

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 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. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
WEST VIRGINIA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	354,040 (A)	57,426 (E)	296,614 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	342,739 (B)	46,304 (F)	296,435 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	311,339 (C)	46,283 (G)	265,056 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	7,851 (D)	7,343 (H)	508 (L)

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for West Virginia in 2001 was \$263,310,223, of which \$12,658,008 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. 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 non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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 1

All Medicaid Beneficiaries

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 WEST VIRGINIA, 2001

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>311,339</b>	<b>23,801</b>	<b>83,353</b>	<b>53,388</b>	<b>150,797</b>	<b>0</b>	<b>2,537,246</b>	<b>245,720</b>	<b>872,252</b>	<b>298,719</b>	<b>1,120,555</b>	<b>0</b>
<b>Age</b>												
5 and younger	64,037	0	1,545	1	62,491	0	434,373	0	15,366	1	419,006	0
6-14	70,142	0	5,133	0	65,009	0	578,123	0	56,076	0	522,047	0
15-20	34,631	0	4,233	7,132	23,266	0	261,331	0	44,506	37,521	179,304	0
21-44	76,387	0	33,029	43,327	31	0	591,593	0	348,832	242,563	198	0
45-64	39,192	0	36,293	2,899	0	0	396,343	0	377,828	18,515	0	0
65-74	11,108	9,408	1,677	23	0	0	117,606	100,664	16,852	90	0	0
75-84	9,015	8,138	871	6	0	0	92,355	84,544	7,782	29	0	0
85 and older	6,827	6,255	572	0	0	0	65,522	60,512	5,010	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	177,609	17,313	43,178	42,827	74,291	0	1,434,385	180,479	455,957	245,623	552,326	0
Male	133,675	6,488	40,175	10,506	76,506	0	1,102,201	65,241	416,295	52,436	568,229	0
Unknown	55	0	0	55	0	0	660	0	0	660	0	0
<b>Race</b>												
White	287,641	22,182	77,810	49,538	138,111	0	2,348,297	228,629	814,030	277,355	1,028,283	0
African American	16,023	797	2,989	3,030	9,207	0	125,637	8,111	30,176	17,487	69,863	0
Other/unknown	7,675	822	2,554	820	3,479	0	63,312	8,980	28,046	3,877	22,409	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	7,851	7,014	837	0	0	0	76,457	67,691	8,766	0	0	0
Part year	3,079	2,397	674	5	3	0	29,548	22,665	6,804	43	36	0
None	300,409	14,390	81,842	53,383	150,794	0	2,431,241	155,364	856,682	298,676	1,120,519	0
<b>Maintenance Assistance Status</b>												
Cash	133,310	22,897	71,027	34,683	4,703	0	1,245,562	239,825	780,652	206,994	18,091	0
Medically needy	4,864	572	2,746	1,525	21	0	24,454	2,704	14,821	6,863	66	0
Poverty-related	149,693	267	790	9,419	139,217	0	1,092,411	2,662	7,862	42,614	1,039,273	0
Other/unknown	23,472	65	8,790	7,761	6,856	0	174,819	529	68,917	42,248	63,125	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	44,256	22,113	21,702	435	6	0	462,129	229,663	229,730	2,669	67	0
Full dual, part year	2,027	724	1,256	47	0	0	20,539	7,386	12,707	446	0	0
Non-dual, all year	265,056	964	60,395	52,906	150,791	0	2,054,578	8,671	629,815	295,604	1,120,488	0
<b>Managed Care Status</b>												
FFS all year	270,577	23,801	82,781	41,559	122,436	0	2,418,644	245,720	868,720	264,786	1,039,418	0
FFS part year, with Rx claims	30,421	0	542	9,731	20,148	0	91,258	0	3,360	28,644	59,254	0
FFS part year, no Rx claims	10,341	0	30	2,098	8,213	0	27,344	0	172	5,289	21,883	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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<sup>a, b</sup>  
 WEST VIRGINIA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	77.9 %	18.0	\$905	\$45	\$4,374	18.4 %	311,339
<b>Age</b>							
5 and younger	71.5	4.7	144	31	1,337	10.8	64,037
6-14	71.8	6.1	277	46	1,758	15.8	70,142
15-20	71.8	7.1	324	45	2,958	11.0	34,631
21-44	80.9	18.6	930	50	4,410	21.1	76,387
45-64	90.3	46.6	2,208	47	8,586	25.7	39,192
65-74	88.8	51.3	2,099	41	8,943	23.5	11,108
75-84	91.1	53.0	2,030	38	14,650	13.9	9,015
85 and older	92.6	47.6	1,698	36	21,357	7.9	6,827
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	91.1	51.3	1,982	39	14,418	13.7	23,801
Disabled	88.4	37.0	1,886	51	8,253	22.8	83,353
Adults	75.9	9.8	353	36	2,019	17.5	53,388
Children	70.8	5.1	182	36	1,479	12.3	150,797
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	80.7	20.8	888	43	4,671	19.0	177,609
Male	74.3	14.3	695	49	3,980	17.5	133,675
Unknown	0.0	0.0	0	0	6,884	0.0	55
<b>Race</b>							
White	78.6	18.3	819	45	4,425	18.5	287,641
African American	68.3	11.2	514	46	3,336	15.4	16,023
Other/unknown	71.5	18.2	881	49	4,641	19.0	7,675
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.5	61.6	2,472	40	33,600	7.4	7,851
Part year	97.8	58.6	2,489	42	24,685	10.1	3,079
None	77.2	16.4	744	45	3,403	21.9	300,409

