

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 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, 2002

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>49,201</b>	<b>23,133</b>	<b>25,541</b>	<b>499</b>	<b>7</b>	<b>21</b>	<b>505,562</b>	<b>235,777</b>	<b>266,218</b>	<b>3,308</b>	<b>61</b>	<b>198</b>		
<b>Age</b>														
5 and younger	3	0	3	0	0	0	36	0	36	0	0	0		
6-14	10	0	9	0	1	0	110	0	102	0	8	0		
15-20	127	0	122	2	3	0	1,309	0	1,255	24	30	0		
21-44	10,332	0	9,992	335	2	3	109,487	0	107,150	2,281	20	36		
45-64	11,723	0	11,563	150	0	10	121,277	0	120,230	953	0	94		
65-74	11,009	9,130	1,860	11	1	7	115,306	96,194	19,007	44	3	58		
75-84	9,229	7,995	1,232	1	0	1	93,554	82,036	11,502	6	0	10		
85 and older	6,768	6,008	760	0	0	0	64,483	57,547	6,936	0	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
<b>Gender</b>														
Female	30,023	16,696	13,094	208	4	21	311,081	172,090	137,323	1,439	31	198		
Male	19,178	6,437	12,447	291	3	0	194,481	63,687	128,895	1,869	30	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
<b>Race</b>														
White	47,239	22,249	24,490	473	7	20	486,410	227,070	255,953	3,138	61	188		
African American	1,789	786	980	22	0	1	18,051	8,067	9,819	155	0	10		
Other/unknown	173	98	71	4	0	0	1,101	640	446	15	0	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	7,074	6,591	483	0	0	0	68,525	63,385	5,140	0	0	0		
Part year	2,971	2,603	367	0	0	1	27,926	24,188	3,727	0	0	11		
None	39,156	13,939	24,691	499	7	20	409,111	148,204	257,351	3,308	61	187		
<b>Maintenance Assistance Status</b>														
Cash	32,327	15,209	16,941	177	0	0	343,064	156,969	184,876	1,219	0	0		
Medically needy	2,113	574	1,344	195	0	0	11,626	2,873	7,586	1,167	0	0		
Poverty-related	1,044	228	733	58	4	21	10,143	2,306	7,147	463	29	198		
Other/unknown	13,717	7,122	6,523	69	3	0	140,729	73,629	66,609	459	32	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	46,295	22,367	23,441	459	7	21	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		
<b>Managed Care Status</b>														
FFS all year	49,125	23,133	25,504	460	7	21	505,175	235,777	265,973	3,166	61	198		
FFS part year, with Rx claims	75	0	37	38	0	0	385	0	245	140	0	0		
FFS part year, no Rx claims	1	0	0	1	0	0		0	0	2	0	0		

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 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 2002. 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, 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	89.3 %	49.1	\$2,402	\$49	\$12,822	18.7 %	49,201
<b>Age</b>							
5 and younger	100.0	22.7	2,067	91	2,889	71.6	3
6-14	100.0	57.3	4,189	73	20,839	20.1	10
15-20	78.0	22.0	1,883	86	9,804	19.2	127
21-44	84.5	32.4	2,156	67	8,946	24.1	10,332
45-64	90.2	52.6	2,850	54	11,309	25.2	11,723
65-74	89.2	54.6	2,449	45	9,635	25.4	11,009
75-84	91.5	56.0	2,349	42	15,638	15.0	9,229
85 and older	92.9	50.9	2,004	39	22,757	8.8	6,768
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	91.2	54.2	2,305	43	15,492	14.9	23,133
Disabled	87.7	44.9	2,501	56	10,568	23.7	25,541
Adults	87.6	27.5	1,755	64	4,733	37.1	499
Children	71.4	29.4	2,613	89	9,515	27.5	7
Unknown	95.2	47.1	3,840	82	7,510	51.1	21
<b>Gender</b>							
Female	92.1	55.5	2,580	47	13,902	18.6	30,023
Male	85.0	39.1	2,123	54	11,133	19.1	19,178
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	89.5	49.5	2,415	49	12,860	18.8	47,239
African American	86.4	41.6	2,154	52	12,520	17.2	1,789
Other/unknown	81.5	26.4	1,393	53	5,642	24.7	173
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.4	64.6	2,826	44	35,574	7.9	7,074
Part year	96.6	60.4	2,679	44	24,690	10.8	2,971
None	87.3	45.5	2,304	51	7,812	29.5	39,156
<b>Maintenance Assistance Status</b>							
Cash	88.3	46.4	2,293	49	7,076	32.4	32,327
Medically needy	86.1	27.2	1,689	62	4,618	36.6	2,113
Poverty related	79.7	19.8	1,261	64	3,277	38.5	1,044
Other/unknown	93.0	61.1	2,855	47	28,356	10.1	13,717

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 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, 2002

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	4.8	\$234	18.7 %	10.7 %	14.0 %	9.5 %	28.3 %	30.0 %	7.6 %	\$1,248	49,201	505,562
<b>Age</b>												
5 and younger	1.9	172	71.6	0.0	33.3	33.3	33.3	0.0	0.0	241	3	36
6-14	5.2	381	20.1	0.0	0.0	0.0	70.0	30.0	0.0	1,894	10	110
15-20	2.1	183	19.2	22.0	30.7	14.2	22.0	11.0	0.0	951	127	1,309
21-44	3.1	203	24.1	15.5	25.8	13.4	26.2	16.3	2.8	844	10,332	109,487
45-64	5.1	276	25.2	9.8	12.2	8.8	28.4	32.6	8.3	1,093	11,723	121,277
65-74	5.2	234	25.4	10.8	11.4	8.5	27.6	32.6	9.1	920	11,009	115,306
75-84	5.5	232	15.0	8.5	9.3	7.3	29.2	35.7	10.0	1,543	9,229	93,554
85 and older	5.3	210	8.8	7.1	9.2	9.0	31.4	34.8	8.3	2,389	6,768	64,483
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	5.3	226	14.9	8.8	10.3	8.4	29.4	33.9	9.2	1,520	23,133	235,777
Disabled	4.3	240	23.7	12.3	17.1	10.4	27.3	26.6	6.2	1,014	25,541	266,218
Adults	4.1	265	37.1	12.4	18.8	10.4	29.9	21.4	7.0	714	499	3,308
Children	3.4	300	27.5	28.6	14.3	14.3	14.3	28.6	0.0	1,092	7	61
Unknown	5.0	407	51.1	4.8	0.0	14.3	42.9	38.1	0.0	797	21	198
<b>Gender</b>												
Female	5.4	249	18.6	7.9	10.8	8.7	28.9	34.4	9.2	1,342	30,023	311,081
Male	3.9	209	19.1	15.0	18.8	10.6	27.5	23.1	5.1	1,098	19,178	194,481
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	4.8	235	18.8	10.5	13.8	9.4	28.4	30.2	7.7	1,249	47,239	486,410
African American	4.1	214	17.2	13.6	18.4	10.8	27.1	25.0	5.1	1,241	1,789	18,051
Other/unknown	4.1	219	24.7	18.5	13.9	14.5	23.7	23.1	6.4	887	173	1,101
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	6.7	292	7.9	2.6	6.9	6.7	27.6	39.5	16.8	3,672	7,074	68,525
Part year	6.4	285	10.8	3.4	7.3	7.4	29.8	38.4	13.8	2,627	2,971	27,926
None	4.4	221	29.5	12.7	15.7	10.1	28.3	27.6	5.5	748	39,156	409,111
<b>Maintenance Assistance Status</b>												
Cash	4.4	216	32.4	11.7	15.5	10.2	28.8	28.2	5.6	667	32,327	343,064
Medically needy	4.9	307	36.6	13.9	10.7	10.3	28.5	29.0	7.6	839	2,113	11,626
Poverty related	2.0	130	38.5	20.3	32.7	14.1	23.6	8.1	1.2	337	1,044	10,143
Other/unknown	6.0	278	10.1	7.0	9.3	7.3	27.5	36.2	12.8	2,764	13,717	140,729

