

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>44,612</b>	<b>24,244</b>	<b>19,975</b>	<b>388</b>	<b>5</b>	<b>0</b>	<b>467,954</b>	<b>253,987</b>	<b>211,529</b>	<b>2,387</b>	<b>51</b>	<b>0</b>
<b>Age</b>												
5 and younger	3	1	2	0	0	0	26	9	17	0	0	0
6-14	13	0	12	0	1	0	142	0	130	0	12	0
15-20	159	1	153	3	2	0	1,706	12	1,655	15	24	0
21-44	9,208	217	8,745	244	2	0	100,224	2,370	96,237	1,602	15	0
45-64	9,507	661	8,715	131	0	0	99,029	6,849	91,464	716	0	0
65-74	10,095	8,842	1,247	6	0	0	109,002	96,854	12,118	30	0	0
75-84	8,645	7,983	658	4	0	0	89,909	83,994	5,891	24	0	0
85 and older	6,982	6,539	443	0	0	0	67,916	63,899	4,017	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	27,436	17,608	9,680	147	1	0	290,553	186,094	103,490	957	12	0
Male	17,174	6,636	10,295	239	4	0	177,396	67,893	108,039	1,425	39	0
Unknown	2	0	0	2	0	5	0	0	0	5	0	0
<b>Race</b>												
White	41,409	22,665	18,374	365	5	0	433,327	236,855	194,172	2,249	51	0
African American	1,505	775	712	18	0	0	15,472	8,074	7,304	94	0	0
Other/unknown	1,698	804	889	5	0	0	19,155	9,058	10,053	44	0	0
<b>Use of Nursing Facilities</b>												
All year	7,678	7,642	36	0	0	0	73,953	73,641	312	0	0	0
Part year	2,385	2,266	119	0	0	0	22,234	21,095	1,139	0	0	0
None	34,549	14,336	19,820	388	5	0	371,767	159,251	210,078	2,387	51	0
<b>Maintenance Assistance Status</b>												
Cash	39,804	23,390	16,226	188	0	0	430,240	247,654	181,364	1,222	0	0
Medically needy	1,740	434	1,193	113	0	0	9,194	2,224	6,360	610	0	0
Poverty-related	990	380	587	23	0	0	9,816	3,730	5,934	152	0	0
Other/unknown	2,078	40	1,969	64	5	0	18,704	379	17,871	403	51	0
<b>Dual Medicare Status<sup>c</sup></b>												
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
<b>Managed Care Status</b>												
FFS all year	44,484	24,228	19,911	340	5	0	467,325	253,913	211,149	2,212	51	0
FFS part year, with Rx claims	123	15	61	47	0	0	621	73	374	174	0	0
FFS part year, no Rx claims	5	1	3	1	0	8	1	1	6	1	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 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12

**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, 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 \$ <sup>c</sup>	No. of Benes
All	90.2 %	42.6	\$1,590	\$37	\$10,998	14.5 %	\$47	44,612
<b>Age</b>								
5 and younger	33.3	11.7	682	59	88,150	0.8	13	3
6-14	92.3	61.4	8,844	144	19,296	45.8	57	13
15-20	88.7	23.7	1,732	73	7,262	23.8	18	159
21-44	84.8	28.7	1,507	52	8,095	18.6	29	9,208
45-64	91.3	45.3	1,876	41	9,093	20.6	66	9,507
65-74	89.5	46.8	1,601	34	7,794	20.5	69	10,095
75-84	92.4	48.7	1,567	32	13,167	11.9	41	8,645
85 and older	94.3	44.2	1,304	30	19,403	6.7	18	6,982
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	92.5	47.2	1,547	33	14,249	10.9	42	24,244
Disabled	87.5	37.4	1,653	44	7,195	23.0	52	19,975
Adults	88.9	23.7	1,023	43	3,237	31.6	21	388
Children	60.0	34.8	3,044	88	43,020	7.1	0	5
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	93.1	48.0	1,688	35	11,948	14.1	54	27,436
Male	85.7	34.0	1,434	42	9,482	15.1	35	17,174
Unknown	50.0	3.0	520	173	520	100.0	0	2
<b>Race</b>								
White	90.5	43.0	1,598	37	11,145	14.3	47	41,409
African American	88.1	36.5	1,438	39	11,063	13.0	56	1,505
Other/unknown	84.7	38.3	1,522	40	7,346	20.7	40	1,698
<b>Use of Nursing Facilities</b>								
Entire year	97.2	52.8	1,744	33	28,912	6.0	23	7,678
Part year	97.1	50.6	1,721	34	19,836	8.7	33	2,385
None	88.2	39.8	1,547	39	6,407	24.1	53	34,549
<b>Maintenance Assistance Status</b>								
Cash	90.5	43.5	1,608	37	11,292	14.2	46	39,804
Medically needy	88.3	24.6	1,263	51	4,551	27.7	46	1,740
Poverty related	88.4	28.9	1,178	41	6,754	17.4	39	990
Other/unknown	88.2	46.7	1,721	37	12,794	13.4	67	2,078

