

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 WEST VIRGINIA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NF RESIDENTS, BY TOP 10 DRUG GROUP

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE 11. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 12. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 13. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 14. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 15. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 16-16D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 17. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 18. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WEST VIRGINIA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	358,317 (A)	55,708 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	347,021 (B)	44,637 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	321,290 (C)	44,612 (G)
4. Benes who were all-year nursing facility residents ^f	8,175 (D)	7,678 (H)

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

- 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 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- 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 1999, 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 18 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 18 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. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for West Virginia in 1999 was \$192,297,888, of which \$8,111,412 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. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. 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 8 through 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 11 through 18. 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. 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 1999. All benefit months of such dual eligible beneficiaries, of which 2.0 percent were restricted benefit months without a pharmacy benefit in West Virginia, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of 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^{a,b}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	0	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	321,290	25,424	78,812	59,766	157,288	0	2,532,832	264,163	829,404	350,552	1,088,713	0		
Age														
5 and younger	67,982	1	1,566	3	66,412	0	429,504	9	15,513	7	413,975	0		
6-14	74,049	0	5,137	9	68,903	0	572,170	0	56,775	36	515,359	0		
15-20	36,162	5	4,261	9,987	21,909	0	264,751	59	45,676	60,177	158,839	0		
21-44	79,231	250	32,308	46,610	63	0	616,234	2,717	342,642	270,339	536	0		
45-64	36,897	797	32,962	3,137	1	0	372,874	8,028	344,921	19,921	4	0		
65-74	10,771	9,339	1,421	11	0	0	115,366	101,639	13,688	39	0	0		
75-84	8,938	8,250	681	7	0	0	92,189	86,138	6,023	28	0	0		
85 and older	7,260	6,782	476	2	0	0	69,744	65,573	4,166	5	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	181,148	18,367	40,489	47,586	74,706	0	1,414,572	192,507	428,747	281,705	511,613	0		
Male	137,402	7,057	38,320	12,106	79,919	0	1,093,538	71,656	400,625	68,125	553,132	0		
Unknown	2,740	0	3	74	2,663	0	24,722	0	32	722	23,968	0		
Race														
White	296,850	23,716	73,155	55,590	144,389	0	2,343,099	245,822	769,126	326,370	1,001,781	0		
African American	15,873	812	2,791	3,236	9,034	0	118,192	8,398	28,397	19,311	62,086	0		
Other/unknown	8,567	896	2,866	940	3,865	0	71,541	9,943	31,881	4,871	24,846	0		
Use of Nursing Facilities														
All year	8,175	7,906	266	2	1	0	78,873	76,079	2,788	2	4	0		
Part year	2,710	2,339	369	0	2	0	25,502	21,715	3,772	0	15	0		
None	310,405	15,179	78,177	59,764	157,285	0	2,428,457	166,369	822,844	350,550	1,088,694	0		
Maintenance Assistance Status														
Cash	183,531	24,476	67,410	40,288	51,357	0	1,631,995	257,186	746,659	248,186	379,964	0		
Medically needy	4,424	470	2,671	1,167	116	0	20,758	2,370	13,334	4,672	382	0		
Poverty-related	111,149	385	595	11,009	99,160	0	716,437	3,781	5,985	55,939	650,732	0		
Other/unknown	22,186	93	8,136	7,302	6,655	0	163,642	826	63,426	41,755	57,635	0		
Dual Medicare Status^c														
Full dual, all year	42,659	23,313	18,987	354	5	0	448,076	244,582	201,404	2,039	51	0		
Full dual, part year	1,953	931	988	34	0	0	19,878	9,405	10,125	348	0	0		
Non-dual, all year	276,678	1,180	58,837	59,378	157,283	0	2,064,878	10,176	617,875	348,165	1,088,662	0		
Managed Care Status														
FFS all year	268,041	25,406	78,034	45,939	118,662	0	2,364,024	264,079	824,490	308,306	967,149	0		
FFS part year, with Rx claims	40,578	17	735	11,335	28,491	0	132,715	83	4,663	35,397	92,572	0		
FFS part year, no Rx claims	12,671	1	43	2,492	10,135	0	36,093	1	251	6,849	28,992	0		

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

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. 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 1999. 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^{a, b}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benef
All	76.3 %	15.5	\$573	\$37	\$3,563	16.0 %	\$17	321,290
Age								
5 and younger	71.2	4.2	104	25	1,023	10.2	3	67,982
6-14	69.3	5.2	196	38	1,346	14.5	4	74,049
15-20	70.2	6.1	231	38	2,308	10.0	5	36,162
21-44	79.2	16.4	682	42	3,658	18.6	15	79,231
45-64	89.6	41.7	1,637	39	7,349	22.3	66	36,897
65-74	88.2	45.6	1,563	34	7,721	20.2	67	10,771
75-84	91.3	47.9	1,541	32	12,993	11.9	40	8,938
85 and older	92.5	43.2	1,275	30	19,050	6.7	18	7,260
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	91.3	46.4	1,523	33	14,217	10.7	42	25,424
Disabled	87.5	32.6	1,399	43	6,580	21.3	45	78,812
Adults	74.2	8.7	258	30	1,569	16.4	7	59,766
Children	69.2	4.4	126	29	1,128	11.1	3	157,288
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	79.5	18.0	638	35	3,822	16.7	21	181,148
Male	72.4	12.2	493	40	3,226	15.3	12	137,402
Unknown	67.1	7.1	334	47	5,717	5.8	4	2,740
Race								
White	76.9	15.7	581	37	3,619	16.1	17	296,850
African American	66.9	9.7	368	38	2,747	13.4	13	15,873
Other/unknown	73.4	16.7	688	41	3,896	17.7	19	8,567
Use of Nursing Facilities								
Entire year	97.2	53.3	1,778	33	29,488	6.0	23	8,175
Part year	97.3	52.8	1,881	36	22,056	8.5	40	2,710
None	75.6	14.1	530	38	2,740	19.3	17	310,405
Maintenance Assistance Status								
Cash	81.1	21.9	828	38	4,926	16.8	25	183,531
Medically needy	85.3	20.2	921	46	5,545	16.6	40	4,424
Poverty related	68.0	4.2	119	28	918	13.0	4	111,149
Other/unknown	77.0	17.3	677	39	5,441	12.4	19	22,186

