
<tr>
<td>* ANTIDEPRESSANTS - SSRIS</td>
<td>$23,801,174</td>
<td>3.7%</td>
<td>435,009</td>
<td>$3,482,616</td>
<td>2.7%</td>
<td>82,736</td>
</tr>
<tr>
<td>LIPOTOPES - STATINS</td>
<td>$23,632,125</td>
<td>3.6%</td>
<td>281,774</td>
<td>$16,427,295</td>
<td>12.6%</td>
<td>238,073</td>
</tr>
<tr>
<td>AGENTS FOR ASTHMA - PREVENTIVE</td>
<td>$20,390,594</td>
<td>3.1%</td>
<td>181,243</td>
<td>$6,016,849</td>
<td>4.6%</td>
<td>58,812</td>
</tr>
<tr>
<td>AGENTS FOR DIABETES - ORAL</td>
<td>$13,236,087</td>
<td>2.0%</td>
<td>291,651</td>
<td>$5,103,966</td>
<td>3.9%</td>
<td>140,940</td>
</tr>
<tr>
<td>* AGENTS FOR ALZHEIMER DISEASE</td>
<td>$12,236,458</td>
<td>1.9%</td>
<td>101,823</td>
<td>$4,671,766</td>
<td>3.6%</td>
<td>36,751</td>
</tr>
<tr>
<td>* STIMULANTS</td>
<td>$11,841,016</td>
<td>1.8%</td>
<td>138,858</td>
<td>$96,324</td>
<td>0.1%</td>
<td>1,400</td>
</tr>
<tr>
<td>* ANTIDEPRESSANTS - SNRIS</td>
<td>$10,143,803</td>
<td>1.6%</td>
<td>82,830</td>
<td>$1,040,964</td>
<td>0.8%</td>
<td>10,127</td>
</tr>
<tr>
<td>* ANTIDEPRESSANTS - ALL OTHERS</td>
<td>$9,346,594</td>
<td>1.4%</td>
<td>330,182</td>
<td>$643,616</td>
<td>0.5%</td>
<td>57,353</td>
</tr>
<tr>
<td>* SEDATIVES</td>
<td>$6,585,803</td>
<td>1.0%</td>
<td>116,238</td>
<td>$1,053,527</td>
<td>0.8%</td>
<td>24,934</td>
</tr>
<tr>
<td>* ANTIANXIETY AGENTS</td>
<td>$4,371,185</td>
<td>0.7%</td>
<td>378,061</td>
<td>$421,567</td>
<td>0.3%</td>
<td>76,312</td>
</tr>
<tr>
<td>MENTAL HEALTH DRUGS*</td>
<td>$250,143,513</td>
<td>38.5%</td>
<td>2,606,739</td>
<td>$17,433,682</td>
<td>13.4%</td>
<td>273,975</td>
</tr>
</tbody>
</table>

* Mental Health Drugs category is the total of all mental health drug categories marked with asterisks.
Clozapine Expenditures: Pre/Post Brand Medically Necessary Policy

Clorazil (Brand)
Clozapine (Generic)
FFS Medicaid SSRI Average Prescription Cost Trend

Total Savings: $4.3 Million
Atypical Antipsychotics: Average Daily Ingredient Cost

- ABILIFY: $10.15
- CLOZAPINE: $7.56
- CLOZARIL: $17.40
- FAZACLO: $17.55
- GEODON: $7.22
- RISPERDAL: $5.49
- SEROQUEL: $7.34
- ZYPREXA: $13.86
Sedative Drugs: Yearly Doses per User in SFY 2005

- 15 or less: 1818
- 16-34: 3993
- 35-90: 3721
- 91-120: 3950
- 121-180: 1509
- Greater than 180: 5584
Dual vs Non-Dual Eligible FFS Drug Costs in SFY 2005: Select Mental Health Drug Categories*

* Includes: Agents for Alzheimer Disease, Anti-anxiety agents, Anticonvulsants, Anti-depressants, Anti-psychotics, Sedatives, Stimulants

- **Dual Eligible**
  - 72,542 Recipients
  - $154,509,001

- **Non-Dual Eligible**
  - 69,142 Recipients
  - $98,457,694
Key Challenges

- **Availability of mental health professionals**
  - Affects ability to get timely care
  - Limits choice of providers
  - Availability and usage of culturally competent providers
  - Providers trained to diagnose and treat trauma

- **Levy pressure on county-funded services**
  - Community support program
  - Crisis intervention
  - Comprehensive community services
  - Outpatient services in the home and community for adults
Key Challenges, cont.