Table D4

Dual Eligible Beneficiaries

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 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, 2002

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>4.8</b>	<b>\$234</b>	<b>\$49</b>	<b>1.9</b>	<b>\$164</b>	<b>\$86</b>	<b>0.3</b>	<b>\$15</b>	<b>\$43</b>	<b>2.5</b>	<b>\$55</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	1.9	172	91	1.1	92	87	0.2	61	276	0.6	19	31
6-14	5.2	381	73	2.3	273	118	0.3	52	149	2.5	55	22
15-20	2.1	183	86	0.9	148	156	0.1	8	56	1.0	27	26
21-44	3.1	203	67	1.3	150	118	0.2	14	66	1.6	39	25
45-64	5.1	276	54	2.2	199	92	0.3	16	48	2.6	60	23
65-74	5.2	234	45	2.1	163	77	0.3	13	37	2.7	58	21
75-84	5.5	232	42	2.1	157	74	0.4	15	36	3.0	60	20
85 and older	5.3	210	39	1.9	137	73	0.5	16	35	3.0	57	19
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	5.3	226	43	2.0	153	75	0.4	14	36	2.9	58	20
Disabled	4.3	240	56	1.8	174	97	0.3	14	49	2.2	52	23
Adults	4.1	265	64	1.8	170	96	0.2	46	214	2.1	49	23
Children	3.4	300	89	1.6	177	114	0.1	6	48	1.6	113	69
Unknown	5.0	407	82	2.5	274	108	0.5	33	73	2.0	100	50
<b>Gender</b>												
Female	5.4	249	47	2.2	175	81	0.4	15	38	2.8	58	21
Male	3.9	209	54	1.5	147	96	0.2	13	55	2.1	49	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.8	235	49	1.9	165	86	0.3	15	43	2.5	55	22
African American	4.1	214	52	1.7	154	91	0.3	11	43	2.1	48	22
Other/unknown	4.1	219	53	1.6	154	97	0.3	13	39	2.2	52	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.7	292	44	2.5	195	79	0.6	21	37	3.6	75	21
Part year	6.4	285	44	2.4	195	80	0.5	20	39	3.5	70	20
None	4.4	221	51	1.8	157	88	0.3	13	45	2.3	50	22
<b>Maintenance Assistance Status</b>												
Cash	4.4	216	49	1.8	153	86	0.3	13	44	2.3	50	22
Medically needy	4.9	307	62	2.1	219	106	0.3	25	93	2.6	63	24
Poverty related	2.0	130	64	0.9	93	109	0.1	10	73	1.0	25	24
Other/unknown	6.0	278	47	2.3	193	84	0.5	18	39	3.2	67	21

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 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, 0.3 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\\_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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			Users			
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No. Dual Benes	As % of Dual Benes	No. of Bene Mos
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic	
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$15	\$2	\$3	\$55	\$86	\$82	\$16	116,416	29,902	60.8 %	325,828
Biologics	0.5	0.1	0.0	0.4	####	8	0	####	2559	98	0	3,051	12	2	0.0	24
Antineoplastic Agents	0.6	0.2	0.1	0.2	106	70	17	19	183	314	135	83	11,840	2,066	4.2	20,427
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.3	43	32	4	7	41	61	18	23	257,338	22,450	45.6	241,632
Cardiovascular Agents	1.9	0.7	0.1	1.1	66	41	5	21	34	59	38	19	638,144	31,133	63.3	330,263
Respiratory Agents	0.7	0.4	0.0	0.3	37	26	3	7	52	67	66	26	168,141	21,795	44.3	237,341
Gastrointestinal Agents	0.8	0.2	0.0	0.5	36	22	2	11	47	102	89	22	171,707	21,043	42.8	226,158
Genitourinary Agents	0.5	0.4	0.0	0.1	27	25	0	2	57	67	37	20	37,151	7,165	14.6	78,613
CNS Drugs	1.3	0.6	0.0	0.7	90	67	4	19	69	115	95	28	383,939	28,000	56.9	297,051
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.4	43	20	7	17	69	115	82	45	1,401	209	0.4	2,239
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	72	70	0	2	118	123	0	44	19,631	3,093	6.3	31,937
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	34	22	1	11	42	112	62	18	225,889	26,290	53.4	281,873
Neuromuscular Agents	0.9	0.4	0.1	0.5	59	44	3	11	64	111	52	25	152,222	15,298	31.1	165,158
Nutritional Products	0.6	0.0	0.0	0.6	11	0	1	11	18	18	18	18	64,707	9,946	20.2	104,278
Hematological Agents	0.8	0.3	0.1	0.4	43	34	2	7	57	133	21	17	76,207	9,490	19.3	99,964
Topical Products	0.4	0.2	0.0	0.2	15	11	1	4	39	57	44	20	78,853	18,100	36.8	198,800
Miscellaneous Products	0.5	0.2	0.1	0.3	103	69	19	15	203	393	251	60	6,010	1,153	2.3	11,869
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	6,947	2,147	4.4	23,577
<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.	2,416,555	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 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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 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](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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2002