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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G 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 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>4.1</b>	<b>\$152</b>	<b>14.5 %</b>	<b>9.8 %</b>	<b>17.1 %</b>	<b>11.4 %</b>	<b>31.2 %</b>	<b>26.2 %</b>	<b>4.4 %</b>	<b>\$1,049</b>	<b>44,612</b>	<b>467,954</b>
<b>Age</b>												
5 and younger	1.3	79	0.8	66.7	0.0	0.0	33.3	0.0	0.0	10,171	3	26
6-14	5.6	810	45.8	7.7	7.7	7.7	23.1	46.2	7.7	1,767	13	142
15-20	2.2	161	23.8	11.3	38.4	20.1	19.5	9.4	1.3	677	159	1,706
21-44	2.6	139	18.6	15.2	29.0	13.9	26.3	14.0	1.5	744	9,208	100,224
45-64	4.3	180	20.6	8.7	15.5	11.2	30.7	29.4	4.6	873	9,507	99,029
65-74	4.3	148	20.5	10.5	14.6	10.3	30.8	28.6	5.2	722	10,095	109,002
75-84	4.7	151	11.9	7.6	12.2	10.1	33.0	31.3	5.7	1,266	8,645	89,909
85 and older	4.5	134	6.7	5.7	12.9	11.2	36.7	28.6	5.0	1,995	6,982	67,916
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility</b>												
Aged	4.5	148	10.9	7.5	13.5	10.7	33.6	29.2	5.5	1,360	24,244	253,987
Disabled	3.5	156	23.0	12.5	21.5	12.2	28.3	22.6	3.0	679	19,975	211,529
Adults	3.9	166	31.6	11.1	18.3	12.1	30.2	22.7	5.7	526	388	2,387
Children	3.4	298	7.1	40.0	0.0	20.0	20.0	20.0	0.0	4,218	5	51
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.5	159	14.1	6.9	13.9	10.8	33.1	30.1	5.2	1,128	27,436	290,553
Male	3.3	139	15.1	14.3	22.3	12.3	28.1	20.0	3.0	918	17,174	177,396
Unknown	1.2	208	100.0	50.0	0.0	0.0	50.0	0.0	0.0	208	2	5
<b>Race</b>												
White	4.1	153	14.3	9.5	16.9	11.3	31.3	26.5	4.5	1,065	41,409	433,327
African American	3.6	140	13.0	11.9	20.1	12.4	31.2	21.8	2.7	1,076	1,505	15,472
Other/unknown	3.4	135	20.7	15.3	19.6	12.2	28.2	22.6	2.1	651	1,698	19,155
<b>Use of Nursing Facilities</b>												
Entire year	5.5	181	6.0	2.8	9.5	9.1	34.5	34.3	9.8	3,002	7,678	73,953
Part year	5.4	185	8.7	2.9	11.2	10.1	33.0	34.8	8.1	2,128	2,385	22,234
None	3.7	144	24.1	11.8	19.2	12.0	30.3	23.8	2.9	595	34,549	371,767
<b>Maintenance Assistance Status</b>												
Cash	4.0	149	14.2	9.5	17.3	11.5	31.5	25.8	4.3	1,045	39,804	430,240
Medically needy	4.7	239	27.7	11.7	11.9	9.1	31.8	30.2	5.3	861	1,740	9,194
Poverty related	2.9	119	17.4	11.6	31.4	14.6	24.2	15.6	2.5	681	990	9,816
Other/unknown	5.2	191	13.4	11.8	10.4	8.2	27.8	35.3	6.4	1,421	2,078	18,704

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 13

Dual Eligible Beneficiaries

a. Table 13 includes the beneficiaries represented by Cell G 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 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.1</b>	<b>\$152</b>	<b>\$37</b>	<b>1.3</b>	<b>\$89</b>	<b>\$67</b>	<b>0.6</b>	<b>\$24</b>	<b>\$41</b>	<b>2.0</b>	<b>\$34</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	1.3	79	59	0.4	66	155	0.4	8	18	0.5	6	11
6-14	5.6	810	144	2.0	621	304	1.0	123	127	2.5	55	23
15-20	2.2	161	73	0.8	105	130	0.4	37	105	1.0	17	18
21-44	2.6	139	52	0.9	89	97	0.3	23	69	1.3	23	18
45-64	4.3	180	41	1.6	110	71	0.6	28	50	2.1	38	18
65-74	4.3	148	34	1.4	85	59	0.6	23	37	2.1	36	17
75-84	4.7	151	32	1.4	82	58	0.8	25	33	2.3	39	17
85 and older	4.5	134	30	1.2	69	57	0.8	23	29	2.3	37	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	4.5	148	33	1.4	82	59	0.7	24	33	2.2	38	17
Disabled	3.5	156	44	1.2	97	78	0.5	25	54	1.7	31	18
Adults	3.9	166	43	1.4	110	79	0.4	21	56	2.0	32	16
Children	3.4	298	88	1.2	115	96	0.8	150	186	1.3	30	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.5	159	35	1.5	93	63	0.7	25	37	2.2	37	17
Male	3.3	139	42	1.0	81	78	0.5	23	49	1.7	31	19
Unknown	1.2	208	173	0.6	199	332	0.0	0	0	0.6	9	15
<b>Race</b>												
White	4.1	153	37	1.3	89	67	0.6	24	41	2.0	35	17
African American	3.6	140	39	1.1	84	74	0.5	24	45	1.8	29	16
Other/unknown	3.4	135	40	1.1	81	72	0.6	23	42	1.6	28	17
<b>Use of Nursing Facilities</b>												
Entire year	5.5	181	33	1.6	99	62	0.9	30	33	2.8	47	17
Part year	5.4	185	34	1.6	102	63	0.8	27	33	2.8	49	18
None	3.7	144	39	1.2	86	69	0.5	23	44	1.8	31	17
<b>Maintenance Assistance Status</b>												
Cash	4.0	149	37	1.3	87	67	0.6	24	40	2.0	34	17
Medically needy	4.7	239	51	1.6	151	92	0.6	35	58	2.3	48	21
Poverty related	2.9	119	41	1.0	71	74	0.4	19	44	1.4	26	18
Other/unknown	5.2	191	37	1.7	112	67	0.7	29	40	2.6	45	17

