

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL 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
All	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
Age												
5 and younger	67,571	0	1,761	298	65,512	0	463,665	0	17,130	2,796	443,739	0
6-14	72,639	0	5,611	456	66,572	0	623,314	0	59,703	4,328	559,283	0
15-20	36,325	0	4,452	7,026	24,808	39	285,377	0	45,285	37,605	202,286	201
21-44	68,479	0	25,285	42,947	44	203	500,089	0	253,734	245,024	230	1,101
45-64	30,649	0	27,907	2,628	1	113	299,235	0	281,521	16,977	3	734
65-74	699	539	158	1	0	1	6,744	5,205	1,518	12	0	9
75-84	302	284	38	0	0	0	2,452	2,119	333	0	0	0
85 and older	220	197	22	1	0	0	1,411	1,269	141	1	0	0
Unknown	9	0	3	1	5	0	21	0	6	3	12	0
Gender												
Female	155,618	643	34,469	43,024	77,127	355	1,204,645	5,385	352,682	252,242	592,298	2,038
Male	121,220	357	30,768	10,279	79,815	1	977,168	3,208	306,689	54,009	613,255	7
Unknown	55	0	0	55	0	0	495	0	0	495	0	0
Race												
White	259,803	924	62,601	50,051	145,880	347	2,053,860	8,029	634,170	287,655	1,122,004	2,002
African American	15,178	47	2,453	2,947	9,727	4	117,973	402	23,974	17,497	76,083	17
Other/unknown	1,912	29	183	360	1,335	5	10,475	162	1,227	1,594	7,466	26
Use of Nursing Facilities^c												
Entire year	514	149	365	0	0	0	5,147	1,415	3,732	0	0	0
Part year	418	48	364	6	0	0	4,115	414	3,662	39	0	0
None	275,961	803	64,508	53,352	156,942	356	2,173,046	6,764	651,977	306,707	1,205,553	2,045
Maintenance Assistance Status												
Cash	88,985	843	60,640	27,236	266	0	795,542	7,267	630,019	156,766	1,490	0
Medically needy	3,612	25	1,810	1,750	27	0	17,315	117	9,148	7,943	107	0
Poverty-related	164,346	5	11	14,669	149,305	356	1,218,134	36	79	78,674	1,137,300	2,045
Other/unknown	19,950	127	2,776	9,703	7,344	0	151,317	1,173	20,125	63,363	66,656	0
Managed Care Status												
FFS all year	240,389	1,000	64,456	42,542	132,044	347	2,080,066	8,593	654,967	276,628	1,137,870	2,008
FFS part year, with Rx claims	27,481	0	733	9,094	17,647	7	79,975	0	4,173	25,923	49,847	32
FFS part year, no Rx claims	9,023	0	48	1,722	7,251	2	22,267	0	231	4,195	17,836	5

Table ND2

Nondual 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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	73.9 %	13.1	\$651	\$50	\$3,146	20.7 %	276,893
Age							
5 and younger	67.0	4.3	155	36	1,325	11.7	67,571
6-14	71.8	6.3	334	53	1,888	17.7	72,639
15-20	71.6	7.4	368	50	3,100	11.9	36,325
21-44	78.8	17.0	863	51	3,964	21.8	68,479
45-64	86.5	45.5	2,330	51	8,112	28.7	30,649
65-74	70.7	34.3	1,542	45	8,435	18.3	699
75-84	58.6	30.9	1,353	44	11,563	11.7	302
85 and older	42.7	19.1	764	40	10,795	7.1	220
Unknown	0.0	0.0	0	0	0	0.0	9
Basis of Eligibility^c							
Aged	62.1	30.4	1,333	44	9,980	13.4	1,000
Disabled	84.7	34.7	1,922	55	7,788	24.7	65,237
Adults	75.8	9.8	377	38	2,112	17.9	53,358
Children	68.9	5.0	212	42	1,523	13.9	156,942
Unknown	69.1	11.5	676	59	3,937	17.2	356
Gender							