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	\$12,811,687	11,192	22.7 %	120,363	0.7	\$154	\$106
ANTIDEPRESSANTS	10,507,495	24,252	49.3	260,639	0.6	64	40
ANTICONVULSANT	8,147,495	13,445	27.3	146,503	0.8	72	56
ANTI-DIABETIC	7,586,828	16,852	34.3	182,555	0.7	58	42
ANTI-HYPERLIPIDEMIC	7,353,752	12,211	24.8	135,563	0.7	80	54
ULCER DRUGS	6,402,030	22,310	45.3	243,642	0.5	52	26
ANTI-ASTHMATIC	6,064,083	21,909	44.5	237,679	0.5	55	26
ANTI-HYPERTENSIVE	5,634,602	20,430	41.5	220,944	0.7	36	26
ANALGESICS - Narcotic	5,561,769	30,690	62.4	331,509	0.4	39	17
CALCIUM BLOCKERS	3,366,739	9,176	18.7	98,673	0.8	44	34
<b>Total</b>	<b>73,436,480</b>	<b>182,467</b>		<b>1,978,070</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 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 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\\_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, 2002

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 \$
<b>All</b>	<b>1,190,474</b>	<b>\$73,436,480</b>	<b>11,192</b>	<b>22.7 %</b>	<b>120,363</b>	<b>0.7</b>	<b>\$106</b>	<b>24,252</b>	<b>49.3 %</b>	<b>260,639</b>	<b>0.6</b>	<b>\$40</b>
<b>Female</b>	789,035	46,829,574	6,720	22.4	72,374	0.7	93	16,692	55.6	180,425	0.6	41
<b>Disabled</b>	351,997	23,616,459	3,231	24.7	35,926	0.7	104	8,846	67.6	97,512	0.6	42
5 and younger	24	1,815	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	1,229	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	663	45,724	12	22.2	127	0.7	80	24	44.4	278	0.4	26
21-44	80,224	6,369,889	1,355	34.1	15,158	0.6	101	2,728	68.6	30,508	0.5	42
45-64	197,258	13,245,164	1,481	23.8	16,625	0.7	117	4,808	77.2	53,201	0.6	44
65-74	39,485	2,238,685	183	14.9	2,009	0.7	81	679	55.4	7,358	0.6	35
75-84	23,505	1,195,350	112	11.6	1,114	0.5	47	420	43.5	4,320	0.7	33
85 and older	10,820	518,603	88	13.7	893	0.5	69	187	29.2	1,847	0.7	36
<b>Other Eligibles</b>	437,038	23,213,115	3,489	20.6	36,448	0.7	81	7,846	46.3	82,913	0.7	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	818	1	50.0	12	0.2	27	2	100.0	24	0.2	8
21-44	2,445	161,492	52	29.1	488	0.4	57	142	79.3	1,266	0.5	42
45-64	752	56,777	6	15.4	56	0.3	15	26	66.7	219	0.7	49
65-74	168,989	9,541,961	940	16.4	10,191	0.7	99	2,602	45.3	28,760	0.6	38
75-84	160,198	8,300,713	1,250	21.1	12,964	0.7	80	2,677	45.2	28,337	0.7	40
85 and older	104,629	5,151,347	1,240	24.6	12,737	0.6	69	2,397	47.6	24,307	0.7	42
<b>Male</b>	401,439	26,606,906	4,472	23.3	47,989	0.7	127	7,560	39.4	80,214	0.6	39
<b>Disabled</b>	251,013	18,475,644	3,162	25.4	34,792	0.8	142	5,275	42.4	57,018	0.6	39
5 and younger	1	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	138	10,703	0	0.0	0	0.0	0	1	14.3	6	1.0	77
15-20	514	47,571	10	14.7	111	0.6	168	21	30.9	213	0.4	34
21-44	98,525	8,111,638	1,738	28.9	19,477	0.7	139	2,620	43.6	29,026	0.5	38
45-64	131,503	9,196,409	1,282	24.0	13,806	0.8	154	2,329	43.6	24,633	0.6	41
65-74	14,359	814,011	85	13.4	948	0.7	92	179	28.2	1,920	0.6	37
75-84	4,175	214,646	36	13.5	341	0.6	66	90	33.8	842	0.6	28
85 and older	1,798	80,640	11	9.2	109	0.5	42	35	29.4	378	0.6	39
<b>Other Eligibles</b>	150,426	8,131,262	1,310	19.5	13,197	0.7	88	2,285	33.9	23,196	0.7	38
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	49	3,068	1	33.3	12	0.8	121	1	33.3	12	0.6	40
21-44	2,231	164,784	21	13.0	136	0.6	110	79	49.1	664	0.6	40
45-64	1,998	129,851	13	10.7	128	0.7	119	68	56.2	507	0.6	42
65-74	82,821	4,568,993	539	15.9	5,718	0.7	96	1,035	30.4	11,183	0.6	35
75-84	45,648	2,407,598	486	23.4	4,778	0.7	84	710	34.2	7,117	0.7	41
85 and older	17,679	856,968	250	25.7	2,425	0.7	74	392	40.3	3,713	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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANTI-DIABETIC					ANTI-HYPERLIPIDEMIC				
	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>13,445</b>	<b>27.3 %</b>	<b>146,503</b>	<b>0.8</b>	<b>\$56</b>	<b>16,952</b>	<b>34.3 %</b>	<b>182,555</b>	<b>0.7</b>	<b>\$42</b>	<b>12,211</b>	<b>24.8 %</b>	<b>135,563</b>	<b>0.7</b>	<b>\$54</b>
<b>Female</b>	8,019	26.7	87,621	0.7	52	11,619	38.7	126,813	0.7	41	8,103	27.0	90,969	0.7	55
<b>Disabled</b>	4,961	37.9	54,917	0.7	61	4,896	37.4	53,736	0.7	43	3,827	29.2	42,503	0.6	51
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	21	38.9	235	0.8	68	5	9.3	50	0.7	82	3	5.6	35	0.4	31
21-44	1,900	47.8	21,145	0.8	72	692	17.4	7,791	0.6	41	449	11.3	5,035	0.5	41
45-64	2,483	39.9	27,728	0.8	58	2,773	44.5	30,780	0.7	45	2,444	39.2	27,287	0.6	53
65-74	311	25.4	3,373	0.7	46	781	63.8	8,507	0.7	43	562	45.9	6,279	0.7	54
75-84	171	17.7	1,704	0.6	29	475	49.2	4,890	0.7	37	285	29.5	2,984	0.7	50
85 and older	75	11.7	732	0.7	33	170	26.5	1,718	0.6	28	84	13.1	883	0.7	55
<b>Other Eligibles</b>	3,058	18.1	32,704	0.7	37	6,723	39.7	73,077	0.7	39	4,276	25.3	48,466	0.7	57
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	50.0	12	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	62	34.6	507	0.6	44	24	13.4	215	0.6	45	14	7.8	142	0.6	43
45-64	15	38.5	125	0.7	70	8	20.5	70	0.6	26	14	35.9	113	0.5	39
65-74	1,190	20.7	13,126	0.7	42	2,927	50.9	32,856	0.7	44	2,292	39.9	26,152	0.7	58
75-84	1,091	18.4	11,780	0.8	35	2,480	41.9	26,899	0.8	38	1,551	26.2	17,677	0.7	58
85 and older	699	13.9	7,154	0.8	30	1,284	25.5	13,037	0.7	32	405	8.0	4,382	0.7	52
<b>Male</b>	5,426	28.3	58,882	0.8	61	5,233	27.3	55,742	0.7	43	4,108	21.4	44,594	0.7	54
<b>Disabled</b>	4,172	33.5	45,861	0.8	67	2,980	23.9	31,981	0.7	45	2,667	21.4	28,851	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	3	42.9	24	1.0	190	0	0.0	0	0.0	0	1	14.3	12	1.0	64
15-20	18	26.5	204	0.8	70	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,203	36.6	24,738	0.8	69	792	13.2	8,795	0.7	43	748	12.4	8,476	0.6	45
45-64	1,772	33.2	19,051	0.9	65	1,847	34.6	19,648	0.7	46	1,670	31.3	17,718	0.7	55
65-74	129	20.3	1,378	0.7	51	238	37.5	2,542	0.7	43	184	29.0	2,003	0.7	58
75-84	38	14.3	371	0.5	25	77	28.9	758	0.6	33	58	21.8	579	0.6	47
85 and older	9	7.6	95	0.6	27	26	21.8	238	0.7	23	6	5.0	63	0.6	26
<b>Other Eligibles</b>	1,254	18.6	13,021	0.8	40	2,253	33.5	23,761	0.7	41	1,441	21.4	15,743	0.7	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.3	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	46	28.6	394	0.7	66	41	25.5	332	0.7	52	25	15.5	199	0.5	35
45-64	37	30.6	275	0.4	37	33	27.3	228	0.6	40	42	34.7	301	0.7	58
65-74	631	18.6	6,921	0.8	44	1,256	36.9	13,735	0.7	45	959	28.2	10,733	0.7	57
75-84	406	19.6	4,104	0.8	34	696	33.6	7,306	0.7	38	355	17.1	3,890	0.7	57
85 and older	133	13.7	1,315	0.8	30	227	23.4	2,160	0.7	28	60	6.2	620	0.7	47
<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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