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 14 includes the beneficiaries represented by Cell G 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 14

Dual Eligible 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](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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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 No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$13	\$0	\$2	\$46	\$73	\$50	\$14	101,439	\$4,649,879	27,325	61.3 %	298,456
Biologics	0.1	0.1	0.0	0.0	97	96	0	0	765	835	0	18	35	26,773	25	0.1	277
Antineoplastic Agents	0.6	0.2	0.1	0.2	77	53	16	9	138	239	128	42	6,721	930,058	1,180	2.6	12,033
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	25	19	3	4	28	45	13	13	176,738	4,879,573	17,800	39.9	192,127
Cardiovascular Agents	1.8	0.5	0.4	0.8	50	25	12	12	28	46	32	14	506,944	14,285,682	27,069	60.7	287,550
Respiratory Agents	0.7	0.4	0.0	0.3	25	18	0	7	37	50	44	22	139,166	5,121,979	18,786	42.1	205,030
Gastrointestinal Agents	0.7	0.2	0.1	0.4	28	14	4	9	41	81	59	21	127,814	5,178,838	17,283	38.7	187,070
Genitourinary Agents	0.4	0.2	0.0	0.2	13	10	0	3	36	49	32	20	22,422	812,270	5,616	12.6	61,866
CNS Drugs	1.2	0.4	0.1	0.6	63	39	13	10	55	97	98	17	290,851	15,899,619	23,679	53.1	252,791
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.2	0.2	22	6	9	7	41	64	41	32	921	38,016	164	0.4	1,744
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	58	54	0	4	94	111	27	29	8,564	804,897	1,334	3.0	13,911
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	19	9	2	9	29	109	64	16	155,000	4,572,281	21,776	48.8	235,311
Neuromuscular Agents	0.9	0.3	0.1	0.5	41	25	5	11	47	90	39	23	114,351	5,383,652	12,146	27.2	130,942
Nutritional Products	0.6	0.0	0.3	0.4	11	0	5	6	18	13	21	16	58,942	1,061,663	8,977	20.1	94,235
Hematological Agents	0.7	0.1	0.1	0.5	26	13	4	9	39	161	30	20	53,304	2,053,545	7,378	16.5	77,629
Topical Products	0.4	0.2	0.1	0.2	12	7	2	2	30	45	35	14	66,890	2,037,755	16,013	35.9	176,155
Miscellaneous Products	0.6	0.2	0.1	0.3	127	79	36	12	209	378	281	43	5,813	1,213,214	908	2.0	9,531
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	30	0	0	0	65,484	1,979,897	14,576	32.7	158,374
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,901,399	70,929,591	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 15 includes the beneficiaries represented by Cell G 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 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. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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](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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$7,092,849	8,901	20.0 %	96,263	0.7	\$104	\$74
ANTIDEPRESSANTS	6,258,525	18,175	40.7	195,642	0.6	54	32
ANTICONVULSANT	4,415,545	9,651	21.6	105,003	0.8	55	42
ULCER DRUGS	4,154,266	17,190	38.5	189,355	0.5	45	22
ANTI-DIABETIC	3,842,000	12,200	27.3	131,923	0.7	41	29
ANTHYPERTENSIVE	3,645,009	15,385	34.5	166,464	0.7	31	22
ANTIASTHMATIC	3,516,496	17,683	39.6	191,193	0.5	38	18
ANTHYPERLIPIDEMIC	3,494,519	6,941	15.6	77,222	0.7	67	45
CALCIUM BLOCKERS	3,025,355	8,911	20.0	96,565	0.8	42	31
ANALGESICS - Narcotic	2,755,423	23,080	51.7	250,723	0.4	29	11

