

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 WEST VIRGINIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WEST VIRGINIA, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	377,326 (A)	59,881 (E)	317,445 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	366,540 (B)	49,235 (F)	317,305 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	326,094 (C)	49,201 (G)	276,893 (K)
4. Benes who were all-year nursing facility residents ^f	7,588 (D)	7,074 (H)	514 (L)

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$310,763,434, of which \$12,341,043 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 3.6 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 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 WEST VIRGINIA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos										
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	326,094	24,133	90,778	53,857	156,949	377	2,687,870	244,370	925,589	310,054	1,205,614	2,243	2,687,870	244,370	925,589	310,054	1,205,614	2,243
Age																		
5 and younger	67,574	0	1,764	298	65,512	0	463,701	0	17,166	2,796	443,739	0	463,701	0	17,166	2,796	443,739	0
6-14	72,649	0	5,620	456	66,573	0	623,424	0	59,805	4,328	559,291	0	623,424	0	59,805	4,328	559,291	0
15-20	36,452	0	4,574	7,028	24,811	39	286,686	0	46,540	37,629	202,316	201	286,686	0	46,540	37,629	202,316	201
21-44	78,811	0	35,277	43,282	46	206	609,576	0	360,884	247,305	250	1,137	609,576	0	360,884	247,305	250	1,137
45-64	42,372	0	39,470	2,778	1	123	420,512	0	401,751	17,930	3	828	420,512	0	401,751	17,930	3	828
65-74	11,708	9,669	2,018	12	1	8	122,050	101,399	20,525	56	3	67	122,050	101,399	20,525	56	3	67
75-84	9,531	8,259	1,270	1	0	1	96,006	84,155	11,835	6	0	10	96,006	84,155	11,835	6	0	10
85 and older	6,988	6,205	782	1	0	0	65,894	58,816	7,077	1	0	0	65,894	58,816	7,077	1	0	0
Unknown	9	0	3	1	5	0	21	0	6	3	12	0	21	0	6	3	12	0
Gender																		
Female	185,641	17,339	47,563	43,232	77,131	376	1,515,726	177,475	490,005	253,681	592,329	2,236	1,515,726	177,475	490,005	253,681	592,329	2,236
Male	140,398	6,794	43,215	10,570	79,818	1	1,171,649	66,895	435,584	55,878	613,285	7	1,171,649	66,895	435,584	55,878	613,285	7
Unknown	55	0	0	55	0	0	495	0	0	495	0	0	495	0	0	495	0	0
Race																		
White	307,042	23,173	87,091	50,524	145,887	367	2,540,270	235,099	890,123	290,793	1,122,065	2,190	2,540,270	235,099	890,123	290,793	1,122,065	2,190
African American	16,967	833	3,433	2,969	9,727	5	136,024	8,469	33,793	17,652	76,083	27	136,024	8,469	33,793	17,652	76,083	27
Other/unknown	2,085	127	254	364	1,335	5	11,576	802	1,673	1,609	7,466	26	11,576	802	1,673	1,609	7,466	26
Use of Nursing Facilities^c																		
Entire year	7,588	6,740	848	0	0	0	73,672	64,800	8,872	0	0	0	73,672	64,800	8,872	0	0	0
Part year	3,389	2,651	731	6	0	1	32,041	24,602	7,389	39	0	11	32,041	24,602	7,389	39	0	11
None	315,117	14,742	89,199	53,851	156,949	376	2,582,157	154,968	909,328	310,015	1,205,614	2,232	2,582,157	154,968	909,328	310,015	1,205,614	2,232
Maintenance Assistance Status																		
Cash	121,312	16,052	77,581	27,413	266	0	1,138,606	164,236	814,895	157,985	1,490	0	1,138,606	164,236	814,895	157,985	1,490	0
Medically needy	5,725	599	3,154	1,945	27	0	28,941	2,990	16,734	9,110	107	0	28,941	2,990	16,734	9,110	107	0
Poverty-related	165,390	233	744	14,727	149,309	377	1,228,277	2,342	7,226	79,137	1,137,329	2,243	1,228,277	2,342	7,226	79,137	1,137,329	2,243
Other/unknown	33,667	7,249	9,299	9,772	7,347	0	292,046	74,802	86,734	63,822	66,688	0	292,046	74,802	86,734	63,822	66,688	0
Dual Medicare Status^d																		
Full dual, all year	46,295	22,367	23,441	459	7	21	474,212	227,591	243,456	2,906	61	198	474,212	227,591	243,456	2,906	61	198
Full dual, part year	2,906	766	2,100	40	0	0	31,350	8,186	22,762	402	0	0	31,350	8,186	22,762	402	0	0
Non-dual, all year	276,893	1,000	65,237	53,358	156,942	356	2,182,308	8,593	659,371	306,746	1,205,553	2,045	2,182,308	8,593	659,371	306,746	1,205,553	2,045
Managed Care Status																		
FFS all year	289,514	24,133	89,960	43,002	132,051	368	2,585,241	244,370	920,940	279,794	1,137,931	2,206	2,585,241	244,370	920,940	279,794	1,137,931	2,206
FFS part year, with Rx claims	27,556	0	770	9,132	17,647	7	80,360	0	4,418	26,063	49,847	32	80,360	0	4,418	26,063	49,847	32
FFS part year, no Rx claims	9,024	0	48	1,723	7,251	2	22,269	0	231	4,197	17,836	5	22,269	0	231	4,197	17,836	5