Female	76.6	14.9	710	48	3,192	22.2	155,618
Male	70.6	10.7	576	54	3,086	18.7	121,220
Unknown	0.0	0.0	0	0	7,521	0.0	55
Race							
White	74.6	13.4	669	50	3,190	21.0	259,803
African American	64.3	7.9	402	51	2,484	16.2	15,178
Other/unknown	51.7	4.5	221	49	2,500	8.8	1,912
Use of Nursing Facilities^d							
Entire year	98.1	81.5	4,095	50	49,414	8.3	514
Part year	98.8	80.4	4,210	52	44,886	9.4	418
None	73.8	12.8	639	50	2,997	21.3	275,961
Maintenance Assistance Status							
Cash	81.8	27.7	1,469	53	5,844	25.1	88,985
Medically needy	79.1	18.9	1,039	55	6,091	17.1	3,612
Poverty related	69.2	5.1	201	39	1,276	15.8	164,346
Other/unknown	76.9	12.4	639	52	5,984	10.7	19,950

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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	1.7	\$83	20.7 %	26.1 %	44.4 %	9.5 %	11.8 %	6.4 %	1.9 %	\$399	276,893	2,182,308
Age												
5 and younger	0.6	23	11.7	33.0	54.3	6.8	4.1	1.1	0.6	193	67,571	463,665
6-14	0.7	39	17.7	28.2	55.1	7.8	6.3	1.6	1.0	220	72,639	623,314
15-20	0.9	47	11.9	28.4	49.8	10.2	8.2	2.4	1.1	395	36,325	285,377
21-44	2.3	118	21.8	21.2	34.3	13.6	19.4	8.8	2.6	543	68,479	500,089
45-64	4.7	239	28.7	13.5	14.3	9.7	28.3	28.2	6.1	831	30,649	299,235
65-74	3.6	160	18.3	29.3	14.7	8.3	21.9	21.7	4.0	874	699	6,744
75-84	3.8	167	11.7	41.4	7.6	6.0	17.5	23.2	4.3	1,424	302	2,452
85 and older	3.0	119	7.1	57.3	3.2	3.6	18.6	15.9	1.4	1,683	220	1,411
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	3.5	155	13.4	37.9	11.0	6.9	20.1	20.2	3.9	1,161	1,000	8,593
Disabled	3.4	190	24.7	15.3	25.0	12.0	25.1	19.0	3.6	771	65,237	659,371
Adults	1.7	66	17.9	24.2	38.7	13.5	15.3	5.5	2.8	367	53,358	306,746
Children	0.7	28	13.9	31.1	54.6	7.2	4.9	1.4	0.9	198	156,942	1,205,553
Unknown	2.0	118	17.2	30.9	31.5	12.9	17.7	6.5	0.6	685	356	2,045
Gender												
Female	1.9	92	22.2	23.4	43.3	10.1	13.0	7.8	2.4	412	155,618	1,204,645
Male	1.3	72	18.7	29.4	45.8	8.8	10.2	4.6	1.2	383	121,220	977,168
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	836	55	495
Race												
White	1.7	85	21.0	25.4	44.4	9.7	12.1	6.6	1.9	404	259,803	2,053,860
African American	1.0	52	16.2	35.7	45.3	7.2	7.2	3.5	1.1	320	15,178	117,973
Other/unknown	0.8	40	8.8	48.3	36.1	6.9	5.8	2.2	0.7	456	1,912	10,475
Use of Nursing Facilities^d												
Entire year	8.1	409	8.3	1.9	3.7	2.9	25.5	39.7	26.3	4,935	514	5,147
Part year	8.2	428	9.4	1.2	3.8	5.0	22.5	40.7	26.8	4,560	418	4,115
None	1.6	81	21.3	26.2	44.5	9.5	11.7	6.3	1.8	381	275,961	2,173,046
Maintenance Assistance Status												
Cash	3.1	164	25.1	18.2	28.9	12.6	22.2	14.8	3.3	654	88,985	795,542
Medically needy	3.9	217	17.1	20.9	16.7	11.9	27.0	20.0	3.5	1,271	3,612	17,315
Poverty related	0.7	27	15.8	30.8	53.8	7.5	5.4	1.6	1.0	172	164,346	1,218,134
Other/unknown	1.6	84	10.7	23.1	41.2	12.1	15.1	6.1	2.5	789	19,950	151,317

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 ND.4 includes the beneficiaries represented by Cell K 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.