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 1999

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	More than 10			
All	2.0	\$73	16.0 %	23.7 %	41.6 %	9.9 %	14.4 %	8.5 %	1.9 %	\$455	321,290	2,532,832
Age												
5 and younger	0.7	17	10.2	28.8	55.5	7.9	5.4	1.7	0.7	162	67,982	429,504
6-14	0.7	25	14.5	30.7	53.1	7.4	6.1	1.8	0.9	174	74,049	572,170
15-20	0.8	32	10.0	29.8	50.3	9.3	7.4	2.1	1.0	315	36,162	264,751
21-44	2.1	88	18.6	20.8	36.6	13.2	18.9	8.3	2.2	470	79,231	616,234
45-64	4.1	162	22.3	10.4	16.5	11.4	31.2	26.7	3.8	727	36,897	372,874
65-74	4.3	146	20.2	11.8	14.7	10.3	30.3	28.0	5.0	721	10,771	115,366
75-84	4.6	149	11.9	8.7	12.2	10.0	32.6	30.8	5.7	1,260	8,938	92,189
85 and older	4.5	133	6.7	7.5	12.7	10.9	36.0	28.0	4.9	1,983	7,260	69,744
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	4.5	147	10.7	8.7	13.5	10.6	33.1	28.8	5.4	1,368	25,424	264,163
Disabled	3.1	133	21.3	12.5	27.2	12.7	27.1	18.3	2.1	625	78,812	829,404
Adults	1.5	44	16.4	25.8	41.0	12.3	13.1	5.0	2.7	268	59,766	350,552
Children	0.6	18	11.1	30.8	53.6	7.4	5.5	1.7	0.9	163	157,288	1,088,713
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.3	82	16.7	20.5	40.1	10.3	16.1	10.5	2.4	490	181,148	1,414,572
Male	1.5	62	15.3	27.6	43.5	9.3	12.3	6.1	1.2	405	137,402	1,093,538
Unknown	0.8	37	5.8	32.9	49.6	9.1	7.5	0.8	0.1	634	2,740	24,722
Race												
White	2.0	74	16.1	23.1	41.7	10.0	14.6	8.7	1.9	459	296,850	2,343,099
African American	1.3	50	13.4	33.1	42.2	7.7	10.5	5.3	1.2	369	15,873	118,192
Other/unknown	2.0	82	17.7	26.6	37.7	9.6	15.3	8.9	1.9	467	8,567	71,541
Use of Nursing Facilities												
Entire year	5.5	184	6.0	2.8	9.4	8.9	34.3	34.5	10.1	3,056	8,175	78,873
Part year	5.6	200	8.5	2.7	10.5	10.0	32.1	35.5	9.1	2,344	2,710	25,502
None	1.8	68	19.3	24.4	42.8	9.9	13.7	7.6	1.6	350	310,405	2,428,457
Maintenance Assistance Status												
Cash	2.5	93	16.8	18.9	37.1	11.0	18.7	11.9	2.5	554	183,531	1,631,995
Medically needy	4.3	196	16.6	14.7	14.8	10.4	30.9	25.0	4.0	1,182	4,424	20,758
Poverty related	0.7	19	13.0	32.0	52.2	7.5	5.6	1.9	0.8	143	111,149	716,437
Other/unknown	2.3	92	12.4	23.0	32.1	12.1	19.9	10.8	2.1	738	22,186	163,642

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

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.

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^{a, b, c}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	2.0	\$73	0.7	\$45	0.2	\$10	1.0	\$16
Age								
5 and younger	0.7	17	0.2	11	0.0	1	0.4	4
6-14	0.7	25	0.3	18	0.0	2	0.3	5
15-20	0.8	32	0.3	22	0.1	4	0.4	5
21-44	2.1	88	0.7	56	0.2	13	1.1	17
45-64	4.1	162	1.5	100	0.5	24	2.0	35
65-74	4.3	146	1.4	84	0.6	23	2.1	36
75-84	4.6	149	1.4	82	0.8	25	2.3	38
85 and older	4.5	133	1.2	69	0.8	23	2.3	37
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	4.5	147	1.4	81	0.7	24	2.2	37
Disabled	3.1	133	1.1	84	0.4	20	1.5	26
Adults	1.5	44	0.5	27	0.1	6	0.8	10
Children	0.6	18	0.2	12	0.0	1	0.4	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.3	82	0.8	50	0.3	12	1.2	18
Male	1.5	62	0.5	39	0.2	9	0.8	13
Unknown	0.8	37	0.3	26	0.1	5	0.3	5
Race								
White	2.0	74	0.7	46	0.2	10	1.0	16
African American	1.3	50	0.4	32	0.1	7	0.7	10
Other/unknown	2.0	82	0.7	52	0.3	13	1.0	16
Use of Nursing Facilities								
Entire year	5.5	184	1.6	101	0.9	30	2.8	48
Part year	5.6	200	1.7	113	0.8	29	2.9	52
None	1.8	68	0.6	43	0.2	9	0.9	14
Maintenance Assistance								
Status								
Cash	2.5	93	0.8	57	0.3	14	1.3	20
Medically needy	4.3	196	1.6	126	0.5	26	2.1	40
Poverty related	0.7	19	0.2	12	0.0	1	0.4	4
Other/unknown	2.3	92	0.8	59	0.3	12	1.2	19

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

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.

Table 5

All Medicaid Beneficiaries

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 West Virginia, 3.5 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 (May 13 2003).