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>22,310</b>	<b>45.3 %</b>	<b>243,642</b>	<b>0.5</b>	<b>\$26</b>	<b>21,909</b>	<b>44.5 %</b>	<b>237,679</b>	<b>0.5</b>	<b>\$26</b>	<b>20,430</b>	<b>41.5 %</b>	<b>220,944</b>	<b>0.7</b>	<b>\$26</b>
<b>Female</b>	14,958	49.8	164,251	0.5	26	14,385	47.9	157,546	0.5	25	13,527	45.1	147,435	0.7	26
<b>Disabled</b>	6,473	49.4	72,138	0.5	26	6,611	50.5	73,533	0.4	25	4,976	38.0	54,389	0.7	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.8	60
6-14	2	100.0	24	0.4	41	1	50.0	12	0.1	1	1	50.0	12	0.3	4
15-20	13	24.1	138	0.3	15	13	24.1	137	0.3	11	8	14.8	96	0.4	11
21-44	1,486	37.4	16,837	0.4	23	1,391	35.0	15,859	0.3	19	644	16.2	7,258	0.6	21
45-64	3,498	56.2	39,137	0.5	28	3,785	60.8	42,247	0.4	27	2,711	43.5	29,846	0.7	26
65-74	689	56.2	7,654	0.5	27	791	64.6	8,737	0.5	30	737	60.2	8,130	0.7	25
75-84	512	53.0	5,464	0.5	26	474	49.1	4,963	0.4	25	572	59.2	5,964	0.7	24
85 and older	273	42.6	2,884	0.5	27	156	24.3	1,578	0.4	19	302	47.1	3,071	0.7	22
<b>Other Eligibles</b>	8,485	50.1	92,113	0.5	26	7,774	45.9	84,013	0.5	25	8,551	50.5	93,046	0.7	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	150.0	36	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	57	31.8	514	0.3	16	54	30.2	455	0.3	17	34	19.0	278	0.5	20
45-64	19	48.7	168	0.5	31	16	41.0	129	0.6	23	12	30.8	103	0.6	23
65-74	3,037	52.8	34,100	0.5	26	3,241	56.4	36,256	0.5	28	3,174	55.2	35,488	0.7	27
75-84	3,005	50.7	32,843	0.5	26	2,739	46.2	29,607	0.5	25	3,173	53.6	35,004	0.7	27
85 and older	2,364	46.9	24,452	0.6	26	1,724	34.2	17,566	0.4	19	2,158	42.9	22,173	0.8	27
<b>Male</b>	7,352	38.3	79,391	0.5	27	7,524	39.2	80,133	0.5	26	6,903	36.0	73,509	0.7	25
<b>Disabled</b>	4,363	35.1	47,724	0.5	27	3,874	31.1	42,082	0.4	25	3,789	30.4	40,428	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	2	28.6	24	0.4	29	1	14.3	12	0.1	0	5	71.4	54	0.7	16
15-20	7	10.3	84	0.3	10	8	11.8	96	0.4	36	14	20.6	160	0.3	12
21-44	1,672	27.8	18,943	0.4	23	1,137	18.9	12,819	0.4	21	1,106	18.4	12,292	0.6	22
45-64	2,257	42.3	24,246	0.5	29	2,195	41.1	23,529	0.5	27	2,179	40.8	22,995	0.7	26
65-74	271	42.7	2,917	0.5	25	348	54.8	3,771	0.5	26	329	51.8	3,447	0.7	24
75-84	99	37.2	936	0.5	26	131	49.2	1,302	0.4	25	107	40.2	1,015	0.6	22
85 and older	55	46.2	574	0.5	28	54	45.4	553	0.5	30	49	41.2	465	0.6	18
<b>Other Eligibles</b>	2,989	44.4	31,667	0.5	27	3,650	54.2	38,051	0.5	27	3,114	46.3	33,081	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	6	1.0	6
21-44	51	31.7	407	0.4	30	54	33.5	509	0.2	16	33	20.5	284	0.6	25
45-64	49	40.5	397	0.5	35	48	39.7	378	0.5	26	41	33.9	298	0.8	32
65-74	1,477	43.4	16,426	0.5	27	1,952	57.4	21,226	0.5	30	1,693	49.8	18,602	0.7	25
75-84	927	44.7	9,640	0.6	28	1,144	55.2	11,574	0.5	26	970	46.8	10,231	0.7	25
85 and older	485	49.9	4,797	0.6	25	452	46.5	4,364	0.5	22	376	38.7	3,660	0.7	25
<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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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, 2002