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 16 includes the beneficiaries represented by Cell G 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](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 16A  
 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>879,682</b>	<b>\$42,199,987</b>	<b>8,901</b>	<b>20.0 %</b>	<b>96,263</b>	<b>0.7</b>	<b>\$74</b>	<b>18,175</b>	<b>40.7 %</b>	<b>195,642</b>	<b>0.6</b>	<b>\$32</b>					
<b>Female</b>																	
<b>Disabled</b>																	
5 and younger	582,493	26,791,283	5,228	19.1	56,619	0.7	63	12,448	45.4	135,212	0.6	33					
6-14	211,644	11,238,821	2,069	21.4	22,977	0.7	80	5,748	59.4	63,664	0.6	33					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	39	1,846	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	731	36,741	9	13.8	108	0.5	31	15	23.1	168	0.5	29					
65-74	55,488	3,524,106	961	29.0	10,817	0.7	88	2,042	61.6	22,894	0.5	34					
75-84	120,480	6,203,479	894	19.2	10,014	0.7	78	3,069	65.8	34,179	0.6	33					
85 and older	19,019	849,022	88	11.3	914	0.6	62	329	42.2	3,366	0.6	26					
<b>Other Eligibles</b>																	
5 and younger	10,447	413,599	69	14.0	665	0.5	35	200	40.7	2,114	0.6	27					
6-14	5,440	210,028	48	13.5	459	0.5	33	93	26.1	943	0.7	32					
15-20	370,849	15,552,462	3,159	17.8	33,642	0.6	51	6,700	37.7	71,548	0.7	32					
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	40	5,950	2	66.7	24	0.6	92	1	33.3	12	1.1	190					
75-84	3,620	236,600	52	25.6	511	0.6	68	114	56.2	1,068	0.6	46					
85 and older	8,884	518,752	115	35.9	1,297	0.9	108	193	60.3	2,022	0.8	48					
<b>Male</b>																	
<b>Disabled</b>																	
5 and younger	139,574	6,117,283	798	13.8	8,828	0.8	70	2,143	37.0	23,978	0.6	29					
6-14	131,421	5,357,715	1,118	18.5	11,871	0.6	46	2,242	37.0	24,084	0.7	31					
15-20	87,310	3,316,162	1,074	20.0	11,111	0.6	35	2,007	37.3	20,384	0.7	34					
21-44	297,186	15,407,709	3,672	21.4	39,642	0.8	89	5,727	33.3	60,430	0.6	31					
45-64	165,521	9,706,629	2,259	21.9	24,998	0.8	108	3,741	36.3	40,403	0.5	30					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	102	6,759	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	898	76,601	26	29.5	289	0.7	129	29	33.0	316	0.4	21					
<b>Other Eligibles</b>																	
5 and younger	73,776	4,881,372	1,412	26.0	15,833	0.8	109	2,107	38.8	23,185	0.5	31					
6-14	78,874	4,230,798	740	18.3	8,049	0.8	110	1,431	35.4	15,145	0.5	30					
15-20	8,201	361,248	56	12.0	595	0.7	65	109	23.3	1,124	0.5	25					
21-44	2,493	105,974	15	9.0	130	0.5	35	36	21.7	376	0.7	34					
45-64	1,177	43,877	10	11.5	102	0.5	37	29	33.3	257	0.6	21					
65-74	131,665	5,701,080	1,413	20.5	14,644	0.7	58	1,986	28.9	20,027	0.6	32					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	26	1,396	1	100.0	12	1.1	75	0	0.0	0	0.0	0					
<b>Unknown</b>																	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	4,352	260,139	66	25.5	724	0.8	76	135	52.1	1,243	0.5	34					
15-20	11,896	661,635	181	38.3	1,920	0.9	100	221	46.8	2,150	0.7	39					
21-44	61,473	2,624,790	466	15.2	4,977	0.8	61	725	23.7	7,772	0.6	28					
45-64	35,962	1,482,701	409	21.2	4,138	0.6	48	562	29.1	5,638	0.7	34					
65-74	17,956	670,419	290	25.1	2,873	0.6	32	343	29.7	3,224	0.7	31					
75-84	3	995	1	50.0	2	1.5	498	0	0.0	0	0.0	0					
85 and older																	