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^{a, b, c, d}
WEST VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users									
	Total	Patented	Off-Patent	Brand-Name	Generic	Total	Patented	Off-Patent	Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
																Total	Patented	Off-Patent
Anti-infective Agents	0.3	0.2	0.0	0.0	0.2	\$12	\$10	\$0	\$2	\$35	\$61	\$48	\$11	544,940	\$19,113,515	181,217	56.4 %	1,610,884
Biologicals	0.4	0.4	0.0	0.0	0.0	509	505	0	4	1304	1,302	146	1,733	1,031	1,344,034	352	0.1	2,639
Antineoplastic Agents	0.6	0.3	0.1	0.2	0.2	95	73	13	9	171	291	131	43	12,997	2,226,196	2,367	0.7	23,468
Endocrine/Metabolic Drugs	0.7	0.3	0.2	0.2	0.2	22	17	3	3	33	52	17	13	431,899	14,116,818	66,419	20.7	630,090
Cardiovascular Agents	1.5	0.5	0.3	0.7	0.7	45	25	10	10	30	48	35	14	891,280	26,670,668	57,778	18.0	594,232
Respiratory Agents	0.5	0.2	0.0	0.2	0.2	16	12	0	4	33	49	41	16	550,320	18,004,837	120,529	37.5	1,119,826
Gastrointestinal Agents	0.6	0.2	0.1	0.4	0.4	24	13	4	8	42	82	67	21	271,628	11,489,365	47,189	14.7	483,038
Genitourinary Agents	0.3	0.2	0.0	0.1	0.1	9	7	0	2	32	41	32	18	54,335	1,749,855	21,303	6.6	201,725
CNS Drugs	1.0	0.4	0.1	0.5	0.5	55	34	13	8	55	96	101	16	746,743	40,977,260	75,673	23.6	747,768
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	0.4	25	8	4	13	35	38	43	32	60,111	2,096,822	9,463	2.9	85,271
Miscellaneous Psychological/Neurological Agents	0.6	0.4	0.0	0.2	0.2	49	43	0	6	87	116	70	30	12,021	1,047,625	2,046	0.6	21,385
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	0.5	14	6	1	7	25	124	61	14	517,368	13,093,422	98,612	30.7	932,327
Neuromuscular Agents	0.7	0.3	0.1	0.4	0.4	34	22	3	9	48	89	39	23	297,670	14,381,927	41,826	13.0	420,645
Nutritional Products	0.5	0.0	0.2	0.3	0.3	8	0	4	4	16	13	21	14	105,403	1,733,221	23,479	7.3	214,046
Hematological Agents	0.6	0.1	0.1	0.4	0.4	28	16	4	8	45	204	30	20	81,699	3,708,561	12,897	4.0	131,992
Topical Products	0.3	0.1	0.0	0.1	0.1	7	4	1	2	26	44	34	14	214,882	5,685,515	87,505	27.2	798,535
Miscellaneous Products	0.6	0.2	0.1	0.3	0.3	111	70	31	11	197	359	268	42	9,518	1,872,608	1,656	0.5	16,842
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	0.0	10	0	0	0	30	0	0	0	160,984	4,874,227	51,546	16.0	506,589
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.	n.a.	4,964,829	184,186,476	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

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 1999. 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 (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 West Virginia, 3.5 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 (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^{a, b, c}
 WEST VIRGINIA, 1999

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	
ANTIDEPRESSANTS	\$18,052,037	61,714	19.2 %	642,884	0.5	\$57	\$28
ANTIPSYCHOTICS	15,814,492	20,525	6.4	220,196	0.6	112	72
ANTICONVULSANT	12,001,043	28,111	8.7	300,646	0.7	59	40
ANTIASTHMATIC	9,396,821	68,544	21.3	702,876	0.4	36	13
ULCER DRUGS	9,022,497	45,575	14.2	487,853	0.4	45	18
ANTIDIABETIC	8,400,015	25,550	8.0	273,188	0.7	44	31
ANTIHYPERTENSIVE	7,654,751	16,258	5.1	177,265	0.6	67	43
ANALGESICS - Narcotic	7,352,194	91,829	28.6	933,015	0.3	25	8
ANTIHYPERTENSIVE	6,883,933	30,997	9.6	330,135	0.7	31	21
CALCIUM BLOCKERS	5,333,245	16,470	5.1	176,522	0.7	42	30

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, 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.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$		
All	2,071,276	\$99,911,028	61,714	19.2 %	0.5	642,884	19.2 %	0.5	\$28	20,525	6.4 %	220,196	0.6	\$72	
Female	1,325,923	62,070,005	42,058	23.2	0.5	437,350	23.2	0.5	29	11,815	6.5	126,899	0.6	64	
Disabled	781,380	40,372,254	24,666	60.9	0.5	271,798	60.9	0.5	31	7,249	17.9	80,411	0.6	76	
5 and younger	1,894	98,269	11	1.7	0.3	130	1.7	0.3	12	4	0.6	43	0.8	62	
6-14	9,128	525,845	283	15.6	0.5	3,215	15.6	0.5	22	90	5.0	1,010	0.5	46	
15-20	10,082	625,223	463	29.9	0.4	5,064	29.9	0.4	27	156	10.1	1,726	0.5	71	
21-44	240,373	13,589,682	10,512	68.3	0.5	115,950	68.3	0.5	30	3,491	22.7	38,573	0.6	77	
45-64	483,079	23,983,048	12,748	66.0	0.6	140,740	66.0	0.6	31	3,288	17.0	36,866	0.7	78	
65-74	20,746	919,174	350	39.5	0.6	3,590	39.5	0.6	26	102	11.5	1,063	0.6	58	
75-84	10,529	415,923	202	39.8	0.6	2,138	39.8	0.6	27	70	13.8	671	0.5	35	
85 and older	5,549	215,290	97	25.6	0.7	971	25.6	0.7	32	48	12.7	459	0.5	33	
Other Eligibles	544,543	21,697,751	17,392	12.4	0.5	165,552	12.4	0.5	26	4,566	3.2	46,488	0.6	44	
5 and younger	9,741	207,022	65	0.2	0.2	661	0.2	0.2	8	10	0.0	83	0.2	9	
6-14	18,172	627,356	771	2.4	0.4	7,527	2.4	0.4	17	143	0.4	1,398	0.4	29	
15-20	18,124	601,011	1,324	7.5	0.3	11,990	7.5	0.3	18	253	1.4	2,381	0.3	18	
21-44	107,201	3,882,275	7,788	20.2	0.4	67,067	20.2	0.4	22	883	2.3	7,846	0.3	25	
45-64	24,983	1,249,459	893	40.6	0.6	8,200	40.6	0.6	34	215	9.8	2,211	0.7	82	
65-74	144,435	6,326,951	2,227	36.5	0.6	24,916	36.5	0.6	29	839	13.7	9,261	0.7	69	
75-84	133,376	5,443,090	2,279	36.6	0.7	24,430	36.6	0.7	32	1,138	18.3	12,073	0.6	47	
85 and older	88,511	3,360,587	2,045	36.8	0.7	20,761	36.8	0.7	34	1,085	19.5	11,235	0.6	35	
Male	738,679	37,475,753	19,108	13.9	0.5	199,900	13.9	0.5	27	8,531	6.2	91,497	0.7	83	
Disabled	511,443	28,181,909	13,120	34.2	0.5	142,449	34.2	0.5	27	6,135	16.0	67,521	0.7	94	
5 and younger	3,010	147,275	33	3.6	0.4	370	3.6	0.4	18	9	1.0	99	0.4	74	
6-14	17,967	1,002,508	695	20.9	0.4	7,955	20.9	0.4	22	321	9.7	3,601	0.5	50	
15-20	14,662	1,020,287	552	20.4	0.4	6,185	20.4	0.4	28	349	12.9	3,862	0.6	78	
21-44	202,470	12,491,078	6,503	38.5	0.5	70,173	38.5	0.5	29	3,494	20.7	38,467	0.7	102	
45-64	260,530	12,974,495	5,151	37.8	0.5	55,899	37.8	0.5	27	1,877	13.8	20,625	0.7	90	
65-74	9,026	392,109	117	21.8	0.5	1,209	21.8	0.5	25	60	11.2	635	0.7	62	
75-84	2,553	108,650	39	22.5	0.7	389	22.5	0.7	34	15	8.7	130	0.5	35	
85 and older	1,225	45,507	30	30.9	0.6	269	30.9	0.6	21	10	10.3	102	0.5	37	
Other Eligibles	227,236	9,293,844	5,988	6.0	0.5	57,451	6.0	0.5	24	2,396	2.4	23,976	0.6	52	
5 and younger	14,644	331,370	84	0.2	0.2	896	0.2	0.2	9	18	0.1	136	0.2	21	
6-14	30,378	1,134,089	1,531	4.3	0.4	15,251	4.3	0.4	18	393	1.1	3,914	0.4	36	
15-20	14,479	641,367	939	7.1	0.4	8,904	7.1	0.4	22	307	2.3	2,960	0.4	47	
21-44	27,645	1,183,667	1,246	15.0	0.4	10,488	15.0	0.4	23	235	2.8	2,141	0.5	58	
45-64	20,647	1,046,537	505	29.1	0.6	4,707	29.1	0.6	31	229	13.2	2,329	0.9	97	
65-74	64,169	2,748,122	752	23.2	0.6	8,062	23.2	0.6	28	487	15.0	5,217	0.8	61	
75-84	36,803	1,516,562	579	28.7	0.7	5,819	28.7	0.7	34	425	21.1	4,302	0.6	48	
85 and older	18,471	692,130	352	28.7	0.7	3,324	28.7	0.7	32	302	24.7	2,977	0.6	32	
Unknown	6,674	365,270	548	20.0	0.5	5,634	20.0	0.5	26	179	6.5	1,800	0.5	50	