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>30,690</b>	<b>62.4 %</b>	<b>331,509</b>	<b>0.4</b>	<b>\$17</b>	<b>9,176</b>	<b>18.7 %</b>	<b>98,673</b>	<b>0.8</b>	<b>\$34</b>	<b>49,201</b>	<b>505,562</b>
<b>Female</b>	20,005	66.6	217,755	0.4	16	6,400	21.3	69,280	0.8	34	30,023	311,081
<b>Disabled</b>	10,458	79.9	115,534	0.4	18	2,201	16.8	23,824	0.7	33	13,094	137,323
5 and younger	0	0.0	0	0.0	0	1	100.0	12	1.3	91	1	12
6-14	2	100.0	24	0.1	1	1	50.0	12	0.2	14	2	24
15-20	33	61.1	379	0.2	3	5	9.3	60	0.4	32	54	554
21-44	3,143	79.0	35,431	0.4	17	262	6.6	2,927	0.6	30	3,978	42,602
45-64	5,283	84.8	58,507	0.4	20	1,131	18.2	12,427	0.7	33	6,227	66,399
65-74	929	75.8	10,075	0.4	16	322	26.3	3,542	0.8	36	1,225	12,617
75-84	705	73.0	7,401	0.4	15	304	31.5	3,066	0.7	32	966	9,171
85 and older	363	56.6	3,717	0.4	11	175	27.3	1,778	0.7	30	641	5,944
<b>Other Eligibles</b>	9,547	56.4	102,221	0.5	15	4,199	24.8	45,456	0.8	35	16,929	173,758
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	8	0.1	1	0	0.0	0	0.0	0	1	8
15-20	4	200.0	48	0.3	4	0	0.0	0	0.0	0	2	24
21-44	187	104.5	1,635	0.4	12	14	7.8	117	0.5	19	179	1,281
45-64	33	84.6	286	0.6	67	4	10.3	30	0.6	23	39	274
65-74	3,604	62.7	39,969	0.4	13	1,407	24.5	15,718	0.8	36	5,749	61,543
75-84	3,276	55.3	35,583	0.5	15	1,639	27.7	18,002	0.8	35	5,923	61,918
85 and older	2,442	48.5	24,692	0.5	18	1,135	22.5	11,589	0.8	33	5,036	48,710
<b>Male</b>	10,685	55.7	113,754	0.4	17	2,776	14.5	29,393	0.7	35	19,178	194,481
<b>Disabled</b>	7,456	59.9	80,190	0.4	19	1,447	11.6	15,314	0.7	35	12,447	128,895
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	2	2	24
6-14	2	28.6	18	0.1	1	5	71.4	60	0.8	55	7	78
15-20	22	32.4	262	0.2	2	3	4.4	36	0.5	21	68	701
21-44	3,619	60.2	40,145	0.4	18	389	6.5	4,261	0.7	32	6,014	64,548
45-64	3,274	61.4	34,224	0.5	20	849	15.9	8,832	0.7	36	5,336	53,831
65-74	341	53.7	3,688	0.4	15	127	20.0	1,360	0.8	35	635	6,390
75-84	141	53.0	1,274	0.4	13	46	17.3	475	0.6	25	266	2,331
85 and older	57	47.9	579	0.3	6	27	22.7	278	0.7	27	119	992
<b>Other Eligibles</b>	3,229	48.0	33,564	0.4	15	1,329	19.7	14,079	0.8	35	6,731	65,586
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	2	66.7	18	1.0	38	3	30
21-44	130	80.7	1,114	0.6	38	12	7.5	101	0.7	29	161	1,056
45-64	109	90.1	813	0.5	24	11	9.1	85	0.8	45	121	773
65-74	1,739	51.1	18,927	0.4	15	726	21.4	8,007	0.8	36	3,400	34,756
75-84	862	41.6	8,843	0.4	13	411	19.8	4,274	0.8	34	2,074	20,134
85 and older	389	40.0	3,867	0.5	11	167	17.2	1,594	0.7	30	972	8,837
<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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

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>\$292</b>	<b>6.7</b>	<b>7,074</b>	<b>68,525</b>
<b>Age</b>				
0-64	408	7.7	470	5,039
65-74	380	8.1	975	9,737
75-84	308	7.0	2,316	22,239
85 and older	234	5.8	3,313	31,510
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	281	6.6	5,299	51,816
Male	324	6.8	1,775	16,709
Unknown	0	0.0	0	0
<b>Race</b>				
White	292	6.7	6,817	65,994
African American	280	6	243	2,462
Other/unknown	248	7.7	14	69
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	282	6.6	6,591	63,385
Disabled	408	7.7	483	5,140
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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos	
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$13	\$2	\$2	\$15	\$67	\$15	20,342	\$870,536	4,958	70.1 %	51,243
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	0.3	90	25	37	227	132	101	3,978	535,747	656	9.3	5,948
Endocrine/Metabolic Drugs	1.2	0.5	0.3	0.4	40	28	5	58	16	19	40,756	1,417,107	3,486	49.3	35,023
Cardiovascular Agents	2.1	0.5	0.2	1.4	55	24	5	50	32	18	107,827	2,844,422	5,265	74.4	51,818
Respiratory Agents	0.8	0.3	0.1	0.4	35	20	5	61	58	27	24,539	1,106,442	3,150	44.5	32,003
Gastrointestinal Agents	1.0	0.2	0.0	0.8	38	17	1	82	72	24	37,387	1,361,350	3,583	50.7	35,788
Genitourinary Agents	0.6	0.5	0.0	0.1	36	32	1	65	36	22	9,563	529,969	1,413	20.0	14,807
CNS Drugs	1.6	0.9	0.1	0.7	113	91	4	102	64	26	79,436	5,524,062	4,920	69.6	49,007
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	25	13	0	114	0	23	135	5,433	21	0.3	216
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	88	87	0	117	0	25	9,613	1,115,126	1,279	18.1	12,719
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	41	33	1	84	44	11	33,724	1,348,482	3,316	46.9	32,745
Neuromuscular Agents	1.2	0.5	0.1	0.7	58	36	3	79	45	28	30,006	1,455,915	2,432	34.4	25,044
Nutritional Products	0.7	0.0	0.0	0.7	13	0	0	17	20	18	15,951	288,945	2,225	31.5	21,837
Hematological Agents	1.0	0.3	0.3	0.5	42	31	5	6	117	18	19,443	817,733	1,978	28.0	19,637
Topical Products	0.5	0.2	0.0	0.3	18	10	2	52	38	19	21,059	700,528	3,826	54.1	39,873
Miscellaneous Products	0.3	0.1	0.0	0.2	9	3	1	58	297	20	851	25,898	307	4.3	2,974
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	0	0	2,599	44,854	732	10.3	7,834
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.	457,209	19,992,549	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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 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.
- 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, 0.3 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.

