

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001  
WEST VIRGINIA**

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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>46,283</b>	<b>22,837</b>	<b>22,958</b>	<b>482</b>	<b>6</b>	<b>0</b>	<b>482,668</b>	<b>237,049</b>	<b>242,437</b>	<b>3,115</b>	<b>67</b>	<b>0</b>
<b>Age</b>												
5 and younger	4	0	4	0	0	0	37	0	37	0	0	0
6-14	10	0	10	0	0	0	109	0	109	0	0	0
15-20	120	0	112	2	6	0	1,311	0	1,231	13	67	0
21-44	9,738	0	9,413	325	0	0	105,200	0	102,975	2,225	0	0
45-64	10,637	0	10,506	131	0	0	111,125	0	110,361	764	0	0
65-74	10,433	8,906	1,508	19	0	0	110,838	95,554	15,199	85	0	0
75-84	8,740	7,885	850	5	0	0	90,056	82,408	7,620	28	0	0
85 and older	6,601	6,046	555	0	0	0	63,992	59,087	4,905	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	28,274	16,703	11,374	193	4	0	297,544	174,971	121,185	1,345	43	0
Male	18,009	6,134	11,584	289	2	0	185,124	62,078	121,252	1,770	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	43,125	21,345	21,319	455	6	0	448,959	221,103	224,788	3,001	67	0
African American	1,611	756	835	20	0	0	16,338	7,753	8,508	77	0	0
Other/unknown	1,547	736	804	7	0	0	17,371	8,193	9,141	37	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	7,343	6,877	466	0	0	0	71,299	66,347	4,952	0	0	0
Part year	2,691	2,349	342	0	0	0	25,625	22,236	3,389	0	0	0
None	36,249	13,611	22,150	482	6	0	385,744	148,466	234,096	3,115	67	0
<b>Maintenance Assistance Status</b>												
Cash	40,387	22,005	18,171	211	0	0	436,152	231,658	203,028	1,466	0	0
Medically needy	1,928	543	1,203	181	1	0	10,462	2,605	6,814	1,032	11	0
Poverty-related	1,079	264	782	33	0	0	10,620	2,626	7,789	205	0	0
Other/unknown	2,889	25	2,802	57	5	0	25,434	160	24,806	412	56	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
<b>Managed Care Status</b>												
FFS all year	46,224	22,837	22,933	448	6	0	482,393	237,049	242,289	2,988	67	0
FFS part year, with Rx claims	54	0	22	32	0	0	253	0	131	122	0	0
FFS part year, no Rx claims	5	0	3	2	0	0	22	0	17	5	0	0

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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	90.7 %	47.4	\$2,114	\$45	\$12,248	17.3 %	46,283
<b>Age</b>							
5 and younger	75.0	27.0	1,977	73	3,851	51.3	4
6-14	100.0	59.7	10,822	181	19,092	56.7	10
15-20	84.2	28.5	1,945	68	12,059	16.1	120
21-44	86.4	32.0	1,978	62	8,831	22.4	9,738
45-64	92.0	50.6	2,489	49	10,589	23.5	10,637
65-74	89.9	52.4	2,139	41	8,995	23.8	10,433
75-84	92.3	53.8	2,059	38	14,801	13.9	8,740
85 and older	94.3	48.6	1,732	36	21,725	8.0	6,601
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.3	52.2	2,014	39	14,632	13.8	22,837
Disabled	89.1	43.0	2,231	52	10,050	22.2	22,958
Adults	90.5	24.5	1,263	51	3,943	32.0	482
Children	83.3	43.3	2,902	67	18,959	15.3	6
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	93.4	53.4	2,263	42	13,277	17.0	28,274
Male	86.5	37.8	1,880	50	10,634	17.7	18,009
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	91.0	47.8	2,126	45	12,382	17.2	43,125
African American	87.4	40.7	1,889	46	11,860	15.9	1,611
Other/unknown	86.1	43.1	2,021	47	8,940	22.6	1,547
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.4	60.4	2,386	40	32,764	7.3	7,343
Part year	97.6	56.9	2,336	41	22,730	10.3	2,691
None	88.8	44.0	2,042	46	7,314	27.9	36,249
<b>Maintenance Assistance Status</b>							
Cash	91.0	48.6	2,158	44	12,741	16.9	40,387
Medically needy	87.2	27.4	1,489	54	4,747	31.4	1,928
Poverty related	89.6	30.5	1,534	50	6,568	23.3	1,079
Other/unknown	89.5	49.0	2,133	44	12,489	17.1	2,889

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 D.3 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. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	4.5	\$203	17.3 %	9.3 %	15.1 %	9.9 %	29.8 %	29.7 %	6.3 %	\$1,175	46,283	482,668
<b>Age</b>												
5 and younger	2.9	214	51.3	25.0	25.0	0.0	50.0	0.0	0.0	416	4	37
6-14	5.5	993	56.7	0.0	0.0	10.0	60.0	30.0	0.0	1,752	10	109
15-20	2.6	178	16.1	15.8	30.8	15.8	23.3	12.5	1.7	1,104	120	1,311
21-44	3.0	183	22.4	13.6	27.7	13.0	26.8	16.6	2.3	817	9,738	105,200
45-64	4.8	238	23.5	8.0	13.4	9.5	29.6	32.8	6.7	1,014	10,637	111,125
65-74	4.9	201	23.8	10.1	12.2	8.8	29.1	32.3	7.6	847	10,433	110,838
75-84	5.2	200	13.9	7.7	9.8	8.3	30.9	34.8	8.5	1,436	8,740	90,056
85 and older	5.0	179	8.0	5.7	10.4	9.8	34.0	33.1	7.0	2,241	6,601	63,992
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	194	13.8	7.7	11.2	8.9	31.4	33.1	7.8	1,410	22,837	237,049
Disabled	4.1	211	22.2	10.9	18.8	10.8	28.2	26.4	4.9	952	22,958	242,437
Adults	3.8	195	32.0	9.5	20.7	12.7	29.3	22.8	5.0	610	482	3,115
Children	3.9	260	15.3	16.7	33.3	16.7	0.0	16.7	16.7	1,698	6	67
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	5.1	215	17.0	6.6	11.5	9.3	30.8	34.1	7.6	1,262	28,274	297,544
Male	3.7	183	17.7	13.5	20.7	10.8	28.1	22.6	4.3	1,035	18,009	185,124
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.6	204	17.2	9.0	14.8	9.8	30.0	30.0	6.5	1,189	43,125	448,959
African American	4.0	186	15.9	12.6	18.4	11.3	27.6	25.7	4.4	1,169	1,611	16,338
Other/unknown	3.8	180	22.6	13.9	18.8	12.3	26.1	24.8	4.1	796	1,547	17,371
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	6.2	246	7.3	2.6	7.7	7.4	30.0	38.0	14.3	3,374	7,343	71,299
Part year	6.0	245	10.3	2.4	8.9	8.8	32.8	34.9	12.3	2,387	2,691	25,625
None	4.1	192	27.9	11.2	17.0	10.5	29.5	27.6	4.3	687	36,249	385,744
<b>Maintenance Assistance Status</b>												
Cash	4.5	200	16.9	9.0	15.3	10.0	30.1	29.3	6.3	1,180	40,387	436,152
Medically needy	5.1	274	31.4	12.8	11.0	8.5	28.0	32.2	7.5	875	1,928	10,462
Poverty related	3.1	156	23.3	10.4	29.8	13.5	26.0	17.9	2.3	667	1,079	10,620
Other/unknown	5.6	242	17.1	10.5	8.4	8.2	27.8	37.2	7.9	1,419	2,889	25,434

Table D4

Dual Eligible 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 D.4 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.
  - 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 D.5  
 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, 2001