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 ND.5 includes the beneficiaries represented by Cell K 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 (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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL 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 \$	No.	As % of All Benes	No. of Bene Mos						
	Users			Users								Total	Patented	Off-Patent	Brand-Name	Generic	
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											Total
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$10	\$1	\$2	\$43	\$66	\$76	\$16	446,599	\$19,159,068	151,418	54.7 %	1,387,587
Biologics	0.4	0.4	0.0	0.0	433	425	0	8	977	968	11	1,973	1,693	1,654,406	539	0.2	3,817
Antineoplastic Agents	0.6	0.3	0.0	0.2	147	125	6	16	253	379	167	73	8,735	2,209,352	1,513	0.5	15,055
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	30	22	3	5	47	69	23	25	316,068	14,822,545	52,793	19.1	499,180
Cardiovascular Agents	1.3	0.6	0.1	0.7	52	36	3	13	39	63	38	18	472,767	18,201,867	34,709	12.5	353,051
Respiratory Agents	0.5	0.3	0.0	0.2	23	17	3	4	47	64	53	21	505,426	23,889,923	109,229	39.4	1,040,359
Gastrointestinal Agents	0.5	0.2	0.0	0.3	29	20	2	7	54	109	114	21	181,258	9,846,787	34,448	12.4	344,610
Genitourinary Agents	0.3	0.2	0.0	0.1	12	11	0	1	45	54	40	15	38,602	1,735,096	15,792	5.7	143,829
CNS Drugs	1.0	0.5	0.0	0.5	71	55	2	14	70	114	98	27	584,817	40,689,757	58,925	21.3	570,308
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.1	0.3	49	32	6	11	62	73	65	42	85,178	5,249,040	11,017	4.0	107,103
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	46	40	0	6	140	184	121	57	6,046	847,344	1,787	0.6	18,407
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	19	10	1	8	33	127	58	17	449,184	14,736,114	82,752	29.9	767,542
Neuromuscular Agents	0.7	0.3	0.0	0.3	46	38	2	7	69	116	58	21	236,310	16,234,670	35,160	12.7	349,209
Nutritional Products	0.4	0.0	0.1	0.3	7	0	1	5	16	15	14	17	57,222	926,807	16,462	5.9	139,160
Hematological Agents	0.6	0.2	0.0	0.3	44	37	1	6	76	183	27	18	42,187	3,224,389	7,410	2.7	72,806
Topical Products	0.2	0.1	0.0	0.1	8	5	1	2	33	52	61	18	173,089	5,772,275	76,537	27.6	719,313
Miscellaneous Products	0.5	0.2	0.1	0.3	103	69	16	18	194	377	225	65	4,737	920,633	900	0.3	8,926
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	21	0	0	0	6,201	130,789	3,073	1.1	31,806
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,616,119	180,250,862	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 ND.6 includes the beneficiaries represented by Cell K 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, 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	
ANTIDEPRESSANTS	\$18,133,832	53,034	19.2 %	544,860	0.5	\$68	\$33
ANTIPSYCHOTICS	16,644,557	16,089	5.8	173,023	0.6	168	96
ANTICONVULSANT	14,005,546	24,821	9.0	264,451	0.6	83	53
ANTIASTHMATIC	12,452,518	64,059	23.1	664,480	0.3	57	19
ANALGESICS - Narcotic	8,461,019	85,343	30.8	850,706	0.3	30	10
ANTIDIABETIC	7,955,553	17,456	6.3	186,734	0.7	64	43
ANTIHYPERTENSIVE	7,444,832	13,851	5.0	150,583	0.6	81	49
ULCER DRUGS	7,425,251	34,208	12.4	361,852	0.4	54	21
ANTIHISTAMINES	5,914,697	64,945	23.5	673,799	0.2	43	9
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,801,999	11,608	4.2	122,693	0.6	62	39
Total	103,239,804	385,414		3,993,181	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 ND.7 includes the beneficiaries represented by Cell K 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 (May 13 2003).

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

TABLE ND.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^{a,b,c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,600,684	\$103,239,804	53,034	19.2 %	544,860	0.5	\$33	16,089	5.8 %	173,023	0.6	\$96					