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	84.5	31.9	1,476	46	7,497	19.7	133,310
Medically needy	86.6	23.1	1,181	51	5,713	20.7	4,864
Poverty related	71.7	5.1	177	35	1,278	13.8	149,693
Other/unknown	78.9	19.8	924	47	6,112	15.1	23,472

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

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. 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.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 WEST VIRGINIA, 2001

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	2.2	\$99	18.4 %	22.1 %	40.6 %	10.1 %	14.9 %	10.0 %	2.4 %	\$537	311,339	2,537,246
<b>Age</b>												
5 and younger	0.7	21	10.8	28.5	56.3	8.2	4.8	1.5	0.7	197	64,037	434,373
6-14	0.7	34	15.8	28.2	54.9	8.2	6.2	1.6	1.0	213	70,142	578,123
15-20	0.9	43	11.0	28.2	49.6	10.5	8.4	2.2	1.1	392	34,631	261,331
21-44	2.4	120	21.1	19.1	34.2	13.6	21.0	9.8	2.3	570	76,387	591,593
45-64	4.6	218	25.7	9.7	14.3	10.2	30.1	30.3	5.5	849	39,192	396,343
65-74	4.8	198	23.5	11.2	12.3	8.8	28.7	31.7	7.3	845	11,108	117,606
75-84	5.2	198	13.9	8.9	9.7	8.2	30.5	34.4	8.3	1,430	9,015	92,355
85 and older	5.0	177	7.9	7.4	10.2	9.7	33.5	32.4	6.8	2,225	6,827	65,522
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<sup>c</sup></b>												
Aged	5.0	192	13.7	8.9	11.1	8.9	30.9	32.5	7.6	1,397	23,801	245,720
Disabled	3.5	180	22.8	11.6	24.3	11.9	27.3	21.5	3.4	789	83,353	872,252
Adults	1.8	63	17.5	24.1	38.2	13.6	15.7	5.8	2.7	361	53,388	298,719
Children	0.7	25	12.3	29.2	55.1	8.0	5.2	1.5	0.9	199	150,797	1,120,555
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	2.6	110	19.0	19.3	38.8	10.4	16.3	12.1	3.0	578	177,609	1,434,385
Male	1.7	84	17.5	25.7	43.0	9.6	13.0	7.1	1.6	483	133,675	1,102,201
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	574	55	660
<b>Race</b>												
White	2.2	100	18.5	21.4	40.6	10.2	15.2	10.2	2.5	542	287,641	2,348,297
African American	1.4	66	15.4	31.7	42.9	8.2	10.0	6.0	1.2	426	16,023	125,637
Other/unknown	2.2	107	19.0	28.5	36.4	9.4	13.8	9.8	2.1	563	7,675	63,312
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.3	254	7.4	2.5	7.5	7.2	29.8	38.1	14.9	3,450	7,851	76,457
Part year	6.1	259	10.1	2.2	8.5	8.8	31.8	35.5	13.2	2,572	3,079	29,548
None	2.0	92	21.9	22.8	41.8	10.2	14.3	9.0	2.0	420	300,409	2,431,241

Table 4



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos
				None	More than 0, but 1 or Less	More than 2, but 5 or Less		More than 5, but 10 or Less	Benes		
						Less	More than 10				
<b>Maintenance Assistance Status</b>											
Cash	3.4	158	19.7	15.5	27.0	11.7	23.9	18.1	3.8	802	1,245,562
Medically needy	4.6	235	20.7	13.4	14.0	10.9	29.2	27.7	4.7	1,136	24,454
Poverty related	0.7	24	13.8	28.3	55.1	8.3	5.5	1.7	1.0	175	1,092,411
Other/unknown	2.7	124	15.1	21.1	30.6	11.9	20.8	13.0	2.7	821	174,819

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. 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.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = 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<sup>a, b, c</sup>  
 WEST VIRGINIA, 2001