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>4.5</b>	<b>\$203</b>	<b>\$45</b>	<b>1.9</b>	<b>\$143</b>	<b>\$76</b>	<b>0.3</b>	<b>\$13</b>	<b>\$42</b>	<b>2.3</b>	<b>\$46</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	2.9	214	73	1.7	197	114	0.0	0	0	1.2	17	14
6-14	5.5	993	181	2.6	910	352	0.6	33	56	2.3	50	22
15-20	2.6	178	68	1.2	130	108	0.2	20	84	1.2	29	25
21-44	3.0	183	62	1.3	135	107	0.2	14	72	1.5	33	22
45-64	4.8	238	49	2.1	173	81	0.3	16	51	2.4	50	21
65-74	4.9	201	41	2.1	141	68	0.3	11	35	2.5	49	19
75-84	5.2	200	38	2.1	136	66	0.4	12	32	2.7	51	19
85 and older	5.0	179	36	1.8	116	64	0.4	13	30	2.8	49	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.0	194	39	2.0	132	66	0.4	12	33	2.7	50	19
Disabled	4.1	211	52	1.8	154	87	0.3	15	54	2.0	43	21
Adults	3.8	195	51	1.6	142	89	0.2	13	74	2.0	39	20
Children	3.9	260	67	1.4	141	98	0.1	20	190	2.3	99	42
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.1	215	42	2.1	152	72	0.4	14	38	2.6	49	19
Male	3.7	183	50	1.5	128	86	0.2	12	54	1.9	42	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.6	204	45	1.9	144	76	0.3	14	42	2.4	46	20
African American	4.0	186	46	1.7	132	79	0.2	11	43	2.1	43	21
Other/unknown	3.8	180	47	1.6	126	79	0.3	13	45	1.9	41	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.2	246	40	2.4	164	69	0.5	17	35	3.3	64	19
Part year	6.0	245	41	2.3	167	71	0.4	16	37	3.2	61	19
None	4.1	192	46	1.8	137	78	0.3	13	45	2.1	42	20
<b>Maintenance Assistance Status</b>												
Cash	4.5	200	44	1.9	141	76	0.3	13	42	2.3	46	20
Medically needy	5.1	274	54	2.1	197	93	0.3	18	64	2.6	59	22
Poverty related	3.1	156	50	1.3	114	88	0.2	10	47	1.6	32	20
Other/unknown	5.6	242	44	2.3	170	74	0.4	15	38	2.9	57	20

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 D.5 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.
- 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$18	\$16	\$0	\$2	\$50	\$78	\$83	\$12	111,824	\$5,561,566	28,913	62.5 %	314,766
Biologics	0.7	0.1	0.0	0.6	####	66	0	####	2636	561	0	3,051	12	31,631	2	0.0	17
Antineoplastic Agents	0.6	0.2	0.2	0.2	90	52	26	13	159	250	152	66	9,689	1,537,310	1,718	3.7	17,064
Endocrine/Metabolic Drugs	1.0	0.6	0.2	0.2	38	32	3	3	37	55	14	14	230,168	8,527,328	20,726	44.8	222,972
Cardiovascular Agents	1.9	0.7	0.1	1.1	60	38	2	20	32	52	29	19	585,582	18,722,933	29,270	63.2	310,559
Respiratory Agents	0.7	0.4	0.0	0.3	33	25	0	8	46	60	38	27	159,968	7,361,072	20,343	44.0	221,376
Gastrointestinal Agents	0.7	0.2	0.0	0.5	33	21	2	10	44	93	66	21	152,164	6,728,180	19,196	41.5	206,713
Genitourinary Agents	0.4	0.3	0.0	0.1	22	19	0	2	49	60	43	18	30,952	1,531,883	6,483	14.0	70,870
CNS Drugs	1.3	0.5	0.1	0.6	81	58	8	15	64	107	113	23	349,281	22,468,689	26,099	56.4	277,399
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	40	24	3	12	65	106	61	36	1,098	70,932	163	0.4	1,795
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	65	62	0	2	106	115	31	36	14,798	1,572,958	2,355	5.1	24,309
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	29	18	2	9	39	105	71	17	198,955	7,719,372	24,737	53.4	264,926
Neuromuscular Agents	0.9	0.4	0.1	0.5	52	38	3	11	56	101	40	23	135,178	7,597,682	13,466	29.1	145,980
Nutritional Products	0.6	0.0	0.2	0.4	11	0	5	7	18	15	24	16	61,141	1,108,357	9,261	20.0	97,041
Hematological Agents	0.7	0.2	0.1	0.5	36	27	2	7	48	131	20	16	66,636	3,210,112	8,510	18.4	89,109
Topical Products	0.4	0.2	0.0	0.2	14	10	1	3	35	51	38	18	73,488	2,576,793	16,896	36.5	185,257
Miscellaneous Products	0.6	0.2	0.1	0.3	133	92	21	20	219	381	251	70	6,338	1,388,059	1,023	2.2	10,410
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	24	0	0	0	4,823	117,914	1,484	3.2	15,929
<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.	2,192,095	97,832,771	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 D.6 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 2001. 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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\\_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; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

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	\$10,564,129	10,106	21.8 %	109,456	0.7	\$136	\$97
ANTIDEPRESSANTS	8,900,997	21,662	46.8	232,658	0.6	62	38
ANTICONVULSANT	6,444,722	11,968	25.9	131,094	0.8	64	49
ANTI-DIABETIC	6,276,198	15,516	33.5	167,619	0.7	52	37
ANTIHYPERLIPIDEMIC	5,802,959	10,201	22.0	113,238	0.7	76	51
ULCER DRUGS	5,484,390	20,091	43.4	219,704	0.5	50	25
ANTI-ASTHMATIC	5,132,932	20,901	45.2	226,872	0.5	48	23
ANTI-HYPERTENSIVE	4,729,344	18,408	39.8	198,684	0.7	34	24
ANALGESICS - Narcotic	4,565,378	27,305	59.0	293,536	0.4	37	16
CALCIUM BLOCKERS	3,246,632	9,113	19.7	97,900	0.8	43	33
Total	61,147,681	165,271		1,790,761	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 D.7 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 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\\_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; n.a. = not applicable.