- **Stigma**
  - Affects peoples willingness to get care

- **IMD Exclusion**
  - Stresses county funding

- **Psychiatric Bed Shortage**
  - Many general hospitals closing psych units
  - Limiting Medicaid admissions

- **Awareness/Education of primary doctors**
Discussion

- What are the key things we should be measuring on an ongoing basis?
- Resources
Managed Care
Quality Improvement Measures

- Performance Indicators that measure:
  - Follow-up care after inpatient stays
  - Number of mental health evaluations
  - Preventive care (such as flu vaccines and mammograms)

- HMO-specific performance improvement projects on topics such as diabetes care and use of emergency rooms

- Consumer surveys on access and responsiveness of providers to consumer needs

- Annual review of HMO utilization management systems and practices by the External Quality Review Organization

- Proposed review by the External Advocate of the Department’s contractual requirements for continuity of medications
A Targeted Intervention Example
Off-Label Uses of Anti-Epileptic Drugs: A Targeted Intervention

- Used medical claims data to extract all diagnosis for any patient with a claim for the anti-epileptic drugs.
- Deselected any patient with selected diagnosis:
  - Any seizure disorder
  - Post-herpetic neuralgia
  - Diabetic neuropathy
- Did not deselect for any other neuropathies, for bipolar disease, or for migraine prophylaxis.
Off-Label Uses of Anti-Epileptic Drugs: Findings that Prompted Intervention

- All prescriptions: Data extracted from June 1, 2004 through May 31, 2005

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Paid</th>
<th>% total costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>GABAPENTIN</td>
<td>$12,824,937.08</td>
<td>32.3%</td>
</tr>
<tr>
<td>LAMOTRIGINE</td>
<td>$9,332,176.94</td>
<td>23.5%</td>
</tr>
<tr>
<td>TOPIRAMATE</td>
<td>$8,194,263.08</td>
<td>20.6%</td>
</tr>
<tr>
<td>LEVETIRACETAM</td>
<td>$3,620,885.49</td>
<td>9.1%</td>
</tr>
<tr>
<td>OXCARBAZEPINE</td>
<td>$2,995,423.40</td>
<td>7.5%</td>
</tr>
<tr>
<td>ZONISAMIDE</td>
<td>$1,426,056.73</td>
<td>3.6%</td>
</tr>
<tr>
<td>TIAGABINE</td>
<td>$697,710.41</td>
<td>1.8%</td>
</tr>
<tr>
<td>FELBAMATE</td>
<td>$597,978.37</td>
<td>1.5%</td>
</tr>
<tr>
<td>Total</td>
<td>$39,689,431.50</td>
<td></td>
</tr>
</tbody>
</table>
Off-Label Uses of Anti-Epileptic Drugs: Findings that Prompted Intervention

- Top 500 prescribers accounted for 60 percent of AED Rx costs
- Psychiatrists accounted for over 50% of costs in the intervention group
- Psychiatrists had the highest average cost per provider
Off-Label Uses of Anti-Epileptic Drugs: The Intervention

- Intervention packet sent to each of the top 500 prescribers

- Packet included:
  - Personalized cover letter describing intervention
  - Personalized response form
  - Document entitled “Prescribing Guidelines for the Newer Antiepileptic Drugs – Wisconsin Medicaid”
  - DERP Executive Summary
  - VA Guidelines
  - Profile for all AED Rxs for most recent 3 months
Off-Label Uses of Anti-Epileptic Drugs: Actual versus Projected Expenditures

Pre intervention | Post intervention

- With Intervention
  - $4,119,445.18
  - $6,611,015.08

- Projected Growth
  - $5,183,033.61

$0, $1,000,000, $2,000,000, $3,000,000, $4,000,000, $5,000,000, $6,000,000, $7,000,000