Female	980,050	61,655,610	36,962	23.8	376,979	0.5	34	9,189	5.9	98,703	0.5	88					
Disabled	697,057	47,730,044	22,932	66.5	253,414	0.5	38	7,171	20.8	79,502	0.6	96					
5 and younger	2,766	144,958	6	0.9	69	0.4	11	3	0.4	36	0.3	46					
6-14	16,491	1,249,019	338	17.9	3,888	0.5	26	195	10.3	2,169	0.5	75					
15-20	15,592	1,133,421	624	36.3	6,826	0.5	31	311	18.1	3,364	0.5	69					
21-44	234,278	16,522,534	9,833	74.3	108,621	0.5	36	3,388	25.6	37,294	0.5	92					
45-64	426,328	28,573,909	12,093	71.9	133,631	0.6	40	3,261	19.4	36,518	0.6	105					
65-74	1,130	83,105	20	22.7	201	0.4	22	7	8.0	70	0.8	162					
75-84	339	16,701	13	50.0	136	0.3	17	2	7.7	21	0.6	30					
85 and older	133	6,397	5	27.8	42	0.6	23	4	22.2	30	0.2	21					
Other Eligibles	282,993	13,925,566	14,030	11.6	123,565	0.4	27	2,018	1.7	19,201	0.4	52					
5 and younger	26,891	988,373	46	0.1	495	0.2	9	18	0.1	184	0.2	24					
6-14	61,378	3,490,010	1,287	3.9	13,559	0.4	23	356	1.1	3,884	0.4	65					
15-20	39,201	1,961,860	2,491	13.7	23,857	0.4	25	418	2.3	4,309	0.4	53					
21-44	132,927	6,183,743	9,283	26.2	77,480	0.4	28	1,056	3.0	9,276	0.3	43					
45-64	14,904	838,322	765	44.6	6,574	0.5	35	92	5.4	766	0.4	41					
65-74	5,013	300,536	90	28.0	963	0.7	37	31	9.6	348	0.8	102					
75-84	1,809	111,549	39	22.2	382	0.8	46	25	14.2	224	1.0	152					
85 and older	870	51,173	29	19.6	255	0.7	49	22	14.9	210	0.8	85					
Male	620,634	41,584,194	16,072	13.3	167,881	0.5	31	6,900	5.7	74,320	0.6	107					
Disabled	422,742	30,650,377	11,334	36.8	123,100	0.5	33	5,270	17.1	57,768	0.6	117					
5 and younger	5,023	344,852	33	3.0	351	0.4	13	38	3.5	406	0.5	74					
6-14	41,987	3,056,585	854	22.9	9,723	0.5	25	691	18.6	7,920	0.6	89					
15-20	22,612	1,834,330	677	24.8	7,505	0.5	36	462	16.9	5,083	0.6	104					
21-44	145,099	11,275,047	5,049	41.9	54,285	0.5	33	2,502	20.8	27,050	0.6	126					
45-64	207,097	14,088,436	4,709	42.5	51,123	0.5	35	1,574	14.2	17,273	0.7	121					
65-74	707	39,029	10	14.3	89	0.5	46	1	1.4	12	0.3	6					
75-84	198	11,773	1	8.3	12	0.3	11	2	16.7	24	0.4	36					
85 and older	19	325	1	25.0	12	1.0	9	0	0.0	0	0.0	0					
Other Eligibles	197,892	10,933,817	4,738	5.2	44,781	0.4	26	1,630	1.8	16,552	0.5	73					
5 and younger	36,381	1,488,556	82	0.2	873	0.2	9	45	0.1	483	0.3	40					
6-14	92,323	5,545,328	1,728	5.1	17,979	0.4	24	823	2.4	8,814	0.5	73					
15-20	30,551	1,844,417	1,306	9.6	12,624	0.5	30	455	3.3	4,683	0.5	75					
21-44	27,429	1,369,898	1,282	16.7	10,328	0.4	26	239	3.1	1,940	0.3	69					
45-64	6,671	422,608	263	25.6	2,191	0.5	29	27	2.6	240	0.3	36					
65-74	3,318	193,484	43	19.6	437	0.6	31	23	10.5	211	0.9	161					
75-84	930	54,757	21	23.9	229	0.7	37	12	13.6	129	0.6	85					
85 and older	289	14,769	13	26.0	120	0.7	41	6	12.0	52	0.5	46					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K 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 (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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	ANTICONVULSANT				ANTIASTHMATIC				ANALGESICS - Narcotic				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	24,821	9.0 %	264,451	\$53	0.6	64,059	23.1 %	\$19	0.3	85,343	30.8 %	\$10	0.3
Female	15,030	9.7	159,450	52	0.6	36,871	23.7	19	0.3	57,452	36.9	9	0.3
Disabled	11,084	32.2	123,573	56	0.7	18,244	52.9	24	0.4	27,432	79.6	13	0.4
5 and younger	100	14.9	1,158	52	0.6	294	43.8	13	0.2	56	8.3	1	0.1
6-14	421	22.3	4,833	89	0.8	623	33.0	20	0.3	245	13.0	1	0.1
15-20	497	28.9	5,555	68	0.7	406	23.6	15	0.3	687	39.9	3	0.2
21-44	4,930	37.3	54,731	56	0.6	5,882	44.5	20	0.3	12,375	93.5	11	0.3
45-64	5,124	30.5	57,198	52	0.7	10,979	65.3	28	0.5	14,008	83.3	15	0.4