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 16A includes the beneficiaries represented by Cell G 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>9,651</b>	<b>21.6 %</b>	<b>105,003</b>	<b>0.8</b>	<b>\$42</b>	<b>17,190</b>	<b>38.5 %</b>	<b>189,355</b>	<b>0.5</b>	<b>\$22</b>	<b>12,200</b>	<b>27.3 %</b>	<b>131,923</b>	<b>0.7</b>	<b>\$29</b>
<b>Female</b>	5,543	20.2	60,325	0.7	39	11,383	41.5	126,254	0.5	22	8,640	31.5	94,464	0.7	29
<b>Disabled</b>	2,874	29.7	31,873	0.7	44	4,187	43.3	46,813	0.4	20	2,957	30.5	32,568	0.7	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	60.0	36	0.1	6	0	0.0	0	0.0	0
15-20	23	35.4	268	0.8	53	20	30.8	215	0.3	11	10	15.4	120	0.6	25
21-44	1,333	40.2	14,962	0.7	50	1,113	33.6	12,695	0.4	18	465	14.0	5,271	0.6	29
45-64	1,279	27.4	14,248	0.7	40	2,315	49.6	26,100	0.4	21	1,790	38.4	20,009	0.7	34
65-74	137	17.6	1,423	0.6	32	364	46.7	3,882	0.5	21	387	49.7	4,126	0.7	32
75-84	73	14.8	734	0.7	22	228	46.3	2,353	0.5	21	188	38.2	1,894	0.6	24
85 and older	29	8.1	238	0.6	22	144	40.4	1,532	0.5	21	117	32.9	1,148	0.7	25
<b>Other Eligibles</b>	2,669	15.0	28,452	0.8	33	7,196	40.5	79,441	0.5	22	5,683	32.0	61,896	0.7	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	1.1	122	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	139	68.5	1,415	1.0	68	55	27.1	541	0.5	26	24	11.8	202	0.9	32
45-64	166	51.9	1,812	1.1	65	138	43.1	1,527	0.5	23	82	25.6	832	0.8	25
65-74	904	15.6	10,116	0.7	31	2,565	44.3	29,282	0.5	21	2,416	41.7	27,096	0.7	32
75-84	907	15.0	9,545	0.8	28	2,460	40.6	27,426	0.5	23	2,058	34.0	22,445	0.7	26
85 and older	552	10.3	5,552	0.8	24	1,978	36.7	20,665	0.6	25	1,103	20.5	11,321	0.7	21
<b>Male</b>	4,108	23.9	44,678	0.8	47	5,807	33.8	63,101	0.5	23	3,560	20.7	37,459	0.7	29
<b>Disabled</b>	2,743	26.6	30,211	0.8	49	3,143	30.5	34,521	0.4	21	1,863	18.1	19,711	0.7	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	1.0	175	3	42.9	36	0.5	25	0	0.0	0	0.0	0
15-20	31	35.2	327	0.8	59	23	26.1	254	0.4	12	3	3.4	28	0.4	9
21-44	1,696	31.2	19,024	0.8	53	1,296	23.9	14,682	0.4	19	510	9.4	5,648	0.6	26
45-64	911	22.5	9,783	0.8	44	1,555	38.4	16,789	0.5	23	1,158	28.6	12,181	0.7	33
65-74	70	15.0	739	0.7	29	171	36.5	1,832	0.5	23	134	28.6	1,265	0.7	32
75-84	23	13.9	230	0.7	23	66	39.8	615	0.5	23	40	24.1	426	0.6	28
85 and older	11	12.6	96	0.8	22	29	33.3	313	0.4	25	18	20.7	163	0.7	13
<b>Other Eligibles</b>	1,365	19.8	14,467	0.9	41	2,664	38.7	28,580	0.5	24	1,697	24.7	17,748	0.7	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	139	53.7	1,437	1.0	71	75	29.0	726	0.5	24	30	11.6	272	0.7	28
45-64	289	61.2	3,060	1.1	59	181	38.3	1,795	0.6	30	105	22.2	927	0.8	26
65-74	458	15.0	5,024	0.8	34	1,237	40.5	13,848	0.5	23	816	26.7	9,097	0.7	30
75-84	339	17.6	3,540	0.8	29	731	37.9	7,720	0.5	25	517	26.8	5,278	0.8	25
85 and older	140	12.1	1,406	0.8	28	440	38.1	4,491	0.6	24	229	19.8	2,174	0.7	21
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible 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 16B includes the beneficiaries represented by Cell G 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](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 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					ANTIHYPERLIPIDEMIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>15,385</b>	<b>34.5 %</b>	<b>166,464</b>	<b>0.7</b>	<b>\$22</b>	<b>17,683</b>	<b>39.6 %</b>	<b>191,193</b>	<b>0.5</b>	<b>\$18</b>	<b>6,941</b>	<b>15.6 %</b>	<b>77,222</b>	<b>0.7</b>	<b>\$45</b>
<b>Female</b>	10,210	37.2	111,302	0.7	22	11,405	41.6	124,402	0.5	18	4,699	17.1	52,951	0.7	47
<b>Disabled</b>	2,845	29.4	30,890	0.7	21	4,467	46.1	49,041	0.4	18	1,935	20.0	21,327	0.7	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	40.0	19	0.5	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	10	15.4	120	0.6	19	15	23.1	156	0.4	21	2	3.1	24	0.5	26
21-44	436	13.2	4,979	0.6	19	995	30.0	11,218	0.3	13	249	7.5	2,764	0.5	36
45-64	1,661	35.6	18,370	0.7	22	2,644	56.7	29,296	0.5	19	1,337	28.6	14,896	0.7	46
65-74	369	47.4	3,771	0.7	22	493	63.3	5,127	0.5	22	235	30.2	2,518	0.7	45
75-84	224	45.5	2,209	0.7	22	239	48.6	2,434	0.5	20	93	18.9	944	0.7	43
85 and older	143	40.2	1,422	0.7	20	81	22.8	810	0.5	21	19	5.3	181	0.7	41
<b>Other Eligibles</b>	7,365	41.5	80,412	0.7	22	6,938	39.1	75,361	0.5	18	2,764	15.6	31,624	0.7	48
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	25	12.3	222	0.6	19	42	20.7	407	0.4	22	16	7.9	140	0.6	43