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7A 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	28,111	8.7 %	300,646	0.7	\$40	68,544	21.3 %	702,876	0.4	\$13	45,575	14.2 %	487,853	0.4	\$19
Female	16,172	8.9	172,442	0.7	37	40,746	22.5	421,072	0.4	14	30,109	16.6	323,016	0.4	18
Disabled	10,929	27.0	121,166	0.7	41	18,936	46.8	210,723	0.4	16	16,444	40.6	184,072	0.4	19
5 and younger	76	11.9	843	0.7	46	239	37.4	2,561	0.3	9	53	8.3	523	0.5	24
6-14	409	22.6	4,632	0.8	59	511	28.2	5,866	0.3	13	131	7.2	1,537	0.3	16
15-20	419	27.1	4,705	0.7	49	333	21.5	3,738	0.3	13	210	13.6	2,330	0.3	12
21-44	5,221	33.9	57,837	0.6	42	5,668	36.8	63,410	0.3	12	5,573	36.2	62,796	0.3	16
45-64	4,557	23.6	50,671	0.7	37	11,320	58.6	126,256	0.5	18	9,711	50.3	108,811	0.4	20
65-74	143	16.2	1,495	0.6	32	537	60.7	5,589	0.5	22	390	44.1	4,157	0.5	21
75-84	75	14.8	745	0.7	21	245	48.2	2,477	0.5	20	229	45.1	2,365	0.5	21
85 and older	29	7.7	238	0.6	22	83	21.9	826	0.5	20	147	38.8	1,553	0.5	21
Other Eligibles	5,243	3.7	51,276	0.7	29	21,810	15.5	210,349	0.3	11	13,665	9.7	138,944	0.4	17
5 and younger	81	0.3	785	0.5	29	4,362	13.7	38,497	0.2	4	514	1.6	3,864	0.2	5
6-14	280	0.9	2,603	0.6	26	3,609	11.1	35,188	0.2	8	716	2.2	7,463	0.2	6
15-20	325	1.8	2,990	0.4	26	1,754	9.9	15,905	0.2	7	896	5.1	8,582	0.2	7
21-44	1,793	4.7	15,585	0.5	27	4,619	12.0	40,496	0.3	9	3,841	10.0	34,861	0.3	12
45-64	346	15.7	3,523	0.9	46	559	25.4	5,132	0.5	18	546	24.9	5,256	0.4	20
65-74	940	15.4	10,504	0.8	31	3,000	49.2	33,802	0.5	19	2,643	43.3	30,112	0.5	21
75-84	919	14.7	9,671	0.8	28	2,440	39.1	26,478	0.5	19	2,501	40.1	27,873	0.5	23
85 and older	559	10.1	5,615	0.8	25	1,467	26.4	14,851	0.5	15	2,008	36.1	20,933	0.6	24
Male	11,730	8.5	126,066	0.7	44	27,513	20.0	278,898	0.4	13	15,354	11.2	163,682	0.4	19
Disabled	8,681	22.7	95,829	0.7	47	11,432	29.8	126,264	0.4	16	9,965	26.0	110,260	0.4	20
5 and younger	113	12.2	1,277	0.7	52	427	46.1	4,639	0.2	9	63	6.8	639	0.4	17
6-14	718	21.6	8,210	0.7	53	891	26.8	10,391	0.3	11	168	5.1	1,948	0.3	17
15-20	605	22.3	6,829	0.7	57	407	15.0	4,657	0.3	13	238	8.8	2,650	0.3	13
21-44	4,590	27.1	50,574	0.7	49	3,060	18.1	33,985	0.4	13	3,973	23.5	44,238	0.4	18
45-64	2,545	18.7	27,811	0.7	39	6,285	46.1	69,038	0.5	19	5,239	38.4	57,836	0.5	22
65-74	76	14.2	802	0.7	28	236	44.0	2,357	0.5	23	188	35.1	2,012	0.5	22
75-84	23	13.3	230	0.7	23	85	49.1	817	0.4	18	67	38.7	624	0.5	23
85 and older	11	11.3	96	0.8	22	41	42.3	380	0.5	24	29	29.9	313	0.4	25
Other Eligibles	3,049	3.1	30,237	0.7	35	16,081	16.2	152,634	0.3	10	5,389	5.4	53,422	0.4	18
5 and younger	130	0.4	1,203	0.5	19	6,173	18.1	53,749	0.2	5	558	1.6	4,068	0.2	6
6-14	647	1.8	6,304	0.6	28	4,599	13.1	45,120	0.2	9	581	1.7	6,074	0.2	5
15-20	410	3.1	3,900	0.5	30	1,059	8.0	10,019	0.3	9	482	3.6	4,698	0.2	7
21-44	589	6.2	4,706	0.6	42	604	7.3	5,507	0.3	11	886	10.6	7,909	0.4	18
45-64	380	21.9	3,891	1.0	56	403	23.3	3,726	0.5	18	385	22.2	3,640	0.5	26
65-74	475	14.6	5,207	0.8	34	1,753	54.0	19,380	0.5	21	1,296	40.0	14,518	0.5	23
75-84	343	17.0	3,567	0.8	29	997	49.4	10,381	0.5	21	752	37.2	7,943	0.5	24
85 and older	145	11.8	1,459	0.8	28	493	40.2	4,752	0.6	22	449	36.7	4,572	0.6	25
Unknown	209	7.6	2,138	0.6	37	285	10.4	2,906	0.2	8	112	4.1	1,155	0.2	13