65-74	10	11.4	83	90	0.6	49	55.7	32	0.6	44	50.0	18	0.4
75-84	0	0.0	0	0	0.0	8	30.8	32	0.7	12	46.2	5	0.3
85 and older	2	11.1	15	4	0.2	3	16.7	9	0.4	5	27.8	1	0.1
Other Eligibles	3,946	3.3	35,877	37	0.5	18,627	15.4	13	0.2	30,020	24.8	4	0.3
5 and younger	91	0.3	896	45	0.5	5,571	17.4	10	0.2	850	2.7	1	0.1
6-14	516	1.6	5,373	42	0.5	5,347	16.1	15	0.2	2,501	7.6	1	0.1
15-20	582	3.2	5,677	38	0.5	2,315	12.7	12	0.2	5,486	30.1	2	0.2
21-44	2,481	7.0	21,329	35	0.4	4,701	13.3	14	0.3	19,979	56.3	6	0.3
45-64	203	11.8	1,828	37	0.5	524	30.6	21	0.4	1,022	59.6	11	0.4
65-74	46	14.3	510	34	0.7	104	32.3	32	0.6	121	37.6	12	0.4
75-84	14	8.0	141	37	0.7	49	27.8	25	0.5	37	21.0	7	0.4
85 and older	13	8.8	123	19	0.6	16	10.8	23	0.3	24	16.2	14	0.4
Male	9,791	8.1	105,001	55	0.7	27,188	22.4	18	0.3	27,891	23.0	12	0.3
Disabled	7,689	25.0	84,571	59	0.7	10,329	33.6	25	0.4	16,861	54.8	16	0.4
5 and younger	141	12.9	1,554	93	0.8	527	48.4	16	0.3	116	10.7	1	0.1
6-14	870	23.4	9,968	66	0.8	1,230	33.0	19	0.3	394	10.6	1	0.1
15-20	623	22.8	6,920	70	0.8	515	18.9	17	0.3	768	28.1	4	0.2
21-44	3,510	29.1	38,103	60	0.7	2,437	20.2	19	0.4	8,194	68.0	15	0.4
45-64	2,541	22.9	27,989	51	0.6	5,575	50.3	30	0.5	7,357	66.4	19	0.5
65-74	4	5.7	37	17	0.7	33	47.1	30	0.6	28	40.0	20	0.5
75-84	0	0.0	0	0	0.0	11	91.7	58	0.7	3	25.0	15	0.4
85 and older	0	0.0	0	0	0.0	1	25.0	4	0.1	1	25.0	10	0.4
Other Eligibles	2,102	2.3	20,430	38	0.5	16,859	18.6	14	0.2	11,030	12.2	5	0.2
5 and younger	155	0.5	1,602	31	0.4	7,893	23.3	11	0.2	1,164	3.4	1	0.1
6-14	766	2.3	8,125	36	0.5	6,439	19.0	16	0.3	2,467	7.3	1	0.1
15-20	489	3.6	4,826	44	0.6	1,488	10.9	14	0.3	2,649	19.4	2	0.2
21-44	572	7.5	4,690	38	0.5	673	8.8	16	0.3	4,092	53.4	11	0.4
45-64	79	7.7	732	46	0.4	216	21.0	23	0.3	539	52.4	20	0.4
65-74	32	14.6	365	49	1.0	118	53.9	34	0.6	92	42.0	16	0.5
75-84	6	6.8	57	44	0.9	23	26.1	39	0.6	20	22.7	17	0.6
85 and older	3	6.0	33	18	0.7	9	18.0	17	0.4	7	14.0	8	0.7
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 (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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ULCER DRUGS						
	No. of Users	Users as % of All Mos among Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	17,456	6.3 %	186,734	0.7	\$43	13,851	5.0 %	150,583	0.6	\$49	34,208	12.4 %	361,852	0.4	\$21
Female	11,873	7.6	127,404	0.7	42	8,717	5.6	95,396	0.6	49	22,542	14.5	238,862	0.4	20
Disabled	10,072	29.2	111,668	0.7	43	7,739	22.5	86,298	0.6	50	15,112	43.8	169,856	0.4	23
5 and younger	7	1.0	84	0.7	32	2	0.3	24	0.3	15	84	12.5	906	0.4	15
6-14	24	1.3	269	0.9	84	1	0.1	12	0.1	4	152	8.0	1,760	0.3	22
15-20	68	4.0	769	0.6	57	13	0.8	139	0.4	25	268	15.6	3,091	0.3	12
21-44	2,198	16.6	24,784	0.6	38	1,498	11.3	16,915	0.5	40	5,227	39.5	59,031	0.4	20
45-64	7,726	45.9	85,269	0.7	45	6,198	36.8	68,930	0.6	53	9,340	55.5	104,630	0.5	25
65-74	30	34.1	296	0.4	29	18	20.5	195	0.6	59	28	31.8	297	0.5	40
75-84	11	42.3	126	0.8	30	7	26.9	75	0.5	49	7	26.9	79	0.6	35
85 and older	8	44.4	71	0.8	40	2	11.1	8	0.8	45	6	33.3	62	0.3	20
Other Eligibles	1,801	1.5	15,736	0.6	34	978	0.8	9,098	0.5	41	7,430	6.1	69,006	0.3	13
5 and younger	16	0.1	137	0.5	23	15	0.0	131	0.1	3	620	1.9	4,975	0.2	7
6-14	114	0.3	1,185	0.7	43	13	0.0	154	0.4	42	994	3.0	10,594	0.2	7
15-20	129	0.7	1,248	0.6	34	16	0.1	169	0.4	24	1,191	6.5	11,980	0.2	8
21-44	1,092	3.1	9,134	0.5	31	571	1.6	5,257	0.4	35	4,021	11.3	35,704	0.3	16
45-64	288	16.8	2,314	0.7	41	238	13.9	2,044	0.6	47	429	25.0	3,893	0.4	23
65-74	115	35.7	1,267	0.8	45	95	29.5	1,030	0.7	60	105	32.6	1,164	0.5	24
75-84	34	19.3	337	0.8	38	23	13.1	248	0.7	58	50	28.4	491	0.6	23
85 and older	13	8.8	114	0.6	12	7	4.7	65	1.0	57	20	13.5	205	0.6	26
Male	5,583	4.6	59,330	0.7	44	5,134	4.2	55,187	0.6	50	11,666	9.6	122,990	0.4	22
