



COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

Pharmacy Participation In and Nature of Claims Submitted to the Wisconsin Medicaid Pharmaceutical Care Program

David Mott, PhD

University of Wisconsin, School of Pharmacy

Objectives

- 1) Examine pharmacy participation and intensity of claims submission in the Wisconsin Medicaid Pharmaceutical Care (PC) Program (WMPCP)
 - a. This program began in July 1996 to provide pharmacists with enhanced dispensing fees for PC actions
- 2) Investigate characteristics of claims submitted to the Wisconsin Medicaid Pharmaceutical Care Program

Methods

Design	Retrospective administrative analysis of claims paid for fiscal years 1997 – 2003 from the Wisconsin Medicaid program. The dataset was merged with other program data including the number of prescriptions, PC recipients and prescription claims paid per pharmacy. Descriptive and summary statistics were performed with SPSS-PC version 12.0. Reason Codes – grouped to represent similar problems <ul style="list-style-type: none"> • Patient drug use behaviors, drug choice or selection, drug use issues, other Action Codes – grouped to represent with whom the pharmacist resolved problem <ul style="list-style-type: none"> • Patient, physician, other, self/RPh alone Result Codes – grouped to represent similar outcomes <ul style="list-style-type: none"> • Not filled, unadjusted fill, adjusted fill, compliance aid, patient response, other
Study endpoints	<ul style="list-style-type: none"> • Summary of claims paid for PC services • Characteristics of reason, action and result codes

Results

- Overall, 359 total pharmacies participated over the 7-year study (range 73 – 153 per year)
- The claims per pharmacy ranged from 9.41 – 64.37 with increasing volume trends shown in most recent data years
- Reason codes – patient behavior was most common
- Action codes – pharmacists primarily resolved problems with patients
- Result codes – initially related to adjusted fills and then switched to patient response in the later years

Conclusion

Consolidation of claims in a small number of pharmacies suggests some pharmacies may have incorporated the program into their practice routine. Pharmacists focused more on problems with drug therapy related to patient behaviors and solving these problems independently with patients through education.

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