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7B 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERLIPIDEMIC				ANALGESICS - Narcotic						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	25,550	8.0 %	273,188	0.7	\$31	16,258	5.1 %	177,265	0.6	\$43	91,829	28.6 %	933,015	0.3	\$8
Female	17,767	9.8	190,906	0.7	31	10,602	5.9	116,576	0.6	44	60,850	33.6	615,589	0.3	7
Disabled	10,622	26.2	116,705	0.7	33	7,115	17.6	78,464	0.6	43	27,967	69.1	310,241	0.3	9
5 and younger	3	0.5	22	1.6	538	2	0.3	23	0.5	47	50	7.8	580	0.1	1
6-14	22	1.2	244	1.0	48	2	0.1	24	0.4	14	217	12.0	2,472	0.1	2
15-20	60	3.9	695	0.7	39	14	0.9	167	0.4	21	567	36.6	6,278	0.2	2
21-44	2,080	13.5	23,117	0.6	29	1,242	8.1	13,725	0.5	35	12,072	78.4	134,828	0.3	9
45-64	7,728	40.0	85,074	0.7	34	5,482	28.4	60,581	0.7	45	14,088	72.9	156,244	0.4	10
65-74	419	47.3	4,462	0.7	32	259	29.3	2,797	0.7	45	485	54.8	4,959	0.4	13
75-84	190	37.4	1,911	0.6	24	93	18.3	944	0.7	43	317	62.4	3,188	0.4	12
85 and older	120	31.7	1,180	0.7	24	21	5.5	203	0.7	44	171	45.1	1,692	0.4	12
Other Eligibles	7,145	5.1	74,201	0.7	27	3,487	2.5	38,112	0.7	45	32,883	23.4	305,348	0.3	5
5 and younger	11	0.0	119	0.8	22	9	0.0	87	0.1	3	729	2.3	7,005	0.1	1
6-14	77	0.2	688	1.0	33	7	0.0	72	0.4	22	1,964	6.0	20,001	0.1	1
15-20	103	0.6	801	0.7	28	12	0.1	102	0.5	35	4,089	23.1	36,330	0.2	1
21-44	856	2.2	7,064	0.6	23	438	1.1	3,910	0.4	29	17,033	44.2	144,709	0.3	4
45-64	383	17.4	3,257	0.8	31	233	10.6	1,982	0.6	40	963	43.8	8,864	0.4	12
65-74	2,511	41.1	28,070	0.7	32	1,673	27.4	19,214	0.7	48	3,134	51.4	35,340	0.4	8
75-84	2,084	33.4	22,705	0.7	26	911	14.6	10,474	0.7	48	2,852	45.7	31,379	0.4	11
85 and older	1,120	20.2	11,497	0.7	21	204	3.7	2,271	0.7	39	2,119	38.1	21,720	0.4	12
Male	7,771	5.7	82,175	0.7	31	5,654	4.1	60,677	0.6	42	30,751	22.4	314,957	0.3	9
Disabled	5,458	14.2	59,084	0.7	32	4,398	11.5	48,031	0.6	42	19,212	50.1	206,890	0.4	11
5 and younger	2	0.2	24	0.9	51	2	0.2	24	0.1	1	76	8.2	855	0.1	1
6-14	32	1.0	340	0.9	33	5	0.2	60	0.3	24	346	10.4	3,968	0.1	3
15-20	44	1.6	483	0.7	30	14	0.5	157	0.4	24	721	26.6	8,023	0.2	3
21-44	1,457	8.6	15,922	0.7	28	1,156	6.8	12,812	0.5	36	10,018	59.2	108,040	0.3	10
45-64	3,717	27.2	40,322	0.7	34	3,105	22.8	33,794	0.7	44	7,708	56.5	82,657	0.4	13
65-74	147	27.4	1,401	0.7	31	96	17.9	966	0.7	43	238	44.4	2,399	0.4	13
75-84	41	23.7	429	0.6	27	17	9.8	182	0.8	43	76	43.9	669	0.4	13
85 and older	18	18.6	163	0.7	13	3	3.1	36	0.6	45	29	29.9	279	0.3	4
Other Eligibles	2,313	2.3	23,091	0.7	28	1,256	1.3	12,646	0.6	41	11,539	11.6	108,067	0.3	5
5 and younger	26	0.1	284	0.6	22	12	0.0	99	0.2	6	1,083	3.2	10,646	0.1	1
6-14	96	0.3	873	0.7	25	22	0.1	232	0.3	15	2,058	5.8	20,835	0.1	2
15-20	49	0.4	421	1.0	36	20	0.2	175	0.3	15	2,039	15.4	19,140	0.2	2
21-44	259	3.1	2,107	0.6	28	236	2.8	1,856	0.6	39	3,236	38.9	25,622	0.4	8
45-64	246	14.2	2,054	0.8	29	214	12.3	1,783	0.6	37	667	38.5	5,817	0.4	10
65-74	865	26.7	9,658	0.7	30	565	17.4	6,414	0.7	46	1,338	41.2	14,842	0.4	9
75-84	531	26.3	5,436	0.8	25	161	8.0	1,808	0.6	41	668	33.1	6,825	0.4	10
85 and older	241	19.7	2,258	0.8	21	26	2.1	279	0.6	31	450	36.7	4,340	0.4	9
Unknown	12	0.4	107	0.8	23	2	0.1	12	0.7	38	228	8.3	2,469	0.1	2