Disabled	4,876	15.8	53,174	0.7	44	4,575	14.9	50,318	0.6	51	8,389	27.3	92,940	0.4	24
5 and younger	2	0.2	24	0.7	17	0	0.0	0	0.0	0	109	10.0	1,138	0.4	19
6-14	41	1.1	464	0.8	41	8	0.2	96	0.3	17	230	6.2	2,650	0.3	23
15-20	63	2.3	677	0.7	42	17	0.6	200	0.5	34	240	8.8	2,696	0.3	17
21-44	1,162	9.6	12,510	0.6	40	1,178	9.8	13,051	0.5	40	3,120	25.9	34,571	0.4	22
45-64	3,587	32.4	39,285	0.7	45	3,356	30.3	36,806	0.7	54	4,665	42.1	51,641	0.5	27
65-74	19	27.1	193	0.6	32	13	18.6	135	0.7	57	20	28.6	189	0.4	18
75-84	2	16.7	21	0.5	15	3	25.0	30	0.7	47	5	41.7	55	0.6	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	707	0.8	6,156	0.7	42	559	0.6	4,869	0.5	42	3,277	3.6	30,050	0.3	13
5 and younger	27	0.1	265	0.7	35	12	0.0	109	0.2	4	729	2.2	5,482	0.3	9
6-14	104	0.3	991	0.8	45	19	0.1	226	0.3	25	831	2.5	8,903	0.2	7
15-20	88	0.6	871	0.7	45	14	0.1	155	0.2	16	549	4.0	5,529	0.2	9
21-44	280	3.7	2,208	0.7	41	270	3.5	2,243	0.5	39	854	11.1	7,295	0.4	23
45-64	132	12.8	1,014	0.7	49	176	17.1	1,388	0.6	49	210	20.4	1,770	0.4	30
65-74	55	25.1	580	0.7	37	58	26.5	628	0.7	53	74	33.8	780	0.5	18
75-84	16	18.2	170	0.7	34	8	9.1	96	1.0	73	21	23.9	203	0.6	26
85 and older	5	10.0	57	0.2	11	2	4.0	24	0.6	43	9	18.0	88	0.5	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 (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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	ANTIHISTAMINES				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Mos among Users	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Mos
	No. of Users	Users as % of All Benes	No. of Mos among Users	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Mos among Users	Mean No. of Rx													
All	64,945	23.5 %	673,799	0.2	\$9	11,608	4.2 %	122,693	0.6	\$39	276,893	2,182,308									
Female																					
Disabled	38,121	24.5	393,165	0.2	9	3,104	2.0	32,978	0.6	38	155,613	1,204,633									
5 and younger	10,934	31.7	123,555	0.2	10	911	2.6	10,307	0.7	42	34,469	352,682									
6-14	250	37.2	2,926	0.2	6	36	5.4	405	0.4	14	672	6,659									
15-20	732	38.8	8,451	0.2	11	522	27.6	5,880	0.7	43	1,889	20,192									
21-44	518	30.1	5,987	0.2	10	164	9.5	1,893	0.7	41	1,721	17,434									
45-64	4,392	33.2	49,619	0.2	9	123	0.9	1,400	0.6	42	13,230	135,232									
65-74	5,023	29.9	56,366	0.2	11	66	0.4	729	0.6	55	16,825	172,000									
75-84	14	15.9	151	0.3	19	0	0.0	0	0.0	0	88	815									
85 and older	4	15.4	43	0.2	3	0	0.0	0	0.0	0	26	224									
Other Eligibles	1	5.6	12	0.1	1	0	0.0	0	0.0	0	18	126									
5 and younger	27,187	22.4	269,610	0.2	8	2,193	1.8	22,671	0.6	36	121,144	851,951									
6-14	7,730	24.2	78,411	0.2	4	119	0.4	1,143	0.4	24	31,996	217,194									
15-20	9,641	29.1	101,779	0.2	10	1,750	5.3	18,337	0.6	36	33,115	277,592									
21-44	3,727	20.5	37,061	0.2	8	247	1.4	2,519	0.6	43	18,200	133,339									
45-64	5,658	16.0	48,259	0.2	7	71	0.2	628	0.7	51	35,473	206,874									
65-74	339	19.8	3,108	0.3	12	6	0.4	44	0.6	37	1,714	11,545									
75-84	67	20.8	738	0.3	15	0	0.0	0	0.0	0	322	3,043									
85 and older	16	9.1	160	0.3	12	0	0.0	0	0.0	0	176	1,388									
Male																					
Disabled	26,824	22.1	280,634	0.2	9	8,504	7.0	89,715	0.6	40	121,216	977,159									
5 and younger	6,059	19.7	68,556	0.2	11	2,508	8.2	28,318	0.7	44	30,765	306,683									
6-14	384	35.3	4,423	0.2	5	103	9.5	1,115	0.5	26	1,089	10,471									
15-20	1,419	38.1	16,374	0.3	12	1,781	47.9	20,124	0.7	44	3,722	39,511									
21-44	605	22.2	6,953	0.2	12	498	18.2	5,715	0.7	46	2,731	27,851									
45-64	1,882	15.6	21,044	0.2	10	105	0.9	1,121	0.6	40	12,055	118,502									
65-74	1,759	15.9	19,652	0.3	13	21	0.2	243	0.8	54	11,082	109,521									