TABLE D.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

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>1,073,727</b>	<b>\$61,147,681</b>	<b>10,106</b>	<b>21.8 %</b>	<b>109,456</b>	<b>0.7</b>	<b>\$97</b>	<b>21,662</b>	<b>46.8 %</b>	<b>232,658</b>	<b>0.6</b>	<b>\$38</b>					
<b>Female</b>	708,855	38,672,472	5,942	21.0	64,288	0.7	83	14,821	52.4	160,311	0.6	39					
<b>Disabled</b>	295,632	18,520,433	2,715	23.9	30,209	0.7	99	7,565	66.5	82,981	0.6	40					
5 and younger	20	1,354	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	23	605	0	0.0	0	0.0	0	1	20.0	12	0.8	7					
15-20	723	48,429	10	15.6	120	0.7	69	28	43.8	322	0.5	39					
21-44	74,869	5,548,124	1,154	31.3	13,108	0.7	101	2,581	69.9	28,887	0.5	40					
45-64	170,006	10,426,850	1,278	23.0	14,197	0.8	105	4,052	73.0	44,763	0.6	41					
65-74	27,773	1,476,905	139	14.6	1,534	0.6	69	454	47.6	4,822	0.6	36					
75-84	15,052	708,359	85	13.0	772	0.5	39	304	46.3	2,814	0.6	30					
85 and older	7,166	309,807	49	10.9	478	0.6	59	145	32.2	1,361	0.7	32					
<b>Other Eligibles</b>	413,223	20,152,039	3,227	19.1	34,079	0.7	69	7,256	42.9	77,330	0.7	37					
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	50	3,982	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,949	121,975	26	17.1	230	0.5	75	116	76.3	1,030	0.5	42					
45-64	606	45,211	5	15.2	32	0.3	13	31	93.9	264	0.5	33					
65-74	161,044	8,280,752	841	14.7	9,278	0.7	82	2,367	41.4	26,367	0.6	35					
75-84	151,954	7,278,740	1,206	20.4	12,774	0.7	69	2,490	42.0	26,539	0.7	38					
85 and older	97,620	4,421,379	1,149	22.6	11,765	0.6	57	2,252	44.4	23,130	0.7	39					
<b>Male</b>	364,872	22,475,209	4,164	23.1	45,168	0.8	116	6,841	38.0	72,347	0.6	37					
<b>Disabled</b>	225,509	15,549,880	2,897	25.0	32,152	0.8	133	4,668	40.3	50,308	0.6	38					
5 and younger	9	447	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	101	5,628	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	743	51,621	11	22.9	132	0.9	138	17	35.4	197	0.5	32					
21-44	91,696	7,186,431	1,656	28.9	18,756	0.8	133	2,404	42.0	26,645	0.5	38					
45-64	116,948	7,519,966	1,146	23.1	12,396	0.9	137	2,052	41.4	21,413	0.6	39					
65-74	11,499	573,722	59	10.6	655	0.8	86	116	20.9	1,245	0.6	34					
75-84	3,244	155,228	17	8.8	144	0.6	65	64	33.0	660	0.6	30					
85 and older	1,269	56,837	8	7.6	69	0.4	19	15	14.3	148	0.7	48					
<b>Other Eligibles</b>	139,363	6,925,329	1,267	19.7	13,016	0.7	74	2,173	33.8	22,039	0.6	35					
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	24	1,992	1	50.0	12	0.9	122	0	0.0	0	0.0	0					
21-44	2,311	153,286	31	17.9	271	0.5	81	105	60.7	876	0.5	31					
45-64	1,224	60,597	5	5.1	39	0.4	14	54	55.1	351	0.5	29					
65-74	75,800	3,881,744	527	16.4	5,648	0.7	81	953	29.7	10,263	0.6	35					
75-84	42,451	2,024,360	434	22.1	4,456	0.7	72	680	34.6	6,846	0.7	36					
85 and older	17,553	803,350	269	27.7	2,590	0.6	61	381	39.2	3,703	0.7	37					
<b>Unknown</b>	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 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.7A 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 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 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, 2001

Beneficiary Characteristics	ANTICONVULSANT					ANTI-DIABETIC					ANTI-HYPERLIPIDEMIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
<b>All</b>	<b>11,968</b>	<b>25.9 %</b>	<b>131,094</b>	<b>0.8</b>	<b>\$49</b>	<b>15,516</b>	<b>33.5 %</b>	<b>167,619</b>	<b>0.7</b>	<b>\$37</b>	<b>10,201</b>	<b>22.0 %</b>	<b>113,238</b>	<b>0.7</b>	<b>\$51</b>
<b>Female</b>	6,993	24.7	77,068	0.7	46	10,754	38.0	117,097	0.7	37	6,755	23.9	75,836	0.7	52
<b>Disabled</b>	4,182	36.8	46,789	0.7	54	4,187	36.8	45,831	0.7	40	2,948	25.9	32,635	0.6	50
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	20	31.3	236	1.0	88	0	0.0	0	0.0	0	3	4.7	33	0.6	31
21-44	1,697	46.0	19,172	0.8	62	665	18.0	7,583	0.6	36	364	9.9	4,159	0.5	40
45-64	2,077	37.4	23,216	0.7	51	2,552	46.0	28,166	0.7	41	2,003	36.1	22,341	0.7	51
65-74	224	23.5	2,485	0.7	37	548	57.4	5,853	0.7	44	356	37.3	3,850	0.7	52
75-84	121	18.4	1,238	0.6	21	300	45.7	3,053	0.7	34	179	27.3	1,828	0.6	46
85 and older	43	9.6	442	0.7	30	122	27.1	1,176	0.7	30	43	9.6	424	0.6	46
<b>Other Eligibles</b>	2,811	16.6	30,279	0.7	33	6,567	38.9	71,266	0.7	35	3,807	22.5	43,201	0.7	54
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	3	50.0	33	0.8	68	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	56	36.8	476	0.5	39	16	10.5	134	0.6	23	13	8.6	119	0.4	34
45-64	8	24.2	80	0.7	103	8	24.2	68	0.5	20	8	24.2	76	0.7	54
65-74	1,089	19.1	12,199	0.8	37	2,850	49.9	31,692	0.7	39	2,083	36.5	23,816	0.7	55
75-84	1,015	17.1	10,925	0.7	32	2,422	40.9	26,422	0.7	33	1,358	22.9	15,375	0.7	55
85 and older	640	12.6	6,566	0.7	27	1,271	25.0	12,950	0.7	29	345	6.8	3,815	0.6	45
<b>Male</b>	4,975	27.6	54,026	0.8	54	4,762	26.4	50,522	0.7	39	3,446	19.1	37,402	0.7	50
<b>Disabled</b>	3,803	32.8	41,803	0.8	59	2,713	23.4	28,978	0.7	39	2,232	19.3	24,279	0.6	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	1	20.0	12	1.0	128	0	0.0	0	0.0	0	1	20.0	12	0.9	54
15-20	24	50.0	282	0.7	52	5	10.4	60	0.5	14	6	12.5	72	0.3	19
21-44	2,094	36.6	23,519	0.8	62	700	12.2	7,845	0.7	37	647	11.3	7,390	0.6	41
45-64	1,563	31.6	16,718	0.9	58	1,738	35.1	18,300	0.7	41	1,398	28.2	14,880	0.7	51
65-74	87	15.7	935	0.8	37	193	34.8	2,071	0.7	38	135	24.4	1,492	0.7	54
75-84	27	13.9	271	0.6	31	52	26.8	501	0.6	29	42	21.6	412	0.6	48
85 and older	7	6.7	66	0.8	27	25	23.8	201	0.6	22	3	2.9	21	0.8	44
<b>Other Eligibles</b>	1,172	18.2	12,223	0.8	36	2,049	31.9	21,544	0.7	37	1,214	18.9	13,123	0.7	52
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	65	37.6	540	0.5	52	34	19.7	329	0.6	39	23	13.3	187	0.6	46
45-64	22	22.4	146	0.6	36	22	22.4	92	0.7	40	40	40.8	251	0.6	42
65-74	611	19.0	6,643	0.8	39	1,121	34.9	12,189	0.7	41	834	25.9	9,269	0.7	53
75-84	341	17.3	3,570	0.9	32	626	31.8	6,453	0.8	35	270	13.7	2,927	0.7	53
85 and older	133	13.7	1,324	0.7	29	246	25.3	2,481	0.7	28	47	4.8	489	0.6	43
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