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7C 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7D 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$184	5.5	8,175	78,873
Age				
0-64	253	6.2	744	7,714
65-74	229	6.3	1,037	10,352
75-84	198	5.8	2,577	24,641
85 and older	147	5.0	3,817	36,166
Unknown	0	0.0	0	0
Gender				
Female	176	5.5	6,079	59,397
Male	209	5.7	2,096	19,476
Unknown	0	0.0	0	0
Race				
White	185	5.6	7,809	75,227
African American	162	4.7	264	2,543
Other/unknown	185	5.1	102	1,103
Basis of Eligibility				
Aged	181	5.5	7,906	76,079
Disabled	273	6.6	266	2,788
Adults	348	13.5	2	2
Children	532	9.3	1	4
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis. 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 WEST VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	No.	As % of All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.1	\$17	\$15	\$0	\$2	\$47	\$67	\$53	\$15	20,789	\$967,246	5,597	68.5 %	56,847
Biologicals	0.1	0.1	0.0	0.0	1	0	0	0	8	6	0	14	4	33	4	0.0	48
Antineoplastic Agents	0.6	0.1	0.2	0.2	67	31	29	7	119	287	123	33	1,878	223,796	360	4.4	3,334
Endocrine/Metabolic Drugs	1.0	0.4	0.3	0.4	24	16	3	4	24	45	12	12	33,729	794,013	3,335	40.8	33,278
Cardiovascular Agents	1.9	0.4	0.5	1.0	41	15	12	14	22	37	25	14	105,036	2,317,927	5,801	71.0	56,523
Respiratory Agents	0.7	0.3	0.0	0.4	24	13	0	11	33	45	31	25	23,285	763,261	3,191	39.0	32,127
Gastrointestinal Agents	0.9	0.2	0.1	0.7	34	14	4	16	36	77	55	23	31,502	1,125,708	3,350	41.0	33,565
Genitourinary Agents	0.5	0.2	0.0	0.2	17	12	0	5	35	50	28	22	6,725	236,394	1,316	16.1	13,623
CNS Drugs	1.4	0.6	0.2	0.6	74	52	12	10	52	82	77	16	72,981	3,813,471	5,155	63.1	51,381
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.3	0.2	13	0	8	5	27	0	29	24	150	4,049	30	0.4	300
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	74	73	0	1	105	108	0	32	4,002	418,372	574	7.0	5,644
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	20	11	1	8	27	83	36	14	24,066	643,572	3,190	39.0	31,541
Neuromuscular Agents	1.1	0.3	0.2	0.6	44	21	8	15	38	67	41	23	31,165	1,193,277	2,655	32.5	27,412
Nutritional Products	0.7	0.0	0.2	0.5	14	0	5	9	19	19	20	18	18,180	345,146	2,617	32.0	25,409
Hematological Agents	0.9	0.1	0.2	0.6	26	11	6	10	29	150	28	16	17,233	505,819	1,991	24.4	19,214
Topical Products	0.5	0.2	0.1	0.2	14	7	4	3	28	42	34	13	24,058	665,239	4,469	54.7	46,433
Miscellaneous Products	0.3	0.0	0.0	0.2	15	5	3	8	60	110	436	37	648	38,702	258	3.2	2,513
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	11	0	0	0	23	0	0	0	20,239	475,187	4,151	50.8	42,748
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.	435,670	14,531,212	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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.

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

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

e. 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. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In West Virginia, 3.5 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.

Table 9

All Medicaid 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; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 WEST VIRGINIA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$1,672,212	2,769	33.9 %	28,909	0.7	\$80	\$58
ANTIDEPRESSANTS	1,618,567	3,933	48.1	39,934	0.8	52	41
ULCER DRUGS	866,861	3,016	36.9	30,917	0.7	43	28
ANTICONVULSANT	831,923	2,068	25.3	21,536	1.0	39	39
ANTIHYPERTENSIVE	674,130	2,737	33.5	27,202	0.8	29	25
ANTIASTHMATIC	580,691	2,769	33.9	27,306	0.6	35	21
ANTIIDIABETIC	579,082	2,201	26.9	22,213	0.9	30	26
ANTIANGINAL AGENTS	507,057	1,644	20.1	16,495	0.9	36	31
CALCIUM BLOCKERS	480,526	1,505	18.4	14,946	0.8	38	32
DERMATOLOGICAL	463,269	4,909	60.0	52,317	0.3	29	9