75-84	8	11.4	86	0.3	19	0	0.0	0	0.0	0	70	703									
85 and older	1	8.3	12	1.2	75	0	0.0	0	0.0	0	12	109									
Other Eligibles	1	25.0	12	0.1	5	0	0.0	0	0.0	0	4	15									
5 and younger	20,765	23.0	212,078	0.2	8	5,996	6.6	61,397	0.6	38	90,451	670,476									
6-14	8,386	24.8	83,440	0.2	5	386	1.1	3,887	0.4	22	33,814	229,341									
15-20	9,567	28.2	101,065	0.2	11	4,769	14.1	48,902	0.6	39	33,913	286,019									
21-44	2,085	15.2	21,415	0.2	11	824	6.0	8,482	0.6	40	13,673	106,753									
45-64	589	7.7	4,823	0.2	8	14	0.2	104	0.5	35	7,666	38,986									
65-74	94	9.1	826	0.3	11	3	0.3	22	0.9	45	1,028	6,169									
75-84	30	13.7	343	0.2	8	0	0.0	0	0.0	0	219	2,183									
85 and older	11	12.5	130	0.3	15	0	0.0	0	0.0	0	88	731									
Unknown	3	6.0	36	0.4	32	0	0.0	0	0.0	0	50	294									
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	64	516									

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 (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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$409	8.1	514	5,147
Age				
0-64	460	8.9	364	3,720
65-74	314	6.3	35	363
75-84	325	6.9	61	565
85 and older	195	5.0	54	499
Unknown	0	0.0	0	0
Gender				
Female	419	8.6	290	2,891
Male	396	7.6	224	2,256
Unknown	0	0.0	0	0
Race				
White	411	8.1	482	4,882
African American	382	8.2	30	252
Other/unknown	194	5.6	2	13
Basis of Eligibility^c				
Aged	277	6.1	149	1,415
Disabled	459	8.9	365	3,732
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented		Total	Patented		Total	Patented		Total	Total	As % of All-Year NF Residents		No. of Bene Mos			
		Off-Patent	Brand-Name		Generic	Off-Patent		Brand-Name	Generic			No.	%				
Anti-infective Agents	0.5	0.3	0.0	0.2	\$28	\$21	\$2	\$5	\$56	\$85	\$68	\$21	2,022	\$113,388	385	74.9 %	4,057
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.2	0.3	0.2	143	74	41	28	202	348	137	142	351	70,757	51	9.9	494
Endocrine/Metabolic Drugs	1.2	0.5	0.3	0.4	44	28	6	10	37	58	21	24	2,933	109,439	238	46.3	2,470
Cardiovascular Agents	2.0	0.5	0.1	1.3	60	30	5	25	30	57	38	19	6,924	208,345	340	66.1	3,449
Respiratory Agents	1.1	0.4	0.1	0.6	51	29	5	17	47	67	64	30	2,890	136,693	250	48.6	2,666
Gastrointestinal Agents	1.3	0.3	0.0	1.0	50	25	1	23	39	97	95	24	3,685	144,666	298	58.0	2,922
Genitourinary Agents	0.8	0.5	0.1	0.2	44	36	2	6	53	65	37	28	904	48,119	104	20.2	1,086
CNS Drugs	2.1	1.0	0.1	1.0	160	126	4	30	76	124	74	29	8,508	649,053	396	77.0	4,049
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.1	38	37	0	1	113	149	0	6	4	453	2	0.4	12
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	88	88	0	0	119	119	0	0	509	60,800	66	12.8	691
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	48	37	1	10	38	95	31	12	3,285	126,243	258	50.2	2,637
Neuromuscular Agents	1.6	0.7	0.1	0.9	90	65	5	20	55	99	46	23	4,797	263,333	273	53.1	2,929
Nutritional Products	0.8	0.0	0.0	0.7	14	0	0	14	19	11	12	20	1,380	26,616	178	34.6	1,839
Hematological Agents	0.9	0.3	0.2	0.5	44	35	3	5	48	125	18	12	1,427	68,219	155	30.2	1,552
Topical Products	0.6	0.2	0.1	0.3	23	11	4	7	38	53	69	23	1,823	69,214	293	57.0	3,065
Miscellaneous Products	0.3	0.1	0.0	0.2	13	9	0	4	38	83	0	15	122	4,595	34	6.6	360
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	15	0	0	0	323	4,870	68	13.2	770
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	41,887	2,104,803	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 (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 (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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL 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
ANTIPTYCHOTICS	\$388,865	266	51.8 %	2,861	0.9	\$147	\$136