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 D.7B 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 2001. 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 2001. 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 D.7C  
 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, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTI-ASTHMATIC					ANTI-HYPERTENSIVE				
	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>20,091</b>	<b>43.4 %</b>	<b>219,704</b>	<b>0.5</b>	<b>\$25</b>	<b>20,901</b>	<b>45.2 %</b>	<b>226,872</b>	<b>0.5</b>	<b>\$23</b>	<b>18,408</b>	<b>39.8 %</b>	<b>198,684</b>	<b>0.7</b>	<b>\$24</b>
<b>Female</b>	13,403	47.4	147,241	0.5	25	13,613	48.1	148,779	0.5	22	12,151	43.0	132,160	0.7	24
<b>Disabled</b>	5,410	47.6	60,243	0.4	24	5,930	52.1	65,858	0.4	22	4,015	35.3	43,429	0.7	23
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.3	2	0	0.0	0	0.0	0
6-14	1	20.0	12	0.1	1	0	0.0	0	0.0	0	1	20.0	9	1.1	53
15-20	16	25.0	182	0.3	8	13	20.3	144	0.2	11	9	14.1	103	0.4	15
21-44	1,395	37.8	15,899	0.4	21	1,417	38.4	15,968	0.3	17	597	16.2	6,793	0.6	21
45-64	2,995	53.9	33,631	0.5	25	3,440	61.9	38,611	0.5	24	2,340	42.1	25,810	0.7	23
65-74	472	49.5	5,100	0.5	26	606	63.5	6,673	0.5	26	514	53.9	5,421	0.7	25
75-84	358	54.6	3,612	0.5	26	336	51.2	3,229	0.5	25	344	52.4	3,346	0.7	23
85 and older	173	38.4	1,807	0.5	27	117	26.0	1,221	0.4	18	210	46.7	1,947	0.7	21
<b>Other Eligibles</b>	7,993	47.3	86,998	0.5	25	7,683	45.5	82,921	0.5	23	8,136	48.1	88,731	0.7	25
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	16.7	11	0.5	64	0	0.0	0	0.0	0	1	16.7	11	0.6	37
21-44	55	36.2	504	0.3	18	50	32.9	479	0.3	14	16	10.5	147	0.4	14
45-64	14	42.4	134	0.4	32	15	45.5	116	0.4	13	11	33.3	93	0.7	26
65-74	2,827	49.5	31,902	0.5	25	3,238	56.7	36,463	0.5	25	3,029	53.0	33,829	0.7	25
75-84	2,817	47.6	30,811	0.5	26	2,735	46.2	29,393	0.5	23	3,062	51.7	33,739	0.7	25
85 and older	2,279	44.9	23,636	0.6	25	1,645	32.4	16,470	0.5	18	2,017	39.8	20,912	0.7	24
<b>Male</b>	6,688	37.1	72,463	0.5	26	7,288	40.5	78,093	0.5	23	6,257	34.7	66,524	0.7	23
<b>Disabled</b>	3,914	33.8	42,803	0.5	25	3,882	33.5	41,881	0.4	22	3,354	29.0	35,581	0.7	23
5 and younger	1	33.3	12	0.2	2	0	0.0	0	0.0	0	1	33.3	12	0.1	1
6-14	2	40.0	24	1.0	39	0	0.0	0	0.0	0	4	80.0	48	0.4	7
15-20	13	27.1	156	0.4	11	6	12.5	70	0.1	2	15	31.3	180	0.6	22
21-44	1,499	26.2	16,994	0.4	22	1,174	20.5	13,181	0.3	17	996	17.4	10,941	0.6	21
45-64	2,064	41.7	22,157	0.5	28	2,252	45.5	23,952	0.5	23	1,965	39.7	20,495	0.7	24
65-74	219	39.5	2,298	0.5	21	270	48.7	2,922	0.6	29	268	48.4	2,896	0.7	24
75-84	78	40.2	790	0.5	24	133	68.6	1,333	0.4	23	73	37.6	711	0.7	21
85 and older	38	36.2	372	0.6	38	47	44.8	423	0.5	30	32	30.5	298	0.7	19
<b>Other Eligibles</b>	2,774	43.2	29,660	0.5	26	3,406	53.0	36,212	0.5	25	2,903	45.2	30,943	0.7	24
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	41	23.7	299	0.4	23	41	23.7	390	0.3	17	42	24.3	326	0.5	16
45-64	36	36.7	234	0.5	33	40	40.8	279	0.3	13	32	32.7	211	0.5	19
65-74	1,424	44.3	15,791	0.5	26	1,764	54.9	19,268	0.5	26	1,532	47.7	16,734	0.7	24
75-84	829	42.2	8,772	0.5	27	1,112	56.6	11,687	0.5	24	918	46.7	9,764	0.7	24
85 and older	444	45.7	4,564	0.5	25	449	46.2	4,588	0.5	22	379	39.0	3,908	0.7	23
<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 D7C

Dual Eligible 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 D.7C 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 2001. 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 2001. 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 D.7D  
 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, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic				CALCIUM BLOCKERS							
	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>27,305</b>	<b>59.0 %</b>	<b>293,536</b>	<b>0.4</b>	<b>\$16</b>	<b>9,113</b>	<b>19.7 %</b>	<b>97,900</b>	<b>0.8</b>	<b>\$33</b>	<b>46,283</b>	<b>482,668</b>
<b>Female</b>	17,697	62.6	192,195	0.4	15	6,387	22.6	68,930	0.8	33	28,274	297,544
<b>Disabled</b>	8,769	77.1	96,594	0.4	17	1,955	17.2	20,948	0.7	32	11,374	121,185
5 and younger	0	0.0	0	0.0	0	1	100.0	12	1.4	111	1	12
6-14	2	40.0	16	0.2	3	0	0.0	0	0.0	0	5	49
15-20	34	53.1	403	0.2	2	5	7.8	47	0.4	13	64	690
21-44	2,902	78.6	32,575	0.4	19	281	7.6	3,121	0.6	28	3,691	40,727
45-64	4,472	80.5	49,689	0.4	17	1,076	19.4	11,803	0.7	32	5,553	60,130
65-74	660	69.2	6,833	0.4	16	252	26.4	2,720	0.8	37	954	9,590
75-84	450	68.6	4,579	0.4	15	222	33.8	2,108	0.7	30	656	5,889
85 and older	249	55.3	2,499	0.4	9	118	26.2	1,137	0.8	31	450	4,098
<b>Other Eligibles</b>	8,928	52.8	95,601	0.4	13	4,432	26.2	47,982	0.8	34	16,900	176,359
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	2	33.3	13	0.2	1	1	16.7	11	0.7	57	6	56
21-44	155	102.0	1,317	0.4	12	8	5.3	53	0.7	32	152	1,078
45-64	39	118.2	316	0.4	43	4	12.1	19	0.9	30	33	224
65-74	3,404	59.6	38,299	0.4	12	1,515	26.5	17,070	0.8	35	5,711	62,291
75-84	3,078	52.0	33,194	0.5	13	1,682	28.4	18,436	0.8	34	5,924	62,744
85 and older	2,250	44.3	22,462	0.5	14	1,222	24.1	12,393	0.8	32	5,074	49,966
<b>Male</b>	9,608	53.4	101,341	0.4	16	2,726	15.1	28,970	0.7	34	18,009	185,124
<b>Disabled</b>	6,694	57.8	71,246	0.4	18	1,442	12.4	15,286	0.7	34	11,584	121,252
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.5	35	3	25
6-14	2	40.0	24	0.1	1	4	80.0	48	0.7	45	5	60
15-20	14	29.2	168	0.2	2	7	14.6	78	0.7	52	48	541
21-44	3,370	58.9	37,012	0.4	18	401	7.0	4,391	0.7	34	5,722	62,248
45-64	2,928	59.1	30,187	0.4	19	848	17.1	8,830	0.7	35	4,953	50,231
65-74	233	42.1	2,427	0.4	14	120	21.7	1,305	0.8	34	554	5,609
75-84	104	53.6	1,025	0.3	8	39	20.1	413	0.7	26	194	1,731
85 and older	43	41.0	403	0.3	5	22	21.0	209	0.9	34	105	807
<b>Other Eligibles</b>	2,914	45.4	30,095	0.4	13	1,284	20.0	13,684	0.8	33	6,425	63,872
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	1	50.0	12	1.1	44	2	24
21-44	174	100.6	1,450	0.5	25	8	4.6	64	0.4	16	173	1,147
45-64	76	77.6	554	0.6	23	18	18.4	91	0.7	30	98	540
65-74	1,580	49.2	17,109	0.4	14	707	22.0	7,787	0.8	34	3,214	33,348
75-84	759	38.6	7,823	0.4	11	392	19.9	4,138	0.8	31	1,966	19,692
85 and older	325	33.4	3,159	0.4	9	158	16.3	1,592	0.8	28	972	9,121
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible 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 D.7D 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 2001. 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 2001. 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 D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

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>\$246</b>	<b>6.2</b>	<b>7,343</b>	<b>71,299</b>
<b>Age</b>				
0-64	355	7.3	456	4,851
65-74	315	7.4	989	10,064
75-84	259	6.5	2,452	23,557
85 and older	199	5.5	3,446	32,827
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	236	6.1	5,550	54,273
Male	277	6.5	1,793	17,026
Unknown	0	0.0	0	0
<b>Race</b>				
White	246	6.2	7,004	67,952
African American	239	5.7	247	2,352
Other/unknown	222	5.9	92	995
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	238	6.1	6,877	66,347
Disabled	353	7.3	466	4,952
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 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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.