45-64	77	24.1	791	0.8	22	134	41.9	1,316	0.8	28	39	12.2	367	0.7	55
65-74	2,620	45.3	29,654	0.7	22	2,914	50.3	32,860	0.5	19	1,610	27.8	18,514	0.7	48
75-84	2,693	44.5	29,607	0.7	22	2,398	39.6	26,080	0.5	19	898	14.8	10,357	0.7	48
85 and older	1,950	36.2	20,138	0.8	21	1,450	26.9	14,698	0.5	15	201	3.7	2,246	0.7	39
<b>Male</b>	5,175	30.1	55,162	0.7	22	6,278	36.6	66,791	0.5	19	2,242	13.1	24,271	0.6	43
<b>Disabled</b>	2,559	24.9	27,234	0.7	22	2,930	28.5	31,409	0.5	17	1,446	14.0	15,522	0.6	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	8	114.3	96	0.5	21	1	14.3	12	0.1	3	0	0.0	0	0.0	0
15-20	10	11.4	110	0.4	23	12	13.6	144	0.3	8	1	1.1	12	0.3	18
21-44	784	14.4	8,620	0.6	21	933	17.2	10,519	0.4	13	403	7.4	4,490	0.6	36
45-64	1,451	35.8	15,248	0.7	22	1,654	40.9	17,492	0.5	19	942	23.3	9,992	0.6	44
65-74	204	43.6	2,151	0.7	23	206	44.0	2,066	0.5	23	82	17.5	834	0.7	43
75-84	67	40.4	676	0.7	26	83	50.0	796	0.4	17	16	9.6	170	0.8	44
85 and older	35	40.2	333	0.8	23	41	47.1	380	0.5	24	2	2.3	24	0.6	52
<b>Other Eligibles</b>	2,616	38.0	27,928	0.7	23	3,348	48.7	35,382	0.6	21	796	11.6	8,749	0.7	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	35	13.5	295	0.6	21	49	18.9	473	0.4	13	27	10.4	194	0.6	40
45-64	139	29.4	1,282	0.7	25	153	32.4	1,417	0.6	22	55	11.7	481	0.6	37
65-74	1,279	41.8	14,247	0.7	22	1,683	55.0	18,601	0.5	21	536	17.5	6,088	0.7	46
75-84	765	39.7	8,161	0.7	24	979	50.8	10,219	0.5	21	153	7.9	1,719	0.7	42
85 and older	398	34.4	3,943	0.8	23	484	41.9	4,672	0.6	22	25	2.2	267	0.6	32
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible 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 16C includes the beneficiaries represented by Cell G 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](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 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				ANALGESICS - Narcotic							
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>8,911</b>	<b>20.0 %</b>	<b>96,565</b>	<b>0.8</b>	<b>\$31</b>	<b>23,080</b>	<b>51.7 %</b>	<b>250,723</b>	<b>0.4</b>	<b>\$11</b>	<b>44,612</b>	<b>467,954</b>
<b>Female</b>	6,245	22.8	68,311	0.8	31	14,912	54.4	163,819	0.4	11	27,436	290,553
<b>Disabled</b>	1,721	17.8	18,677	0.7	32	6,702	69.2	74,362	0.4	12	9,680	103,490
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
6-14	2	40.0	24	1.0	62	1	20.0	12	0.1	0	5	55
15-20	5	7.7	60	0.5	18	36	55.4	427	0.2	4	65	712
21-44	231	7.0	2,633	0.6	26	2,249	67.8	25,505	0.3	10	3,315	36,673
45-64	1,010	21.6	11,123	0.7	33	3,473	74.4	38,878	0.4	12	4,667	50,548
65-74	223	28.6	2,324	0.8	33	458	58.8	4,680	0.4	13	779	7,653
75-84	157	31.9	1,564	0.8	30	315	64.0	3,171	0.4	12	492	4,548
85 and older	93	26.1	949	0.7	30	170	47.8	1,689	0.4	12	356	3,296
<b>Other Eligibles</b>	4,524	25.5	49,634	0.8	31	8,210	46.2	89,457	0.4	10	17,756	187,063
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	21
21-44	14	6.9	114	0.8	32	101	49.8	945	0.3	14	203	1,765
45-64	40	12.5	363	0.7	26	145	45.3	1,541	0.5	17	320	3,274
65-74	1,598	27.6	18,030	0.8	33	3,051	52.7	34,423	0.4	8	5,790	64,175
75-84	1,688	27.9	18,805	0.8	31	2,814	46.5	31,029	0.4	11	6,057	64,599
85 and older	1,184	22.0	12,322	0.8	29	2,099	39.0	21,519	0.4	12	5,383	53,229
<b>Male</b>	2,666	15.5	28,254	0.7	32	8,168	47.6	86,904	0.4	11	17,174	177,396
<b>Disabled</b>	1,341	13.0	14,028	0.7	32	5,460	53.0	58,728	0.4	12	10,295	108,039
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	3	42.9	36	0.6	47	3	42.9	36	0.1	1	7	75
15-20	9	10.2	98	0.7	46	31	35.2	368	0.2	5	88	943
21-44	392	7.2	4,239	0.7	33	3,002	55.3	33,262	0.3	12	5,430	59,564
45-64	783	19.3	8,108	0.7	33	2,113	52.2	22,010	0.4	14	4,048	40,916
65-74	105	22.4	1,069	0.7	29	209	44.7	2,122	0.4	13	468	4,465
75-84	33	19.9	341	0.7	29	74	44.6	663	0.4	13	166	1,343
85 and older	16	18.4	137	0.8	25	28	32.2	267	0.3	4	87	721
<b>Other Eligibles</b>	1,325	19.3	14,226	0.8	31	2,708	39.4	28,176	0.4	10	6,879	69,357
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	1	100.0	12	1.1	41	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30
21-44	16	6.2	121	0.7	28	140	54.1	1,244	0.5	11	259	2,220
45-64	63	13.3	573	0.8	38	199	42.2	1,828	0.4	14	472	4,291
65-74	689	22.5	7,698	0.7	31	1,286	42.1	14,300	0.4	9	3,058	32,709
75-84	371	19.2	3,971	0.8	30	649	33.6	6,620	0.4	10	1,929	19,416
85 and older	185	16.0	1,851	0.8	28	434	37.5	4,184	0.4	8	1,156	10,670
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5