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 WEST VIRGINIA, 2002

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	76.3 %	18.5	\$915	\$50	\$4,606	19.9 %	326,094
Age							
5 and younger	67.0	4.3	155	36	1,325	11.7	67,574
6-14	71.8	6.4	334	53	1,891	17.7	72,649
15-20	71.6	7.5	374	50	3,123	12.0	36,452
21-44	79.6	19.0	1,033	54	4,617	22.4	78,811
45-64	87.5	47.4	2,474	52	8,997	27.5	42,372
65-74	88.1	53.3	2,395	45	9,564	25.0	11,708
75-84	90.4	55.2	2,318	42	15,509	14.9	9,531
85 and older	91.3	49.9	1,965	39	22,380	8.8	6,988
Unknown	0.0	0.0	0	0	0	0.0	9
Basis of Eligibility^c							
Aged	90.0	53.2	2,265	43	15,263	14.8	24,133
Disabled	85.5	37.6	2,085	55	8,570	24.3	90,778
Adults	75.9	10.0	390	39	2,136	18.2	53,857
Children	68.9	5.0	212	42	1,523	13.9	156,949
Unknown	70.6	13.5	852	63	4,136	20.6	377
Gender							
Female	79.1	21.5	1,012	47	4,924	20.6	185,641
Male	72.5	14.6	787	54	4,185	18.8	140,398
Unknown	0.0	0.0	0	0	7,521	0.0	55
Race							
White	76.9	19.0	937	49	4,677	20.0	307,042
African American	66.6	11.5	587	51	3,542	16.6	16,967
Other/unknown	54.2	6.4	318	50	2,761	11.5	2,085
Use of Nursing Facilities^d							
Entire year	97.5	65.8	2,912	44	36,512	8.0	7,588
Part year	96.9	62.9	2,868	46	27,181	10.5	3,389
None	75.5	16.9	846	50	3,595	23.5	315,117

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
Maintenance Assistance Status							
Cash	83.5	32.7	1,688	52	6,172	27.4	121,312
Medically needy	81.7	22.0	1,279	58	5,547	23.1	5,725
Poverty related	69.3	5.2	208	40	1,289	16.1	165,390
Other/unknown	83.5	32.3	1,542	48	15,099	10.2	33,667

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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^{a,b}
 WEST VIRGINIA, 2002