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.

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 D.9  
 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, 2001

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	Generic	Brand-Name	Brand-Name	Generic									
Anti-infective Agents	0.4	0.2	0.0	0.2	\$14	\$0	\$2	\$41	\$74	\$10	20,962	\$849,717	5,141	70.0 %	52,775
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.1	0.3	0.2	29	45	16	138	273	134	3,111	430,606	522	7.1	4,774
Endocrine/Metabolic Drugs	1.1	0.5	0.3	0.3	28	4	4	33	55	14	39,108	1,274,560	3,459	47.1	34,594
Cardiovascular Agents	2.0	0.6	0.1	1.3	25	2	23	25	42	20	107,354	2,655,327	5,411	73.7	53,047
Respiratory Agents	0.8	0.3	0.0	0.4	17	0	13	40	52	26	24,156	954,931	3,107	42.3	31,423
Gastrointestinal Agents	1.0	0.2	0.0	0.8	15	2	19	36	81	64	34,606	1,242,001	3,459	47.1	34,511
Genitourinary Agents	0.6	0.4	0.0	0.1	27	23	0	48	58	38	8,267	393,144	1,421	19.4	14,818
CNS Drugs	1.6	0.8	0.1	0.7	97	7	13	61	91	81	78,896	4,812,416	4,962	67.6	49,562
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.6	23	9	14	36	130	15	132	4,742	19	0.3	206
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	83	0	0	111	112	0	7,200	798,818	969	13.2	9,582
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	33	1	6	35	75	43	30,388	1,069,237	3,342	45.5	32,834
Neuromuscular Agents	1.2	0.5	0.1	0.7	56	33	4	45	73	41	28,761	1,292,219	2,240	30.5	23,144
Nutritional Products	0.7	0.0	0.2	0.6	13	0	9	17	20	22	16,785	292,634	2,309	31.4	22,610
Hematological Agents	1.0	0.2	0.2	0.6	34	24	3	35	109	16	18,738	654,618	1,976	26.9	19,329
Topical Products	0.5	0.2	0.0	0.3	17	10	1	31	48	34	22,565	708,924	4,017	54.7	41,992
Miscellaneous Products	0.3	0.1	0.0	0.2	19	8	2	69	151	261	744	51,168	270	3.7	2,654
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	19	0	0	1,734	33,556	501	6.8	5,148
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.	443,507	17,518,618	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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 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.
- 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, 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.

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 D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