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, 2002

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	\$2,890,611	2,786	39.4 %	28,818	0.8	\$130	\$100
ANTIDEPRESSANTS	2,205,367	4,301	60.8	43,821	0.8	61	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,115,126	1,244	17.6	12,482	0.8	116	89
ANTICONVULSANT	1,078,369	2,037	28.8	21,282	1.0	50	51
ULCER DRUGS	1,066,555	3,573	50.5	36,532	0.7	45	29
ANTIDIABETIC	923,297	2,395	33.9	24,418	0.9	44	38
ANTIHYPERTENSIVE	853,173	2,876	40.7	28,865	0.8	35	30
ANTIASTHMATIC	753,732	3,185	45.0	31,927	0.5	45	24
ANALGESICS - Narcotic	738,584	3,183	45.0	31,519	0.7	33	23
ANALGESICS - ANTI-INFLAMMATORY	585,791	1,519	21.5	15,929	0.6	60	37
<b>Total</b>	<b>12,210,605</b>	<b>27,099</b>		<b>275,593</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	
			No. of Users	Residents	NF										No. of Users
<b>All</b>	<b>207,273</b>	<b>\$12,210,605</b>	<b>2,766</b>	<b>39.4 %</b>	<b>28,818</b>	<b>0.8</b>	<b>\$100</b>	<b>0.8</b>	<b>4,301</b>	<b>60.8 %</b>	<b>43,821</b>	<b>0.8</b>	<b>\$50</b>		
<b>Female</b>	153,533	8,880,470	1,964	37.1	20,621	0.8	95	0.8	3,270	61.7	33,612	0.8	50		
<b>Disabled</b>	9,449	629,422	105	46.9	1,189	1.0	155	1.0	162	72.3	1,787	0.9	67		
64 or younger	9,311	625,066	103	47.2	1,167	1.0	158	1.0	159	72.9	1,771	0.9	67		
65-74	137	4,339	2	40.0	22	0.8	12	0.8	3	60.0	16	1.2	65		
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0		
85 and older	1	17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0		
<b>Other Eligibles</b>	144,084	8,251,048	1,859	36.6	19,432	0.7	91	0.7	3,108	61.2	31,825	0.8	49		
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0		
65-74	24,730	1,507,808	323	55.7	3,508	0.8	120	0.8	457	78.8	4,783	0.8	53		
75-84	54,496	3,140,700	691	41.0	7,143	0.8	94	0.8	1,125	66.8	11,483	0.8	50		
85 and older	64,858	3,602,540	845	30.1	8,781	0.7	77	0.7	1,526	54.3	15,559	0.8	47		
<b>Male</b>	53,740	3,330,135	822	46.3	8,197	0.8	114	0.8	1,031	58.1	10,209	0.8	52		
<b>Disabled</b>	10,125	771,729	161	62.2	1,700	0.9	170	0.9	162	62.5	1,731	0.9	62		
64 or younger	9,832	750,406	160	63.5	1,688	0.9	170	0.9	158	62.7	1,683	0.9	61		
65-74	293	21,323	1	14.3	12	1.1	171	1.1	4	57.1	48	1.0	98		
75-84	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		
<b>Other Eligibles</b>	43,615	2,558,406	661	43.6	6,497	0.8	100	0.8	869	57.3	8,478	0.8	50		
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0		
65-74	14,768	920,682	221	57.7	2,255	0.8	116	0.8	264	68.9	2,716	0.8	52		
75-84	18,079	1,042,860	283	44.8	2,745	0.8	93	0.8	355	56.2	3,398	0.8	50		
85 and older	10,768	594,864	157	31.3	1,497	0.7	88	0.7	250	49.9	2,364	0.8	47		
<b>Unknown</b>	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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ULCER DRUGS				
	No. of Users	Residents	No. of All-Year NF	No. of Bene Users among Mos	Mean Rx \$	No. of Users	Residents	No. of All-Year NF	No. of Bene Users among Mos	Mean Rx \$	No. of Users	Residents	No. of All-Year NF	No. of Bene Users among Mos	Mean Rx \$
<b>All</b>	<b>1,244</b>	<b>17.6 %</b>	<b>0.8</b>	<b>\$89</b>	<b>2,037</b>	<b>28.8 %</b>	<b>1.0</b>	<b>\$51</b>	<b>3,573</b>	<b>50.5 %</b>	<b>0.7</b>	<b>\$29</b>			
<b>Female</b>	942	17.8	0.8	89	1,384	26.1	1.0	46	2,673	50.4	0.7	29			
<b>Disabled</b>	18	8.0	0.6	66	157	70.1	1.2	69	121	54.0	0.7	34			
64 or younger	18	8.3	0.6	66	155	71.1	1.2	69	119	54.6	0.7	34			
65-74	0	0.0	0.0	0	2	40.0	2.0	61	2	40.0	0.3	9			
75-84	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			
<b>Other Eligibles</b>	924	18.2	0.8	90	1,227	24.2	0.9	43	2,552	50.3	0.7	29			
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0			
65-74	98	16.9	0.8	91	291	50.2	1.1	56	332	57.2	0.7	29			
75-84	358	21.3	0.8	94	479	28.4	0.9	44	893	53.0	0.6	29			
85 and older	468	16.6	0.7	87	457	16.3	0.8	34	1,327	47.2	0.7	28			
<b>Male</b>	302	17.0	0.8	89	653	36.8	1.1	60	900	50.7	0.6	30			
<b>Disabled</b>	16	6.2	0.7	85	199	76.8	1.2	80	122	47.1	0.6	32			
64 or younger	16	6.3	0.7	85	198	78.6	1.2	79	117	46.4	0.6	32			
65-74	0	0.0	0.0	0	1	14.3	0.9	312	5	71.4	0.5	30			
75-84	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			
<b>Other Eligibles</b>	286	18.9	0.8	89	454	29.9	1.0	51	778	51.3	0.6	30			
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0			
65-74	73	19.1	0.8	85	184	48.0	1.1	61	215	56.1	0.6	31			
75-84	120	19.0	0.8	88	198	31.3	1.0	45	313	49.5	0.7	32			
85 and older	93	18.6	0.8	95	72	14.4	0.9	37	250	49.9	0.6	26			
<b>Unknown</b>	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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIASTHMATIC							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>2,395</b>	<b>33.9 %</b>	<b>24,418</b>	<b>0.9</b>	<b>\$38</b>	<b>2,876</b>	<b>40.7 %</b>	<b>28,865</b>	<b>0.8</b>	<b>\$30</b>	<b>3,185</b>	<b>45.0 %</b>	<b>31,927</b>	<b>0.5</b>	<b>\$24</b>			
<b>Female</b>	1,830	34.5	18,776	0.9	37	2,119	40.0	21,371	0.8	30	2,203	41.6	22,373	0.5	23			
<b>Disabled</b>	103	46.0	1,111	1.0	49	65	29.0	692	0.8	34	86	38.4	954	0.3	15			
64 or younger	95	43.6	1,055	1.0	49	63	28.9	677	0.9	35	84	38.5	940	0.3	15			
65-74	8	160.0	56	0.9	37	2	40.0	15	0.3	9	2	40.0	14	0.2	16			
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>	1,727	34.0	17,665	0.8	36	2,054	40.5	20,679	0.8	30	2,117	41.7	21,419	0.5	23			
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	304	52.4	3,249	0.9	44	270	46.6	2,742	0.9	29	328	56.6	3,495	0.6	28			
75-84	759	45.1	7,771	0.8	37	729	43.3	7,536	0.8	30	793	47.1	7,918	0.5	25			
85 and older	664	23.6	6,645	0.8	33	1,055	37.5	10,401	0.8	30	996	35.4	10,006	0.4	20			
<b>Male</b>	565	31.8	5,642	0.9	40	757	42.6	7,494	0.8	29	982	55.3	9,554	0.6	26			
<b>Disabled</b>	70	27.0	758	1.0	54	97	37.5	1,003	0.9	36	118	45.6	1,228	0.6	27			
64 or younger	62	24.6	682	1.0	52	91	36.1	956	0.9	36	114	45.2	1,183	0.5	27			
65-74	8	114.3	76	0.9	70	6	85.7	47	1.0	37	4	57.1	45	1.0	22			
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>	495	32.7	4,884	0.9	38	660	43.5	6,491	0.8	28	864	57.0	8,326	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	151	39.4	1,554	0.9	45	198	51.7	1,984	0.9	30	230	60.1	2,380	0.7	32			
75-84	229	36.2	2,278	0.8	37	293	46.4	2,918	0.8	27	384	60.8	3,565	0.6	27			
85 and older	115	23.0	1,052	0.8	29	169	33.7	1,589	0.8	28	250	49.9	2,381	0.5	20			
<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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY					Bene Mos among All-Year NF Residents	
	Users as %		Users as %		Mean Rx\$	Users as %		Users as %		Mean Rx\$		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx		No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx			
<b>All</b>	<b>3,183</b>	<b>45.0 %</b>	<b>31,519</b>	<b>0.7</b>	<b>\$23</b>	<b>1,519</b>	<b>21.5 %</b>	<b>15,929</b>	<b>0.6</b>	<b>\$37</b>	<b>7,074</b>	<b>68,525</b>
<b>Female</b>	2,470	46.6	24,620	0.7	25	1,198	22.6	12,579	0.6	38	5,299	51,816
<b>Disabled</b>	125	55.8	1,395	0.8	30	46	20.5	533	0.6	24	224	2,400
64 or younger	120	55.0	1,367	0.8	30	46	21.1	533	0.6	24	218	2,369
65-74	4	80.0	27	1.1	10	0	0.0	0	0.0	0	5	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	1	1.0	17	0	0.0	0	0.0	0	1	1
<b>Other Eligibles</b>	2,345	46.2	23,225	0.7	24	1,152	22.7	12,046	0.6	39	5,075	49,416
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	303	52.2	3,079	0.9	28	132	22.8	1,444	0.6	39	580	5,935
75-84	815	48.4	8,126	0.7	25	420	24.9	4,377	0.6	39	1,684	16,457
85 and older	1,227	43.6	12,020	0.7	23	600	21.3	6,225	0.6	38	2,811	27,024
<b>Male</b>	713	40.2	6,899	0.6	19	321	18.1	3,350	0.6	32	1,775	16,709
<b>Disabled</b>	109	42.1	1,162	0.7	25	44	17.0	476	0.4	21	259	2,740
64 or younger	106	42.1	1,129	0.7	25	42	16.7	452	0.4	20	252	2,670
65-74	3	42.9	33	0.5	5	2	28.6	24	0.5	35	7	70
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>	604	39.8	5,737	0.6	18	277	18.3	2,874	0.6	34	1,516	13,969
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	176	46.0	1,710	0.7	22	65	17.0	709	0.6	34	383	3,702
75-84	240	38.0	2,236	0.6	17	116	18.4	1,183	0.6	34	632	5,782
85 and older	188	37.5	1,791	0.6	14	96	19.2	982	0.5	34	501	4,485
<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 2002 file for West Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 2,971 beneficiaries who were in nursing facilities for part of their enrollment and their 27,926 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 WEST VIRGINIA, 2002