Table 16D

Dual Eligible 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 16D includes the beneficiaries represented by Cell G 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](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 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>\$181</b>	<b>5.5</b>	<b>7,678</b>	<b>73,953</b>
<b>Age</b>				
0-64	248	6.0	418	4,389
65-74	229	6.3	1,004	10,020
75-84	199	5.8	2,519	24,126
85 and older	147	5.0	3,737	35,418
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	173	5.4	5,781	56,444
Male	207	5.7	1,897	17,509
Unknown	0	0.0	0	0
<b>Race</b>				
White	182	5.5	7,346	70,636
African American	158	4.6	243	2,361
Other/unknown	171	4.8	89	956
<b>Basis of Eligibility</b>				
Aged	181	5.5	7,642	73,641
Disabled	271	6.6	36	312
Adults	0	0.0	0	0
Children	0	0.0	0	0
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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 2,385 beneficiaries who were in nursing facilities for part of their enrollment and their 22,234 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 18  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											
	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name											
Anti-infective Agents	0.4	0.2	0.0	0.1	\$17	\$14	\$0	\$2	\$46	\$66	\$52	\$14	19,377	\$882,229	5,250	68.4 %	53,289
Biologics	0.1	0.1	0.0	0.0	1	0	0	0	8	6	0	14	3	25	3	0.0	36
Antineoplastic Agents	0.6	0.1	0.2	0.2	63	27	29	7	113	263	124	33	1,790	203,110	344	4.5	3,200
Endocrine/Metabolic Drugs	1.0	0.4	0.3	0.4	23	16	3	4	23	45	12	12	31,606	737,083	3,144	40.9	31,378
Cardiovascular Agents	1.9	0.4	0.5	1.0	41	15	12	14	22	37	25	14	99,999	2,196,775	5,488	71.5	53,506
Respiratory Agents	0.7	0.3	0.0	0.4	24	13	0	11	33	45	31	25	21,649	716,541	2,986	38.9	30,096
Gastrointestinal Agents	0.9	0.2	0.1	0.7	33	13	4	16	36	78	55	23	29,055	1,039,545	3,125	40.7	31,290
Genitourinary Agents	0.5	0.2	0.0	0.2	17	12	0	5	35	50	29	22	6,246	220,623	1,234	16.1	12,796
CNS Drugs	1.4	0.6	0.2	0.6	72	51	12	10	52	80	77	16	66,805	3,461,393	4,816	62.7	47,928
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.3	0.2	13	0	9	5	28	0	29	26	134	3,724	28	0.4	276
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	75	74	0	1	104	108	0	32	3,895	406,997	554	7.2	5,431
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	20	11	1	8	27	83	34	14	22,129	593,206	2,954	38.5	29,200
Neuromuscular Agents	1.1	0.3	0.2	0.6	42	19	8	14	38	64	42	23	27,554	1,036,009	2,421	31.5	24,927
Nutritional Products	0.7	0.0	0.2	0.5	14	0	5	9	19	19	20	18	17,248	326,875	2,470	32.2	23,965
Hematological Agents	0.9	0.1	0.2	0.6	26	11	6	10	29	150	28	16	16,332	479,444	1,879	24.5	18,143
Topical Products	0.5	0.2	0.1	0.2	14	8	4	3	28	42	34	13	22,554	625,388	4,189	54.6	43,526
Miscellaneous Products	0.3	0.0	0.0	0.2	13	5	0	7	50	112	115	36	604	30,471	240	3.1	2,345
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	11	0	0	0	23	0	0	0	18,688	433,143	3,870	50.4	39,826
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.	405,668	13,392,581	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,385 beneficiaries who were in nursing facilities for part of their enrollment and their 22,234 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](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](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.