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	\$2,343,753	2,698	36.7 %	28,243	0.8	\$109	\$83
ANTIDEPRESSANTS	2,019,327	4,191	57.1	42,700	0.8	58	47
ULCER DRUGS	999,968	3,359	45.7	34,221	0.6	46	29
ANTICONVULSANT	924,145	1,968	26.8	20,817	1.0	45	44
ANTIDIABETIC	867,363	2,473	33.7	25,008	0.9	40	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	798,854	933	12.7	9,376	0.8	111	85
ANTIHYPERTENSIVE	783,855	2,847	38.8	28,607	0.8	33	27
ANTIASTHMATIC	668,740	2,974	40.5	29,440	0.6	40	23
ANALGESICS - Narcotic	572,869	3,021	41.1	29,320	0.7	30	20
CALCIUM BLOCKERS	511,779	1,477	20.1	14,578	0.9	40	35
<b>Total</b>	<b>10,490,653</b>	<b>25,941</b>		<b>262,310</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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 2001. 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 2001 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](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 D.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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx-\$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx-\$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx-\$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx-\$
<b>All</b>	<b>199,946</b>	<b>\$10,490,653</b>	<b>2,698</b>	<b>36.7 %</b>	<b>28,243</b>	<b>0.8</b>	<b>\$93</b>	<b>4,191</b>	<b>57.1 %</b>	<b>42,700</b>	<b>0.8</b>	<b>\$47</b>					
<b>Female</b>	146,730	7,560,386	1,920	34.6	20,147	0.7	78	3,178	57.3	32,543	0.8	47					
<b>Disabled</b>	7,789	455,948	92	44.2	1,005	1.1	129	145	69.7	1,579	0.9	59					
64 or younger	7,646	449,002	89	43.6	969	1.1	130	144	70.6	1,575	0.9	60					
65-74	135	6,677	3	100.0	36	1.4	111	0	0.0	0	0.0	0					
75-84	8	269	0	0.0	0	0.0	0	1	100.0	4	0.8	33					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	138,941	7,104,438	1,828	34.2	19,142	0.7	75	3,033	56.8	30,964	0.8	47					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	22,554	1,235,868	309	51.8	3,341	0.8	94	415	69.5	4,372	0.8	52					
75-84	54,619	2,829,319	706	38.9	7,424	0.8	82	1,118	61.6	11,381	0.8	48					
85 and older	61,768	3,039,251	813	27.7	8,377	0.6	62	1,500	51.2	15,211	0.8	45					
<b>Male</b>	53,216	2,930,267	778	43.4	8,096	0.8	96	1,013	56.5	10,157	0.8	47					
<b>Disabled</b>	10,314	681,693	155	60.1	1,701	0.9	144	160	62.0	1,684	1.0	61					
64 or younger	10,072	668,827	152	60.3	1,665	1.0	145	155	61.5	1,635	1.0	61					
65-74	242	12,866	3	50.0	36	0.8	88	5	83.3	49	0.9	67					
75-84	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					
<b>Other Eligibles</b>	42,902	2,248,574	623	40.6	6,395	0.8	83	853	55.6	8,473	0.8	44					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	14,425	797,021	207	54.0	2,204	0.8	88	257	67.1	2,647	0.8	49					
75-84	17,256	884,390	243	38.1	2,517	0.8	85	343	53.8	3,375	0.8	42					
85 and older	11,221	567,163	173	33.6	1,674	0.7	74	253	49.1	2,451	0.7	41					
<b>Unknown</b>	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 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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 2001. 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 2001 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](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 D.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<sup>a,b,c,d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIDIABETIC						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	
<b>All</b>	<b>3,359</b>	<b>34,221</b>	<b>0.6</b>	<b>1,968</b>	<b>20,817</b>	<b>1.0</b>	<b>2,473</b>	<b>25,008</b>	<b>33.7</b>	<b>2,473</b>	<b>25,008</b>	<b>0.9</b>	<b>2,473</b>	<b>25,008</b>	<b>33.7</b>	<b>2,473</b>	<b>25,008</b>	<b>0.9</b>	<b>\$35</b>
<b>Female</b>	2,510	25,618	0.6	1,306	13,862	0.9	1,864	19,025	33.6	1,864	19,025	0.9	1,864	19,025	33.6	1,864	19,025	0.9	34
<b>Disabled</b>	107	1,111	0.6	131	1,450	1.1	90	950	43.3	90	950	1.0	90	950	43.3	90	950	1.0	39
64 or younger	107	1,111	0.6	131	1,450	1.1	90	950	41.7	90	950	1.0	90	950	41.7	90	950	1.0	39
65-74	0	0	0.0	0	0	0.0	0	0	166.7	0	0	1.0	0	0	166.7	0	0	1.0	30
75-84	0	0	0.0	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	0	0.0	0
<b>Other Eligibles</b>	2,403	24,507	0.6	1,175	12,412	0.9	1,774	18,075	33.2	1,774	18,075	0.9	1,774	18,075	33.2	1,774	18,075	0.9	34
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	301	3,272	0.6	282	3,164	1.0	297	3,129	49.7	297	3,129	0.9	297	3,129	49.7	297	3,129	0.9	39
75-84	834	8,371	0.6	500	5,257	0.9	771	7,876	42.5	771	7,876	0.9	771	7,876	42.5	771	7,876	0.9	35
85 and older	1,268	12,864	0.6	393	3,991	0.8	706	7,070	24.1	706	7,070	0.8	706	7,070	24.1	706	7,070	0.8	30
<b>Male</b>	849	8,603	0.6	662	6,955	1.1	609	5,983	34.0	609	5,983	0.9	609	5,983	34.0	609	5,983	0.9	37
<b>Disabled</b>	134	1,398	0.6	192	2,128	1.3	92	917	35.7	92	917	1.0	92	917	35.7	92	917	1.0	48
64 or younger	131	1,373	0.6	190	2,115	1.3	90	893	35.7	90	893	1.0	90	893	35.7	90	893	1.0	48
65-74	3	25	0.6	2	13	1.2	2	24	33.3	2	24	1.0	2	24	33.3	2	24	1.0	51
75-84	0	0	0.0	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	0	0.0	0
<b>Other Eligibles</b>	715	7,205	0.6	470	4,827	1.0	517	5,066	33.7	517	5,066	0.9	517	5,066	33.7	517	5,066	0.9	35
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	204	2,144	0.7	190	1,984	1.1	145	1,413	37.9	145	1,413	0.9	145	1,413	37.9	145	1,413	0.9	41
75-84	272	2,633	0.7	185	1,906	1.0	243	2,395	38.1	243	2,395	0.9	243	2,395	38.1	243	2,395	0.9	36
85 and older	239	2,428	0.6	95	937	0.8	129	1,258	25.0	129	1,258	0.8	129	1,258	25.0	129	1,258	0.8	29
<b>Unknown</b>	0	0	0.0	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 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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 2001. 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 2001 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](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 D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					ANTIASTHMATIC						
	Users as %					Users as %					Users as %						
	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>933</b>	<b>12.7 %</b>	<b>9,376</b>	<b>0.8</b>	<b>\$85</b>	<b>2,847</b>	<b>38.8 %</b>	<b>28,607</b>	<b>0.8</b>	<b>\$27</b>	<b>2,974</b>	<b>40.5 %</b>	<b>29,440</b>	<b>0.6</b>	<b>\$23</b>		
<b>Female</b>	723	13.0	7,334	0.8	85	2,116	38.1	21,281	0.8	27	2,068	37.3	20,479	0.5	21		
<b>Disabled</b>	7	3.4	84	0.6	77	63	30.3	638	0.8	28	75	36.1	729	0.5	23		
64 or younger	7	3.4	84	0.6	77	61	29.9	630	0.9	28	75	36.8	729	0.5	23		
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
75-84	0	0.0	0	0.0	0	2	200.0	8	0.3	10	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		
<b>Other Eligibles</b>	716	13.4	7,250	0.8	85	2,053	38.4	20,643	0.8	27	1,993	37.3	19,750	0.5	21		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	87	14.6	900	0.8	86	284	44.2	2,724	0.8	27	268	44.9	2,817	0.6	24		
75-84	286	15.8	2,854	0.8	87	766	42.2	7,705	0.8	28	761	42.0	7,518	0.6	23		
85 and older	343	11.7	3,496	0.7	83	1,023	34.9	10,214	0.8	27	964	32.9	9,415	0.5	19		
<b>Male</b>	210	11.7	2,042	0.8	88	731	40.8	7,326	0.9	28	906	50.5	8,961	0.6	26		
<b>Disabled</b>	11	4.3	97	0.7	71	95	36.8	985	0.9	37	94	36.4	974	0.7	31		
64 or younger	9	3.6	84	0.7	76	92	36.5	949	0.9	36	90	35.7	926	0.7	30		
65-74	2	33.3	13	0.4	43	3	50.0	36	1.1	42	4	66.7	48	1.2	37		
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		
<b>Other Eligibles</b>	199	13.0	1,945	0.8	88	636	41.4	6,341	0.9	27	812	52.9	7,987	0.6	26		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	52	13.6	548	0.9	93	171	44.6	1,736	0.9	29	217	56.7	2,184	0.7	29		
75-84	89	14.0	800	0.7	80	275	43.2	2,708	0.8	26	321	50.4	3,090	0.6	25		
85 and older	58	11.3	597	0.8	95	190	36.9	1,897	0.8	26	274	53.2	2,713	0.6	23		
<b>Unknown</b>	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 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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 2001. 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 2001 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Benefit 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 D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic										CALCIUM BLOCKERS											
	Users as %					Users as %					Users as %					Users as %						
	No. of Users	No. of Users	Residents	NF	All-Year	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx-\$	All-Year NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx-\$	All-Year NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx-\$	All-Year NF Residents	No. of Bene Mos among Users	
<b>All</b>	3,021	41.1 %	29,320	0.7	\$20	1,477	20.1 %	14,578	0.9	\$35	7,343	71,299										
<b>Female</b>	2,368	42.7	23,111	0.7	20	1,166	21.0	11,482	0.9	35	5,550	54,273										
<b>Disabled</b>	101	48.6	1,051	0.8	26	23	11.1	207	0.8	34	208	2,214										
64 or younger	100	49.0	1,039	0.8	26	21	10.3	191	0.8	32	204	2,174										
65-74	1	33.3	12	1.0	11	1	33.3	12	1.1	63	3	36										
75-84	0	0.0	0	0.0	0	1	100.0	4	0.8	15	1	4										
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										
<b>Other Eligibles</b>	2,267	42.4	22,060	0.7	20	1,143	21.4	11,275	0.9	35	5,342	52,059										
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										
65-74	273	45.7	2,883	0.8	23	111	18.6	1,188	0.9	39	597	6,194										
75-84	811	44.7	7,905	0.7	21	398	21.9	3,969	0.9	36	1,814	17,671										
85 and older	1,183	40.4	11,272	0.6	18	634	21.6	6,118	0.8	34	2,931	28,194										
<b>Male</b>	653	36.4	6,209	0.6	17	311	17.3	3,096	0.9	35	1,793	17,026										
<b>Disabled</b>	114	44.2	1,204	0.6	13	37	14.3	390	0.9	39	258	2,738										
64 or younger	110	43.7	1,156	0.6	13	36	14.3	378	0.9	40	252	2,677										
65-74	4	66.7	48	0.1	3	1	16.7	12	0.4	19	6	61										
75-84	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										
<b>Other Eligibles</b>	539	35.1	5,005	0.6	18	274	17.9	2,706	0.9	35	1,535	14,288										
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										
65-74	168	43.9	1,663	0.7	21	87	22.7	888	0.9	40	383	3,773										
75-84	204	32.0	1,806	0.6	21	112	17.6	1,076	0.9	33	637	5,882										
85 and older	167	32.4	1,536	0.5	12	75	14.6	742	0.8	31	515	4,633										
<b>Unknown</b>	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 2001 file for West Virginia, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 2,691 beneficiaries who were in nursing facilities for part of their enrollment and their 25,625 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 2001. 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 2001 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](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 D.11  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 WEST VIRGINIA, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx		Total Part D Excl Rx \$		Part D Excl Rx \$ as % of All Rx \$	Total No. of Benes
		51.1 %	4.2	Part D Excl Rx	Bene	Part D Excl Rx	\$ per Bene	Part D Excl Rx \$	\$ per Part D Excl Rx		
<b>All</b>	<b>23,667</b>	<b>51.1 %</b>	<b>4.2</b>	<b>192,110</b>	<b>\$71</b>	<b>\$3,264,772</b>	<b>\$17</b>	<b>3.3 %</b>	<b>46,283</b>		
<b>Age</b>											
5 and younger	2	50.0	3.5	14	44	174	12	2.2	4		
6-14	6	60.0	6.6	66	109	1,086	16	1.0	10		
15-20	49	40.8	2.2	260	35	4,258	16	1.8	120		
21-44	4,596	47.2	3.4	32,814	65	635,903	19	3.3	9,738		
45-64	5,871	55.2	4.6	49,214	83	884,959	18	3.3	10,637		
65-74	5,331	51.1	4.3	45,087	72	746,564	17	3.3	10,433		
75-84	4,497	51.5	4.3	38,012	67	585,467	15	3.3	8,740		
85 and older	3,315	50.2	4.0	26,643	62	406,361	15	3.6	6,601		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
<b>Basis of Eligibility<sup>c</sup></b>											
Aged	11,535	50.5	4.2	96,340	66	1,508,329	16	3.3	22,837		
Disabled	11,882	51.8	4.1	94,388	75	1,730,862	18	3.4	22,958		
Adults	249	51.7	2.8	1,363	52	25,106	18	4.1	482		
Children	1	16.7	3.2	19	79	475	25	2.7	6		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
<b>Gender</b>											
Female	15,679	55.5	4.7	132,221	78	2,217,618	17	3.5	28,274		
Male	7,988	44.4	3.3	59,889	58	1,047,154	17	3.1	18,009		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
<b>Race</b>											
White	22,256	51.6	4.2	181,051	71	3,069,910	17	3.3	43,125		
African American	739	45.9	3.4	5,505	60	97,432	18	3.2	1,611		
Other/unknown	672	43.4	3.6	5,554	63	97,430	18	3.1	1,547		
<b>Use of Nursing Facilities<sup>d</sup></b>											
Entire year	3,632	49.5	4.8	35,333	72	528,939	15	3.0	7,343		
Part year	1,673	62.2	4.7	12,518	74	198,031	16	3.1	2,691		
None	18,362	50.7	4.0	144,259	70	2,537,802	18	3.4	36,249		
<b>Maintenance Assistance Status</b>											
Cash	20,489	50.7	4.2	169,762	71	2,847,512	17	3.3	40,387		
Medically needy	963	49.9	2.8	5,327	50	97,066	18	3.4	1,928		
Poverty related	518	48.0	2.7	2,888	49	52,671	18	3.2	1,079		
Other/unknown	1,697	58.7	4.9	14,133	93	267,523	19	4.3	2,889		