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} WEST VIRGINIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	of All-Year NF Residents	No. of Users	Mean No. of Rx	of All-Year NF Residents	No. of Users	Mean No. of Rx	of All-Year NF Residents	No. of Users	Mean No. of Rx
All	194,479	\$8,274,318	2,769	0.7	33.9 %	28,909	\$58	48.1 %	3,933	48.1 %	39,934	0.8	\$41
Female	140,982	5,918,843	1,941	0.7	31.9	20,485	56	49.0	2,979	49.0	30,463	0.8	41
Disabled	5,610	291,988	80	0.9	53.7	910	109	61.1	91	61.1	967	0.8	45
64 or younger	5,308	278,941	76	0.9	54.7	869	111	64.0	89	64.0	949	0.8	45
65-74	269	11,480	3	1.1	50.0	36	67	16.7	1	16.7	12	1.1	65
75-84	1	77	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0
85 and older	32	1,490	1	0.8	33.3	5	122	33.3	1	33.3	6	0.8	48
Other Eligibles	135,372	5,626,855	1,861	0.7	31.4	19,575	54	48.7	2,888	48.7	29,496	0.8	41
64 or younger	7,093	358,627	89	0.9	38.2	971	96	60.9	142	60.9	1,468	0.9	54
65-74	19,583	910,397	293	0.9	47.2	3,135	81	58.6	364	58.6	3,789	0.8	43
75-84	48,244	2,047,131	688	0.7	36.5	7,273	54	54.5	1,026	54.5	10,536	0.8	41
85 and older	60,452	2,310,700	791	0.6	24.8	8,196	38	42.5	1,356	42.5	13,703	0.8	39
Male	53,497	2,355,475	828	0.7	39.5	8,424	62	45.5	954	45.5	9,471	0.8	39
Disabled	3,511	204,269	50	0.9	42.7	545	109	47.0	55	47.0	594	0.8	52
64 or younger	3,449	200,382	49	0.9	44.1	533	109	46.8	52	46.8	574	0.8	52
65-74	50	3,258	1	0.4	50.0	12	90	50.0	1	50.0	12	0.8	47
75-84	9	523	0	0.0	0.0	0	0	50.0	1	50.0	7	0.7	52
85 and older	3	106	0	0.0	0.0	0	0	50.0	1	50.0	1	1.0	60
Other Eligibles	49,986	2,151,206	778	0.7	39.3	7,879	59	45.4	899	45.4	8,877	0.8	38
64 or younger	8,088	405,434	117	0.9	44.8	1,243	93	51.0	133	51.0	1,413	0.8	41
65-74	12,500	560,392	199	0.8	48.8	2,088	65	52.2	213	52.2	2,180	0.8	38
75-84	17,304	727,113	272	0.7	39.4	2,709	56	46.5	321	46.5	3,134	0.8	40
85 and older	12,094	458,267	190	0.6	30.6	1,839	34	37.4	232	37.4	2,150	0.7	34
Unknown	0	0	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$		
All	3,016	36.9 %	30,917	0.7	\$28	2,068	25.3 %	21,536	1.0	\$39	2,737	33.5 %	27,202	0.8	\$25			
Female	2,215	36.4	22,797	0.7	28	1,365	22.5	14,268	0.9	36	2,019	33.2	20,094	0.8	24			
Disabled	68	45.6	731	0.7	28	89	59.7	996	1.1	55	61	40.9	647	0.9	25			
64 or younger	65	46.8	712	0.7	28	87	62.6	982	1.1	55	56	40.3	603	0.9	25			
65-74	1	16.7	12	1.0	23	1	16.7	12	0.8	40	4	66.7	38	0.8	31			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	2	66.7	7	0.6	11	1	33.3	2	1.0	30	1	33.3	6	0.7	7			
Other Eligibles	2,147	36.2	22,066	0.7	28	1,276	21.5	13,272	0.9	35	1,958	33.0	19,447	0.8	24			
64 or younger	89	38.2	952	0.6	33	139	59.7	1,457	1.1	47	61	26.2	585	0.9	23			
65-74	257	41.4	2,582	0.6	27	268	43.2	2,894	1.0	39	211	34.0	2,157	0.9	29			
75-84	676	35.9	7,084	0.7	28	494	26.2	5,207	0.9	34	645	34.2	6,401	0.8	25			
85 and older	1,125	35.2	11,448	0.7	27	375	11.7	3,714	0.8	27	1,041	32.6	10,304	0.8	22			
Male	801	38.2	8,120	0.7	29	703	33.5	7,268	1.0	44	718	34.3	7,108	0.8	27			
Disabled	50	42.7	568	0.7	28	71	60.7	748	1.1	66	25	21.4	255	0.9	32			
64 or younger	50	45.0	568	0.7	28	70	63.1	736	1.1	66	24	21.6	243	0.9	32			
65-74	0	0.0	0	0.0	0	1	50.0	12	1.8	85	1	50.0	12	0.7	20			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	751	37.9	7,552	0.7	29	632	31.9	6,520	1.0	41	693	35.0	6,853	0.8	27			
64 or younger	96	36.8	1,038	0.7	29	189	72.4	1,982	1.2	50	70	26.8	714	0.9	28			
65-74	171	41.9	1,800	0.7	31	168	41.2	1,799	1.0	43	170	41.7	1,810	0.8	26			
75-84	255	37.0	2,469	0.7	31	192	27.8	1,917	0.9	34	256	37.1	2,473	0.9	27			
85 and older	229	36.9	2,245	0.6	27	83	13.4	822	0.9	31	197	31.8	1,856	0.8	26			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					ANTI-ANGINAL AGENTS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	2,769	33.9 %	27,306	0.6	\$21	2,201	26.9 %	22,213	0.9	\$26	1,644	20.1 %	16,495	0.9	\$31
Female	1,888	31.1	18,826	0.6	20	1,645	27.1	16,804	0.9	25	1,244	20.5	12,569	0.9	31
Disabled	55	36.9	529	0.8	24	54	36.2	518	1.1	28	22	14.8	213	0.8	30
64 or younger	48	34.5	461	0.8	21	47	33.8	454	1.0	28	19	13.7	199	0.8	29
65-74	6	100.0	67	0.8	45	6	100.0	62	1.1	26	1	16.7	7	0.9	42
75-84	1	100.0	1	1.0	77	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	33.3	2	1.0	21	2	66.7	7	1.3	41
Other Eligibles	1,833	30.9	18,297	0.6	20	1,591	26.8	16,286	0.9	25	1,222	20.6	12,356	0.9	31
64 or younger	72	30.9	737	0.9	32	80	34.3	768	1.0	31	14	6.0	123	0.8	24
65-74	225	36.2	2,275	0.7	24	255	41.1	2,666	0.9	29	117	18.8	1,180	0.8	30
75-84	655	34.8	6,487	0.7	24	636	33.8	6,574	0.8	27	387	20.5	3,990	0.9	31
85 and older	881	27.6	8,798	0.5	15	620	19.4	6,278	0.8	22	704	22.1	7,063	0.9	32
Male	881	42.0	8,480	0.7	24	556	26.5	5,409	0.9	28	400	19.1	3,926	0.8	29
Disabled	37	31.6	398	0.5	13	36	30.8	392	0.9	39	11	9.4	132	0.8	41
64 or younger	36	32.4	397	0.5	13	35	31.5	391	0.9	39	10	9.0	120	0.9	45
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	50.0	1	1.0	19	1	50.0	1	1.0	27	0	0.0	0	0.0	0
Other Eligibles	844	42.6	8,082	0.7	25	520	26.3	5,017	0.9	27	389	19.7	3,794	0.8	29
64 or younger	80	30.7	759	0.7	26	55	21.1	542	1.0	32	30	11.5	331	0.7	32
65-74	203	49.8	1,980	0.6	23	110	27.0	1,141	0.9	33	69	16.9	736	0.9	30
75-84	286	41.4	2,782	0.7	26	226	32.8	2,175	0.9	26	153	22.2	1,466	0.8	26