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 \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx \$	Total No. of Benes
			42.0 %	3.0					
<b>All</b>	<b>20,682</b>	<b>42.0 %</b>	<b>3.0</b>	<b>145,297</b>	<b>\$90</b>	<b>\$4,437,463</b>	<b>\$31</b>	<b>3.8 %</b>	<b>49,201</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	3
6-14	3	30.0	0.5	5	26	259	52	0.6	10
15-20	43	33.9	1.2	158	155	19,705	125	8.2	127
21-44	4,040	39.1	2.4	25,127	85	882,083	35	4.0	10,332
45-64	5,313	45.3	3.3	38,211	99	1,165,753	31	3.5	11,723
65-74	4,596	41.7	3.1	34,369	97	1,066,236	31	4.0	11,009
75-84	3,928	42.6	3.2	29,139	89	819,852	28	3.8	9,229
85 and older	2,759	40.8	2.7	18,288	71	483,575	26	3.6	6,768
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	9,617	41.6	3.1	70,801	88	2,037,716	29	3.8	23,133
Disabled	10,847	42.5	2.9	73,360	88	2,252,191	31	3.5	25,541
Adults	205	41.1	2.1	1,071	278	138,842	130	15.9	499
Children	2	28.6	0.4	3	2	15	5	0.1	7
Unknown	11	52.4	3.0	62	414	8,699	140	10.8	21
<b>Gender</b>									
Female	13,649	45.5	3.3	97,661	92	2,772,364	28	3.6	30,023
Male	7,033	36.7	2.5	47,636	87	1,665,099	35	4.1	19,178
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	20,062	42.5	3.0	141,782	91	4,296,262	30	3.8	47,239
African American	563	31.5	1.8	3,222	74	132,429	41	3.4	1,789
Other/unknown	57	32.9	1.7	293	51	8,772	30	3.6	173
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	3,231	45.7	4.0	28,634	105	741,858	26	3.7	7,074
Part year	1,654	55.7	4.6	13,664	139	412,408	30	5.2	2,971
None	15,797	40.3	2.6	102,999	84	3,283,197	32	3.6	39,156
<b>Maintenance Assistance Status</b>									
Cash	13,289	41.1	2.7	88,085	79	2,568,354	29	3.5	32,327
Medically needy	819	38.8	1.8	3,820	120	252,764	66	7.1	2,113
Poverty related	302	28.9	1.3	1,326	41	42,951	32	3.3	1,044
Other/unknown	6,272	45.7	3.8	52,066	115	1,573,394	30	4.0	13,717