Beneficiary Characteristics	Mean No. of Rx	No. of Rx, % with:						Mean \$, All Services	Bene Mos			
		Mean Rx \$	Rx \$ as % of All Services	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	Benes
All	2.2	\$111	19.9 %	23.7 %	39.8 %	9.5 %	14.3 %	10.0 %	2.8 %	\$559	326,094	2,687,870
Age												
5 and younger	0.6	23	11.7	33.0	54.3	6.8	4.1	1.1	0.6	193	67,574	463,701
6-14	0.7	39	17.7	28.2	55.1	7.8	6.3	1.6	1.0	220	72,649	623,424
15-20	1.0	48	12.0	28.4	49.7	10.2	8.2	2.4	1.1	397	36,452	286,686
21-44	2.5	134	22.4	20.4	33.2	13.6	20.3	9.8	2.6	597	78,811	609,576
45-64	4.8	249	27.5	12.5	13.7	9.4	28.3	29.4	6.7	907	42,372	420,512
65-74	5.1	230	25.0	11.9	11.6	8.5	27.3	31.9	8.8	917	11,708	122,050
75-84	5.5	230	14.9	9.6	9.2	7.3	28.9	35.3	9.8	1,540	9,531	96,006
85 and older	5.3	208	8.8	8.7	9.1	8.9	31.0	34.2	8.1	2,373	6,988	65,894
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	9	21
Basis of Eligibility^c												
Aged	5.3	224	14.8	10.0	10.4	8.3	29.0	33.4	9.0	1,507	24,133	244,370
Disabled	3.7	205	24.3	14.5	22.8	11.5	25.7	21.2	4.3	841	90,778	925,589
Adults	1.7	68	18.2	24.1	38.5	13.5	15.4	5.7	2.8	371	53,857	310,054
Children	0.7	28	13.9	31.1	54.6	7.2	4.9	1.4	0.9	198	156,949	1,205,614
Unknown	2.3	143	20.6	29.4	29.7	13.0	19.1	8.2	0.5	695	377	2,243
Gender												
Female	2.6	124	20.6	20.9	38.0	9.9	15.6	12.1	3.5	603	185,641	1,515,726
Male	1.7	94	18.8	27.5	42.1	9.0	12.5	7.1	1.8	502	140,398	1,171,649
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	836	55	495
Race												
White	2.3	113	20.0	23.1	39.7	9.6	14.6	10.2	2.8	565	307,042	2,540,270
African American	1.4	73	16.6	33.4	42.5	7.6	9.3	5.8	1.5	442	16,967	136,024
Other/unknown	1.1	57	11.5	45.8	34.3	7.5	7.3	3.9	1.2	497	2,085	11,576
Use of Nursing Facilities^d												
Entire year	6.8	300	8.0	2.5	6.6	6.5	27.4	39.5	17.4	3,761	7,588	73,672
Part year	6.6	303	10.5	3.1	6.8	7.1	28.9	38.7	15.4	2,875	3,389	32,041
None	2.1	103	23.5	24.5	40.9	9.6	13.8	8.9	2.3	439	315,117	2,582,157

Table 4

All Medicaid Beneficiaries

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				
Maintenance Assistance Status												
Cash	3.5	180	27.4	16.5	25.3	11.9	23.9	18.4	3.9	658	121,312	1,138,606
Medically needy	4.3	253	23.1	18.3	14.5	11.3	27.6	23.3	5.0	1,097	5,725	28,941
Poverty related	0.7	28	16.1	30.7	53.6	7.5	5.5	1.6	1.0	174	165,390	1,228,277
Other/unknown	3.7	178	10.2	16.5	28.2	10.1	20.1	18.4	6.7	1,741	33,667	292,046

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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^{a, b, c}
 WEST VIRGINIA, 2002

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 \$
All	2.2	\$111	0.9	\$79	0.2	\$7	1.2	\$24
Age								
5 and younger	0.6	23	0.3	17	0.1	2	0.3	4
6-14	0.7	39	0.4	28	0.1	5	0.3	6
15-20	1.0	48	0.4	34	0.1	5	0.4	8
21-44	2.5	134	1.0	97	0.2	8	1.3	28
45-64	4.8	249	2.0	179	0.3	13	2.5	57
65-74	5.1	230	2.1	160	0.3	12	2.7	57
75-84	5.5	230	2.1	156	0.4	15	2.9	59
85 and older	5.3	208	1.9	135	0.5	16	2.9	57
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.3	224	2.0	152	0.4	14	2.8	58
Disabled	3.7	205	1.6	149	0.2	12	1.9	44
Adults	1.7	68	0.6	46	0.1	5	1.0	17
Children	0.7	28	0.3	20	0.1	3	0.3	5
Unknown	2.3	143	1.0	110	0.1	6	1.2	26
Gender								
Female	2.6	124	1.1	88	0.2	8	1.4	28
Male	1.7	94	0.7	68	0.1	7	0.9	20
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.3	113	0.9	81	0.2	8	1.2	25
African American	1.4	73	0.6	53	0.1	5	0.7	15
Other/unknown	1.1	57	0.5	41	0.1	5	0.6	12
Use of Nursing Facilities^e								
Entire year	6.8	300	2.5	201	0.6	22	3.7	77
Part year	6.6	303	2.5	208	0.5	20	3.6	74
None	2.1	103	0.9	74	0.1	7	1.1	22