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	\$ per Rx	No. of Rx	\$ per Rx
<b>All</b>	<b>2.2</b>	<b>\$99</b>	<b>0.9</b>	<b>\$72</b>	<b>0.1</b>	<b>\$47</b>	<b>1.1</b>	<b>\$21</b>
<b>Age</b>								
5 and younger	0.7	21	0.3	17	0.0	24	0.4	4
6-14	0.7	34	0.4	28	0.0	69	0.3	5
15-20	0.9	43	0.4	33	0.0	75	0.5	7
21-44	2.4	120	1.0	88	0.1	91	1.3	24
45-64	4.6	218	2.0	159	0.3	78	2.3	46
65-74	4.8	198	2.0	139	0.3	68	2.5	48
75-84	5.2	198	2.1	135	0.4	66	2.7	51
85 and older	5.0	177	1.8	115	0.4	64	2.7	49
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	5.0	192	2.0	131	0.4	66	2.6	49
Disabled	3.5	180	1.6	133	0.2	85	1.8	36
Adults	1.8	63	0.7	45	0.1	68	1.0	15
Children	0.7	25	0.3	20	0.0	59	0.3	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	2.6	110	1.1	80	0.2	73	1.3	23
Male	1.7	84	0.8	62	0.1	83	0.9	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	2.2	100	1.0	73	0.1	76	1.1	21
African American	1.4	66	0.6	49	0.1	78	0.7	13
Other/unknown	2.2	107	1.0	77	0.2	81	1.1	22
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.3	254	2.4	170	0.5	70	3.4	65
Part year	6.1	259	2.4	178	0.4	74	3.2	64
None	2.0	92	0.9	68	0.1	77	1.0	19

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	3.4	158	1.4	114	0.2	10	1.8	34
Medically needy	4.6	235	2.0	173	0.2	14	2.4	48
Poverty related	0.7	24	0.3	19	0.0	1	0.3	4
Other/unknown	2.7	124	1.2	93	0.1	7	1.3	25

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.2 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).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = 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<sup>a, b, c, d</sup>  
 WEST VIRGINIA, 2001

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.	As % of All Benes	No. of Bene Mos		
																Generic	Patented Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.2	\$14	\$12	\$0	\$2	\$41	\$65	\$77	\$11	561,660	\$22,803,985	179,087	57.5%	1,653,926
Biologics	0.4	0.4	0.0	0.0	383	364	1	18	943	915	400	3,025	1,522	1,434,485	521	0.2	3,749
Antineoplastic Agents	0.6	0.2	0.1	0.2	109	77	19	13	192	311	156	64	17,392	3,339,766	3,125	1.0	30,774
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.2	30	25	2	3	40	58	16	15	527,002	20,959,081	72,083	23.2	701,443
Cardiovascular Agents	1.6	0.7	0.1	0.9	54	36	2	16	34	53	32	19	1,029,355	34,804,708	62,345	20.0	645,009
Respiratory Agents	0.5	0.3	0.0	0.2	22	18	0	4	42	59	25	20	646,081	27,269,153	128,512	41.3	1,224,971
Gastrointestinal Agents	0.6	0.2	0.0	0.4	28	19	2	8	47	94	83	20	317,032	14,833,006	51,023	16.4	523,619
Genitourinary Agents	0.3	0.2	0.0	0.1	14	13	0	1	44	54	43	16	67,041	2,956,498	21,895	7.0	209,011
CNS Drugs	1.1	0.5	0.1	0.6	70	51	7	12	64	107	118	22	886,912	57,096,337	81,750	26.3	812,180
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	40	30	1	9	52	63	46	32	72,874	3,772,559	9,924	3.2	94,930
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	51	47	0	4	105	119	55	42	20,212	2,114,396	4,034	1.3	41,305
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	21	12	1	8	34	122	64	16	616,762	20,949,019	104,396	33.5	995,625
Neuromuscular Agents	0.8	0.3	0.0	0.4	44	34	2	8	58	101	42	21	351,676	20,458,958	45,833	14.7	464,892
Nutritional Products	0.5	0.0	0.1	0.3	9	0	3	5	17	13	23	15	116,129	1,983,796	25,402	8.2	232,404
Hematological Agents	0.7	0.2	0.1	0.4	37	29	2	7	56	153	22	17	103,277	5,794,572	15,218	4.9	154,813
Topical Products	0.3	0.1	0.0	0.1	9	6	1	2	32	51	37	17	239,971	7,612,990	92,379	29.7	879,220
Miscellaneous Products	0.6	0.2	0.1	0.3	120	84	18	19	206	371	235	67	10,708	2,210,404	1,837	0.6	18,414
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	26	0	0	0	9,953	258,502	4,132	1.3	42,993
<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.	5,595,559	250,652,215	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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](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, 0.2 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 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 WEST VIRGINIA, 2001

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	\$24,649,668	70,399	22.6 %	732,108	0.5	\$64
ANTIPSYCHOTICS	23,904,121	23,756	7.6	256,184	0.6	145
ANTICONVULSANT	17,619,379	34,679	11.1	372,329	0.7	69
ANTIASTHMATIC	15,003,812	81,574	26.2	847,807	0.4	48
ANTI-DIABETIC	13,190,706	32,053	10.3	344,001	0.7	56
ANALGESICS - Narcotic	12,458,023	105,134	33.8	1,062,656	0.4	33
ANTIHYPERTENSIVE	12,089,749	22,478	7.2	246,216	0.6	76
ULCER DRUGS	11,886,876	51,981	16.7	555,425	0.4	50
ANTIHYPERTENSIVE	8,788,874	37,060	11.9	395,723	0.7	33
ANTIHISTAMINES	6,674,499	71,663	23.0	741,008	0.2	41
Total	146,265,707	530,777		5,553,457	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.