Table D11

Dual Eligible 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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
  - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
  - 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 on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 WEST VIRGINIA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.4	\$7	\$17	\$0	\$3	482,668
<b>Age</b>						
5 and younger	0.4	5	12	0	0	37
6-14	0.6	10	16	0	0	109
15-20	0.2	3	16	0	1	1,311
21-44	0.3	6	19	0	3	105,200
45-64	0.4	8	18	0	4	111,125
65-74	0.4	7	17	0	3	110,838
75-84	0.4	7	15	0	3	90,056
85 and older	0.4	6	15	0	2	63,992
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	6	16	0	3	237,049
Disabled	0.4	7	18	0	4	242,437
Adults	0.4	8	18	0	4	3,115
Children	0.3	7	25	0	7	67
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.4	7	17	0	4	297,544
Male	0.3	6	17	0	3	185,124
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	7	17	0	3	448,959
African American	0.3	6	18	0	2	16,338
Other/unknown	0.3	6	18	0	3	17,371
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	7	15	0	3	71,299
Part year	0.5	8	16	0	3	25,625
None	0.4	7	18	0	3	385,744
<b>Maintenance Assistance Status</b>						
Cash	0.4	7	17	0	3	436,152
Medically needy	0.5	9	18	0	5	10,462
Poverty related	0.3	5	18	0	2	10,620
Other/unknown	0.6	11	19	0	4	25,434

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 WEST VIRGINIA, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>32,509</b>	<b>\$100</b>	<b>\$3,264,772</b>	<b>100.0 %</b>	<b>192,110</b>	<b>\$17</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	8	13	102	0.0	10	10	0.0
Cough and cold medications	5,794	56	324,360	9.9	12,388	26	6.4
Vitamins and minerals	8,946	120	1,072,422	32.8	58,879	18	30.6
Non-prescription drugs	2,939	42	123,812	3.8	11,164	11	5.8
Barbiturates	933	55	51,057	1.6	10,027	5	5.2
Benzodiazepines	12,936	122	1,575,334	48.3	96,012	16	50.0
Other Part D Excl Rx Drugs	953	123	117,685	3.6	3,630	32	1.9

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 WEST VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries	46,283
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$97,832,771
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,114

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
				Pharmacy Reimbursement	0.0 %
\$0	4,297	9.3 %	\$0		0.0 %
1-500	9,218	19.9	1,979,570		2.0
501-1,000	5,826	12.6	4,307,042		4.4
1,001-1,500	4,804	10.4	5,973,836		6.1
1,501-2,000	4,133	8.9	7,199,548		7.4
2,001-2,500	3,469	7.5	7,776,083		7.9
2,501-3,000	2,780	6.0	7,621,500		7.8
3,001-3,500	2,385	5.2	7,733,756		7.9
3,501-4,000	1,949	4.2	7,294,417		7.5
4,001-4,500	1,476	3.2	6,266,742		6.4
4,501-5,000	1,174	2.5	5,568,357		5.7
5,001-5,500	981	2.1	5,144,626		5.3
5,501-6,000	768	1.7	4,407,260		4.5
6,001-6,500	593	1.3	3,700,299		3.8
6,501-7,000	444	1.0	2,992,581		3.1
7,001-7,500	379	0.8	2,741,930		2.8
7,501-8,000	293	0.6	2,265,978		2.3
8,001-8,500	211	0.5	1,736,163		1.8
8,501-9,000	176	0.4	1,543,427		1.6
9,001-9,500	142	0.3	1,312,621		1.3
9,501-10,000	124	0.3	1,207,130		1.2
10,001+	661	1.4	9,059,905		9.3

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. 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 2001.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 WEST VIRGINIA, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 20,045  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$45,485,495  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,269

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,147	10.7 %	0	0.0 %
1-500	4,538	22.6	914,934	2.0
501-1,000	2,363	11.8	1,737,596	3.8
1,001-1,500	1,807	9.0	2,249,242	4.9
1,501-2,000	1,535	7.7	2,665,849	5.9
2,001-2,500	1,278	6.4	2,868,263	6.3
2,501-3,000	996	5.0	2,729,387	6.0
3,001-3,500	882	4.4	2,862,512	6.3
3,501-4,000	745	3.7	2,787,282	6.1
4,001-4,500	571	2.8	2,426,734	5.3
4,501-5,000	521	2.6	2,469,769	5.4
5,001-5,500	432	2.2	2,270,581	5.0
5,501-6,000	357	1.8	2,050,886	4.5
6,001-6,500	309	1.5	1,928,478	4.2
6,501-7,000	233	1.2	1,569,412	3.5
7,001-7,500	203	1.0	1,466,047	3.2
7,501-8,000	166	0.8	1,285,298	2.8
8,001-8,500	120	0.6	988,074	2.2
8,501-9,000	119	0.6	1,045,898	2.3
9,001-9,500	96	0.5	886,520	1.9
9,501-10,000	97	0.5	944,787	2.1
10,001+	530	2.6	7,337,946	16.1

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. 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 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
WEST VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 25,774  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$51,743,865  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,008

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
				8.2 %	0.0 %
\$0	2,108		0		
1-500	4,494	17.4	1,029,107		2.0
501-1,000	3,391	13.2	2,517,486		4.9
1,001-1,500	2,962	11.5	3,680,480		7.1
1,501-2,000	2,569	10.0	4,483,151		8.7
2,001-2,500	2,173	8.4	4,866,781		9.4
2,501-3,000	1,771	6.9	4,855,633		9.4
3,001-3,500	1,491	5.8	4,831,983		9.3
3,501-4,000	1,193	4.6	4,466,239		8.6
4,001-4,500	894	3.5	3,793,077		7.3
4,501-5,000	643	2.5	3,051,442		5.9
5,001-5,500	540	2.1	2,826,858		5.5
5,501-6,000	409	1.6	2,345,025		4.5
6,001-6,500	280	1.1	1,746,817		3.4
6,501-7,000	210	0.8	1,416,427		2.7
7,001-7,500	174	0.7	1,261,339		2.4
7,501-8,000	126	0.5	972,977		1.9
8,001-8,500	89	0.3	731,728		1.4
8,501-9,000	56	0.2	489,008		0.9
9,001-9,500	46	0.2	426,101		0.8
9,501-10,000	26	0.1	252,841		0.5
10,001+	129	0.5	1,699,365		3.3