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 \$
Maintenance Assistance Status								
Cash	3.5	180	1.4	129	0.2	10	1.8	40
Medically needy	4.3	253	1.8	184	0.2	16	2.3	53
Poverty related	0.7	28	0.3	20	0.1	3	0.3	5
Other/unknown	3.7	178	1.5	125	0.3	12	1.9	40

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 0.3 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_mddeb.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^{a, b, c, d}
 WEST VIRGINIA, 2002

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. of Bene	As % of All Bene	Mos
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.2	0.0	\$15	\$11	\$2	\$45	\$71	\$77	\$16	\$25,555,749	181,320	55.6%	1,713,415
Biologics	0.4	0.4	0.0	439	423	0	988	967	11	2,388	1,685,112	541	0.2	3,841
Antineoplastic Agents	0.6	0.3	0.1	123	93	13	213	348	140	79	4,380,833	3,579	1.1	35,482
Endocrine/Metabolic Drugs	0.8	0.4	0.2	34	25	3	44	65	20	24	25,313,299	75,243	23.1	740,812
Cardiovascular Agents	1.6	0.6	0.1	59	38	4	36	61	38	19	40,120,865	65,842	20.2	683,314
Respiratory Agents	0.5	0.3	0.0	26	18	3	48	65	55	22	32,588,383	131,024	40.2	1,277,700
Gastrointestinal Agents	0.6	0.2	0.0	31	21	2	51	106	104	22	17,925,751	55,491	17.0	570,768
Genitourinary Agents	0.3	0.3	0.0	17	16	0	51	60	38	17	3,848,129	22,957	7.0	222,442
CNS Drugs	1.1	0.5	0.0	78	59	3	69	114	97	27	67,309,564	86,925	26.7	867,359
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.1	49	32	6	62	73	66	42	5,345,983	11,226	3.4	109,342
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	63	59	0	123	134	121	52	3,155,026	4,880	1.5	50,344
Analgesics and Anesthetics	0.6	0.1	0.0	23	13	1	36	120	60	17	24,333,281	109,042	33.4	1,049,415
Neuromuscular Agents	0.8	0.3	0.0	50	40	3	67	114	55	22	25,922,075	50,458	15.5	514,367
Nutritional Products	0.5	0.0	0.1	9	0	1	17	16	15	18	2,120,553	26,408	8.1	243,438
Hematological Agents	0.7	0.2	0.1	44	36	2	64	152	23	18	7,569,128	16,900	5.2	172,770
Topical Products	0.3	0.1	0.0	10	6	1	35	54	55	18	8,825,288	94,637	29.0	918,113
Miscellaneous Products	0.5	0.2	0.1	103	69	18	199	386	240	62	2,142,493	2,053	0.6	20,795
Unknown Therapeutic Category	0.2	0.0	0.0	5	0	0	21	0	0	0	280,879	5,220	1.6	55,383
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.	6,032,674	298,422,391	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 WEST VIRGINIA, 2002

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
ANTIPSYCHOTICS	\$29,456,244	27,281	293,386	0.6	\$162	\$100
ANTIDEPRESSANTS	28,641,327	77,286	805,499	0.5	67	36
ANTICONVULSANT	22,153,041	38,266	410,954	0.7	79	54
ANTIASTHMATIC	18,516,601	85,968	902,159	0.4	56	21
ANTIIDIABETIC	15,542,381	34,308	369,289	0.7	61	42
ANTIHYPERTENSIVE	14,798,584	26,062	286,146	0.6	81	52
ANALGESICS - Narcotic	14,022,788	116,033	1,182,215	0.4	33	12
ULCER DRUGS	13,827,281	56,518	605,494	0.4	53	23
ANTIHYPERTENSIVE	10,384,825	40,703	435,693	0.7	36	24
ANTIHISTAMINES	7,559,683	76,347	800,332	0.2	44	9
Total	174,902,755	578,772	6,091,167	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, 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.