Table D11

Dual Eligible Beneficiaries

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 WEST VIRGINIA, 2002

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
All	0:3	\$9	\$31	\$0	\$3	505,562
<b>Age</b>						
5 and younger	0.0	0	0	0	0	36
6-14	0.0	2	52	0	0	110
15-20	0.1	15	125	0	0	1,309
21-44	0.2	8	35	0	2	109,487
45-64	0.3	10	31	0	3	121,277
65-74	0.3	9	31	0	3	115,306
75-84	0.3	9	28	0	3	93,554
85 and older	0.3	7	26	0	2	64,483
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	9	29	0	3	235,777
Disabled	0.3	8	31	0	3	266,218
Adults	0.3	42	130	0	3	3,308
Children	0.0	0	5	0	0	61
Unknown	0.3	44	140	0	2	198
<b>Gender</b>						
Female	0.3	9	28	0	3	311,081
Male	0.2	9	35	0	2	194,481
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	9	30	0	3	486,410
African American	0.2	7	41	0	1	18,051
Other/unknown	0.3	8	30	0	3	1,101
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.4	11	26	0	3	68,525
Part year	0.5	15	30	0	4	27,926
None	0.3	8	32	0	3	409,111
<b>Maintenance Assistance Status</b>						
Cash	0.3	7	29	0	3	343,064
Medically needy	0.3	22	66	0	4	11,626
Poverty related	0.1	4	32	0	2	10,143
Other/unknown	0.4	11	30	0	3	140,729

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
WEST VIRGINIA, 2002

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>26,122</b>	<b>\$170</b>	<b>\$4,437,463</b>	<b>100.0 %</b>	<b>145,297</b>	<b>\$31</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	1,274	322	410,616	9.3	2,574	160	1.8
Fertility drugs	2	15,305	30,609	0.7	11	2,783	0.0
Drugs for cosmetic purposes	429	1,391	596,525	13.4	2,743	217	1.9
Cough and cold medications	436	200	87,203	2.0	1,191	73	0.8
Vitamins and minerals	155	779	120,725	2.7	297	406	0.2
Non-prescription drugs	9,931	160	1,585,823	35.7	35,244	45	24.3
Barbiturates	13	12	161	0.0	14	12	0.0
Benzodiazepines	13,349	110	1,468,895	33.1	102,105	14	70.3
Other Part D Excl Rx Drugs	533	257	136,906	3.1	1,118	122	0.8

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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.













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, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>49,235</b>	<b>23,133</b>	<b>25,542</b>	<b>531</b>	<b>8</b>	<b>21</b>	<b>506,156</b>	<b>235,777</b>	<b>266,382</b>	<b>3,731</b>	<b>68</b>	<b>198</b>
<b>Age</b>												
5 and younger	3	0	3	0	0	0	36	0	36	0	0	0
6-14	10	0	9	0	1	0	110	0	102	0	8	0
15-20	131	0	122	5	4	0	1,334	0	1,258	39	37	0
21-44	10,350	0	9,993	352	2	3	109,954	0	107,296	2,602	20	36
45-64	11,735	0	11,563	162	0	10	121,379	0	120,245	1,040	0	94
65-74	11,009	9,130	1,860	11	1	7	115,306	96,194	19,007	44	3	58
75-84	9,229	7,995	1,232	1	0	1	93,554	82,036	11,502	6	0	10
85 and older	6,768	6,008	760	0	0	0	64,483	57,547	6,936	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	30,039	16,696	13,095	222	5	21	311,429	172,090	137,437	1,666	38	198
Male	19,196	6,437	12,447	309	3	0	194,727	63,687	128,945	2,065	30	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	47,270	22,249	24,491	502	8	20	486,976	227,070	256,114	3,536	68	188
African American	1,792	786	980	25	0	1	18,077	8,067	9,820	180	0	10
Other/unknown	173	98	71	4	0	0	1,103	640	448	15	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	7,074	6,591	483	0	0	0	68,525	63,385	5,140	0	0	0
Part year	2,971	2,603	367	0	0	1	27,926	24,188	3,727	0	0	11
None	39,190	13,939	24,692	531	8	20	409,705	148,204	257,515	3,731	68	187
<b>Maintenance Assistance Status</b>												
Cash	32,350	15,209	16,942	199	0	0	343,469	156,969	185,001	1,499	0	0
Medically needy	2,113	574	1,344	195	0	0	11,639	2,873	7,588	1,178	0	0
Poverty related	1,048	228	733	61	5	21	10,233	2,306	7,184	509	36	198
Other/unknown	13,724	7,122	6,523	76	3	0	140,815	73,629	66,609	545	32	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	46,329	22,367	23,442	491	8	21	474,774	227,591	243,588	3,329	68	198
Full dual, part year	2,906	766	2,100	40	0	0	31,382	8,186	22,794	402	0	0
<b>Managed Care Status</b>												
FFS all year	49,125	23,133	25,504	460	7	21	505,175	235,777	265,973	3,166	61	198
FFS part year, with Rx claims	75	0	37	38	0	0	733	0	397	336	0	0
FFS part year, no Rx claims	1	0	0	1	0	3		0	0	3	0	0
MC all year, with Rx claims	27	0	1	25	1	0	215	0	12	196	7	0
MC all year, no Rx claims	7	0	0	7	0	0	30	0	0	30	0	0

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 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 2002. 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, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>49,235</b>	<b>506,156</b>	<b>49,201</b>	<b>505,562</b>	<b>0</b>	<b>594</b>
FFS all year	49,125	505,175	49,125	505,175	0	0
FFS part year, with Rx claims	75	733	75	385	0	348
FFS part year, with no Rx claims	1	3	1	2	0	1
MC all year, with Rx claims	27	215	0	0	0	215
MC all year, with no Rx claims	7	30	0	0	0	30

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. 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.