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. 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 2001.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 WEST VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 10,433  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$22,316,238  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,139

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			10.1 %		
\$0	1,054				
1-500	1,724		16.5	383,236	1.7
501-1,000	1,214		11.6	902,528	4.0
1,001-1,500	1,061		10.2	1,319,760	5.9
1,501-2,000	971		9.3	1,694,123	7.6
2,001-2,500	844		8.1	1,895,375	8.5
2,501-3,000	717		6.9	1,968,996	8.8
3,001-3,500	631		6.0	2,042,634	9.2
3,501-4,000	512		4.9	1,916,583	8.6
4,001-4,500	396		3.8	1,684,310	7.5
4,501-5,000	275		2.6	1,304,554	5.8
5,001-5,500	246		2.4	1,289,613	5.8
5,501-6,000	189		1.8	1,080,847	4.8
6,001-6,500	139		1.3	867,830	3.9
6,501-7,000	101		1.0	682,026	3.1
7,001-7,500	71		0.7	514,917	2.3
7,501-8,000	69		0.7	532,424	2.4
8,001-8,500	58		0.6	477,802	2.1
8,501-9,000	35		0.3	306,272	1.4
9,001-9,500	33		0.3	306,654	1.4
9,501-10,000	20		0.2	194,571	0.9
10,001+	73		0.7	951,183	4.3

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. 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 2001.  
 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 75 TO 84<sup>a, b</sup>  
 WEST VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84                     8,740  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84   \$17,993,061  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84     \$2,059

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	675	7.7%	0	0.0%
1-500	1,386	15.9	324,599	1.8
501-1,000	1,108	12.7	823,235	4.6
1,001-1,500	1,057	12.1	1,314,594	7.3
1,501-2,000	901	10.3	1,571,426	8.7
2,001-2,500	780	8.9	1,744,897	9.7
2,501-3,000	621	7.1	1,700,053	9.4
3,001-3,500	527	6.0	1,709,946	9.5
3,501-4,000	418	4.8	1,567,335	8.7
4,001-4,500	320	3.7	1,357,740	7.5
4,501-5,000	236	2.7	1,120,372	6.2
5,001-5,500	189	2.2	989,597	5.5
5,501-6,000	137	1.6	786,730	4.4
6,001-6,500	94	1.1	586,408	3.3
6,501-7,000	82	0.9	552,083	3.1
7,001-7,500	75	0.9	544,245	3.0
7,501-8,000	44	0.5	340,080	1.9
8,001-8,500	19	0.2	155,427	0.9
8,501-9,000	16	0.2	139,399	0.8
9,001-9,500	8	0.1	73,306	0.4
9,501-10,000	4	0.0	38,896	0.2
10,001+	43	0.5	552,693	3.1

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. 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 2001.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 WEST VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 6,601  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$11,434,566  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,732

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	379	5.7 %	0	0.0 %
1-500	1,384	21.0	321,272	2.8
501-1,000	1,069	16.2	791,723	6.9
1,001-1,500	844	12.8	1,046,126	9.1
1,501-2,000	697	10.6	1,217,602	10.6
2,001-2,500	549	8.3	1,226,509	10.7
2,501-3,000	433	6.6	1,186,584	10.4
3,001-3,500	333	5.0	1,079,403	9.4
3,501-4,000	263	4.0	982,321	8.6
4,001-4,500	178	2.7	751,027	6.6
4,501-5,000	132	2.0	626,516	5.5
5,001-5,500	105	1.6	547,648	4.8
5,501-6,000	83	1.3	477,448	4.2
6,001-6,500	47	0.7	292,579	2.6
6,501-7,000	27	0.4	182,318	1.6
7,001-7,500	28	0.4	202,177	1.8
7,501-8,000	13	0.2	100,473	0.9
8,001-8,500	12	0.2	98,499	0.9
8,501-9,000	5	0.1	43,337	0.4
9,001-9,500	5	0.1	46,141	0.4
9,501-10,000	2	0.0	19,374	0.2
10,001+	13	0.2	195,489	1.7

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. 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 2001.

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

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, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>46,304</b>	<b>22,837</b>	<b>22,958</b>	<b>503</b>	<b>6</b>	<b>483,144</b>	<b>237,049</b>	<b>242,544</b>	<b>3,484</b>	<b>67</b>	<b>0</b>
<b>Age</b>											
5 and younger	4	0	4	0	0	37	0	37	0	0	0
6-14	10	0	10	0	0	109	0	109	0	0	0
15-20	120	0	112	2	6	1,323	0	1,241	15	67	0
21-44	9,750	0	9,413	337	0	105,527	0	103,062	2,465	0	0
45-64	10,646	0	10,506	140	0	111,262	0	110,371	891	0	0
65-74	10,433	8,906	1,508	19	0	110,838	95,554	15,199	85	0	0
75-84	8,740	7,885	850	5	0	90,056	82,408	7,620	28	0	0
85 and older	6,601	6,046	555	0	0	63,992	59,087	4,905	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	28,285	16,703	11,374	204	4	297,823	174,971	121,249	1,560	43	0
Male	18,019	6,134	11,584	299	2	185,321	62,078	121,295	1,924	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	43,145	21,345	21,319	475	6	449,366	221,103	224,865	3,331	67	0
African American	1,612	756	835	21	0	16,400	7,753	8,538	109	0	0
Other/unknown	1,547	736	804	7	0	17,378	8,193	9,141	44	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	7,343	6,877	466	0	0	71,299	66,347	4,952	0	0	0
Part year	2,691	2,349	342	0	0	25,634	22,236	3,398	0	0	0
None	36,270	13,611	22,150	503	6	386,211	148,466	234,194	3,484	67	0
<b>Maintenance Assistance Status</b>											
Cash	40,402	22,005	18,171	226	0	436,522	231,658	203,095	1,769	0	0
Medically needy	1,928	543	1,203	181	1	10,462	2,605	6,814	1,032	11	0
Poverty related	1,080	264	782	34	0	10,640	2,626	7,807	207	0	0
Other/unknown	2,894	25	2,802	62	5	25,520	160	24,828	476	56	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	44,277	22,113	21,702	456	6	462,587	229,663	229,819	3,038	67	0
Full dual, part year	2,027	724	1,256	47	0	20,557	7,386	12,725	446	0	0
<b>Managed Care Status</b>											
FFS all year	46,224	22,837	22,933	448	6	482,393	237,049	242,289	2,988	67	0
FFS part year, with Rx claims	54	0	22	32	0	535	0	221	314	0	0
FFS part year, no Rx claims	5	0	3	2	0	41	0	34	7	0	0
MC all year, with Rx claims	20	0	0	20	0	166	0	0	166	0	0
MC all year, no Rx claims	1	0	0	1	0	9	0	0	9	0	0



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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2001**

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
<b>All</b>	<b>46,304</b>	<b>483,144</b>	<b>46,283</b>	<b>482,668</b>	<b>0</b>	<b>476</b>		
FFS all year	46,224	482,393	46,224	482,393	0	0		
FFS part year, with Rx claims	54	535	54	253	0	282		
FFS part year, with no Rx claims	5	41	5	22	0	19		
MC all year, with Rx claims	20	166	0	0	0	166		
MC all year, with no Rx claims	1	9	0	0	0	9		

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.