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.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>44,637</b>	<b>24,244</b>	<b>19,975</b>	<b>413</b>	<b>5</b>	<b>468,660</b>	<b>254,020</b>	<b>211,745</b>	<b>2,844</b>	<b>51</b>	<b>0</b>
<b>Age</b>											
5 and younger	3	1	2	0	0	26	9	17	0	0	0
6-14	13	0	12	0	1	147	0	135	0	12	0
15-20	159	1	153	3	2	1,724	12	1,664	24	24	0
21-44	9,223	217	8,745	259	2	100,658	2,387	96,384	1,872	15	0
45-64	9,517	661	8,715	141	0	99,260	6,853	91,514	893	0	0
65-74	10,095	8,842	1,247	6	0	109,015	96,863	12,121	31	0	0
75-84	8,645	7,983	658	4	0	89,910	83,994	5,892	24	0	0
85 and older	6,982	6,539	443	0	0	67,920	63,902	4,018	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	27,444	17,608	9,680	155	1	290,884	186,117	103,612	1,143	12	0
Male	17,191	6,636	10,295	256	4	177,771	67,903	108,133	1,696	39	0
Unknown	2	0	0	2	0	5	0	0	5	0	0
<b>Race</b>											
White	41,432	22,665	18,374	388	5	433,993	236,888	194,369	2,685	51	0
African American	1,507	775	712	20	0	15,503	8,074	7,314	115	0	0
Other/unknown	1,698	804	889	5	0	19,164	9,058	10,062	44	0	0
<b>Use of Nursing Facilities</b>											
All year	7,678	7,642	36	0	0	73,954	73,642	312	0	0	0
Part year	2,385	2,266	119	0	0	22,237	21,097	1,140	0	0	0
None	34,574	14,336	19,820	413	5	372,469	159,281	210,293	2,844	51	0
<b>Maintenance Assistance Status</b>											
Cash	39,827	23,390	16,226	211	0	430,778	247,659	181,520	1,599	0	0
Medically needy	1,740	434	1,193	113	0	9,238	2,232	6,384	622	0	0
Poverty related	990	380	587	23	0	9,870	3,750	5,959	161	0	0
Other/unknown	2,080	40	1,969	66	5	18,774	379	17,882	462	51	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	42,684	23,313	18,987	379	5	448,734	244,595	201,592	2,496	51	0
Full dual, part year	1,953	931	988	34	0	19,926	9,425	10,153	348	0	0
<b>Managed Care Status</b>											
FFS all year	44,484	24,228	19,911	340	5	467,325	253,913	211,149	2,212	51	0
FFS part year, with Rx claims	123	15	61	47	0	1,142	105	587	450	0	0
FFS part year, no Rx claims	5	1	3	1	0	14	2	9	3	0	0
MC all year, with Rx claims	22	0	0	22	0	165	0	0	165	0	0
MC all year, no Rx claims	3	0	0	3	0	14	0	0	14	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 A.3 includes the beneficiaries represented by Cell F 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. 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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>44,637</b>	<b>468,660</b>	<b>44,612</b>	<b>467,954</b>	<b>25</b>	<b>706</b>		
FFS all year	44,484	467,325	44,484	467,325	0	0		
FFS part year, with Rx claims	123	1,142	123	621	0	521		
FFS part year, with no Rx claims	5	14	5	8	0	6		
MC all year, with Rx claims	22	165	0	0	22	165		
MC all year, with no Rx claims	3	14	0	0	3	14		

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.







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SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 WEST VIRGINIA, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 8,645  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$13,549,665  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,567

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	654	7.6 %	0	0.0 %
1-500	1,816	21.0	411,247	3.0
501-1,000	1,441	16.7	1,076,975	7.9
1,001-1,500	1,164	13.5	1,440,454	10.6
1,501-2,000	958	11.1	1,668,888	12.3
2,001-2,500	747	8.6	1,664,981	12.3
2,501-3,000	561	6.5	1,532,256	11.3
3,001-3,500	379	4.4	1,222,966	9.0
3,501-4,000	272	3.1	1,012,734	7.5
4,001-4,500	214	2.5	910,830	6.7
4,501-5,000	140	1.6	662,430	4.9
5,001-5,500	98	1.1	514,168	3.8
5,501-6,000	57	0.7	326,238	2.4
6,001-6,500	46	0.5	287,353	2.1
6,501-7,000	24	0.3	162,293	1.2
7,001-7,500	18	0.2	130,487	1.0
7,501-8,000	14	0.2	107,332	0.8
8,001-8,500	10	0.1	81,466	0.6
8,501-9,000	8	0.1	69,941	0.5
9,001-9,500	6	0.1	55,062	0.4
9,501-10,000	1	0.0	9,754	0.1
10,001+	17	0.2	201,810	1.5

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 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 WEST VIRGINIA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 6,982  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$9,107,165  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,304

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 5.7 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	396		0	0.0 %
1-500	1,846	26.4	419,373	4.6
501-1,000	1,418	20.3	1,045,564	11.5
1,001-1,500	988	14.2	1,223,399	13.4
1,501-2,000	759	10.9	1,312,670	14.4
2,001-2,500	521	7.5	1,160,463	12.7
2,501-3,000	358	5.1	981,265	10.8
3,001-3,500	228	3.3	737,432	8.1
3,501-4,000	153	2.2	570,747	6.3
4,001-4,500	117	1.7	497,046	5.5
4,501-5,000	62	0.9	292,645	3.2
5,001-5,500	53	0.8	277,669	3.0
5,501-6,000	23	0.3	131,388	1.4
6,001-6,500	18	0.3	113,207	1.2
6,501-7,000	12	0.2	80,705	0.9
7,001-7,500	4	0.1	28,976	0.3
7,501-8,000	13	0.2	101,211	1.1
8,001-8,500	1	0.0	8,252	0.1
8,501-9,000	2	0.0	17,592	0.2
9,001-9,500	2	0.0	18,309	0.2
9,501-10,000	1	0.0	9,514	0.1
10,001+	7	0.1	79,738	0.9

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 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.