85 and older	275	44.4	2,561	0.7	25	129	20.8	1,159	0.8	22	137	22.1	1,261	0.8	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 WEST VIRGINIA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					DERMATOLOGICAL					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	No. of Users	Mos among Users		No. of Users	Residents	No. of Users	Mos among Users			
All	1,505	18.4 %	14,946	0.8	\$32	4,909	60.0 %	52,317	0.3	\$9	8,175	78,873
Female	1,192	19.6	11,884	0.8	32	3,528	58.0	37,860	0.3	9	6,079	59,397
Disabled	26	17.4	271	0.9	37	130	87.2	1,441	0.3	10	149	1,588
64 or younger	23	16.5	240	0.9	37	127	91.4	1,415	0.3	10	139	1,507
65-74	3	50.0	31	1.0	43	2	33.3	24	0.1	3	6	67
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	1	33.3	2	1.0	44	3	13
Other Eligibles	1,166	19.7	11,613	0.8	32	3,398	57.3	36,419	0.3	8	5,930	57,809
64 or younger	28	12.0	257	0.8	27	175	75.1	1,908	0.3	8	233	2,369
65-74	131	21.1	1,301	0.9	38	350	56.4	3,841	0.3	9	621	6,201
75-84	408	21.7	4,147	0.8	33	1,031	54.7	11,004	0.3	9	1,884	18,394
85 and older	599	18.8	5,908	0.8	30	1,842	57.7	19,666	0.3	8	3,192	30,845
Male	313	14.9	3,062	0.9	33	1,381	65.9	14,457	0.3	10	2,096	19,476
Disabled	14	12.0	153	0.6	32	83	70.9	958	0.3	10	117	1,200
64 or younger	12	10.8	134	0.7	33	82	73.9	946	0.3	10	111	1,166
65-74	1	50.0	12	0.4	22	1	50.0	12	0.1	4	2	24
75-84	1	50.0	7	0.6	22	0	0.0	0	0.0	0	2	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2
Other Eligibles	299	15.1	2,909	0.9	33	1,298	65.6	13,499	0.3	10	1,979	18,276
64 or younger	33	12.6	366	0.9	44	197	75.5	2,176	0.3	8	261	2,672
65-74	78	19.1	789	0.8	34	293	71.8	3,150	0.3	10	408	4,060
75-84	101	14.6	964	1.0	32	426	61.7	4,333	0.3	10	690	6,238
85 and older	87	14.0	790	0.8	27	382	61.6	3,840	0.3	10	620	5,306
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,710 beneficiaries who were in nursing facilities for part of their enrollment and their 25,502 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
WEST VIRGINIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	347,021	25,424	78,814	66,291	176,492	3,069,040	264,198	832,648	476,799	1,495,395	0
Age											
5 and younger	77,168	1	1,567	3	75,597	0	9	16,036	9	579,994	0
6-14	81,629	0	5,137	9	76,483	0	0	57,538	37	704,747	0
15-20	39,777	5	4,261	11,163	24,348	0	59	45,908	81,282	210,110	0
21-44	84,191	250	32,308	51,570	63	0	2,734	343,897	368,322	540	0
45-64	37,287	797	32,963	3,526	1	0	8,033	345,387	27,076	4	0
65-74	10,771	9,339	1,421	11	0	0	101,648	13,691	40	0	0
75-84	8,938	8,250	681	7	0	0	86,138	6,024	28	0	0
85 and older	7,260	6,782	476	2	0	0	65,577	4,167	5	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	195,796	18,367	40,491	52,769	84,169	0	192,532	430,535	385,419	712,257	0
Male	148,485	7,057	38,320	13,448	89,660	0	71,666	402,081	90,658	758,734	0
Unknown	2,740	0	3	74	2,663	0	25,158	32	722	24,404	0
Race											
White	320,101	23,716	73,157	61,514	161,714	0	2,825,515	772,126	440,538	1,366,994	0
African American	17,470	812	2,791	3,660	10,207	0	154,609	28,520	28,290	89,401	0
Other/unknown	9,450	896	2,866	1,117	4,571	0	88,916	32,002	7,971	39,000	0
Use of Nursing Facilities											
All year	8,175	7,906	266	2	1	0	78,874	2,788	2	4	0
Part year	2,710	2,339	369	0	2	0	25,511	3,778	0	15	0
None	336,136	15,179	78,179	66,289	176,489	0	2,964,655	826,082	476,797	1,495,376	0
Maintenance Assistance Status											
Cash	195,295	24,476	67,412	45,120	58,287	0	1,885,578	749,610	344,050	534,726	0
Medically needy	4,424	470	2,671	1,167	116	0	21,155	13,413	4,962	401	0
Poverty related	124,474	385	595	12,090	111,404	0	983,371	6,010	73,205	900,355	0
Other/unknown	22,828	93	8,136	7,914	6,685	0	178,936	63,615	54,582	59,913	0
Dual Status^c											
Full dual, all year	42,684	23,313	18,987	379	5	0	448,734	201,592	2,496	51	0
Full dual, part year	1,953	931	988	34	0	0	19,926	10,153	348	0	0
Non-dual, all year	302,384	1,180	58,839	65,878	176,487	0	2,600,380	620,903	473,955	1,495,344	0
Managed Care Status											
FFS all year	268,041	25,406	78,034	45,939	118,662	0	2,364,024	824,490	308,306	967,149	0
FFS part year, with Rx claims	40,578	17	735	11,335	28,491	0	398,422	7,753	103,186	287,366	0
FFS part year, no Rx claims	12,671	1	43	2,492	10,135	0	104,822	392	18,536	85,892	0
MC all year, with Rx claims	17,129	0	2	4,641	12,486	0	151,809	13	37,282	114,514	0
MC all year, no Rx claims	8,602	0	0	1,884	6,718	0	49,963	0	9,489	40,474	0

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. 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 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 WEST VIRGINIA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	347,021	3,069,040	321,290	2,532,832	25,731	536,208
FFS all year	268,041	2,364,024	268,041	2,364,024	0	0
FFS part year, with Rx claims	40,578	398,422	40,578	132,715	0	265,707
FFS part year, with no Rx claims	12,671	104,822	12,671	36,093	0	68,729
MC all year, with Rx claims	17,129	151,809	0	0	17,129	151,809
MC all year, with no Rx claims	8,602	49,963	0	0	8,602	49,963

Source: Data for this table are from the MAX 1999 file for West Virginia, released by CMS in 12/2003. This table was produced on 06/25/2004.

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; MC = managed care; Rx = pharmacy benefit.