ANTICONVULSANT	229,656	290	56.4	3,223	1.2	60	71
ANTIDEPRESSANTS	201,032	346	67.3	3,559	0.8	68	56
ANTIASTHMATIC	102,339	281	54.7	3,076	0.7	47	33
ULCER DRUGS	101,389	295	57.4	3,006	0.7	48	34
ANALGESICS - Narcotic	96,076	277	53.9	2,754	0.9	39	35
ANTIDIABETIC	87,597	208	40.5	2,219	0.9	46	39
ANTINEOPLASTICS	70,757	51	9.9	498	0.7	202	142
ANTIHYPERTENSIVE	64,607	193	37.5	2,012	0.9	37	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	60,800	63	12.3	672	0.8	119	90
Total	1,403,118	2,270		23,880	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 (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 ND.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^{a, b, c, d}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users as %			Mean Rx \$	No. of Users	Users as %		
			No. of Rx	Rx \$	No. of Bene Mos among Users			Residents	NF	No. of Bene Mos among Users			Residents	NF	No. of Bene Mos among Users
All	20,679	\$1,403,118	266	51.8 %	2,861	0.9	\$136	290	56.4 %	3,223	1.2	\$71			
Female	11,838	793,750	144	49.7	1,545	0.9	130	162	55.9	1,827	1.2	71			
Disabled	9,458	630,690	106	55.2	1,177	0.9	121	139	72.4	1,589	1.2	76			
64 or younger	9,458	630,690	106	55.2	1,177	0.9	121	139	72.4	1,589	1.2	76			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	0	0	0	0.0	0	0.0	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			
Other Eligibles	2,380	163,060	38	38.8	368	1.1	160	23	23.5	238	0.9	42			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	555	38,057	6	30.0	67	1.2	216	11	55.0	118	0.9	48			
75-84	1,157	82,667	17	42.5	158	1.2	193	6	15.0	57	1.0	45			
85 and older	668	42,336	15	39.5	143	0.8	98	6	15.8	63	0.8	28			
Male	8,841	609,368	122	54.5	1,316	0.9	143	128	57.1	1,396	1.2	71			
Disabled	7,450	522,238	105	60.7	1,155	1.0	144	113	65.3	1,221	1.2	72			
64 or younger	7,428	520,515	105	61.0	1,155	1.0	144	113	65.7	1,221	1.2	72			
65-74	22	1,723	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
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			
Other Eligibles	1,391	87,130	17	33.3	161	0.7	131	15	29.4	175	1.4	68			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	505	35,427	5	35.7	44	1.2	272	9	64.3	108	1.8	86			
75-84	628	37,719	7	33.3	74	0.6	95	4	19.0	43	1.1	52			
85 and older	258	13,984	5	31.3	43	0.5	50	2	12.5	24	0.6	13			
Unknown	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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 (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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	ANTI-DEPRESSANTS						ANTI-ASTHMATIC						ULCER DRUGS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	346	3,559	0.8	281	3,076	0.7	295	3,006	0.7	295	57.4 %	295	3,006	0.7	334			
Female																		
Disabled	204	2,086	0.8	144	1,616	0.8	158	1,614	0.8	158	54.5	158	1,614	0.7	34			
64 or younger	156	1,624	0.8	103	1,189	0.9	122	1,278	0.9	122	63.5	122	1,278	0.7	35			
65-74	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0			
75-84	0	0	0.0	0	0	0.0	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			
Other Eligibles	48	462	0.8	41	427	0.4	36	336	0.4	36	36.7	36	336	0.8	30			
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0			
65-74	11	109	0.8	5	57	0.4	8	73	0.4	8	40.0	8	73	0.6	21			
75-84	21	193	0.9	28	285	0.5	17	140	0.5	17	42.5	17	140	1.0	41			
85 and older	16	160	0.8	8	85	0.2	11	123	0.2	11	28.9	11	123	0.7	23			
Male																		
Disabled	142	1,473	0.8	137	1,460	0.7	137	1,392	0.7	137	61.2	137	1,392	0.7	34			
64 or younger	107	1,132	0.8	112	1,206	0.7	115	1,179	0.7	115	66.5	115	1,179	0.7	36			
65-74	0	0	0.0	2	24	0.9	0	0	0.9	0	0.0	0	0	0.0	0			
75-84	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			
Other Eligibles	35	341	0.8	25	254	0.5	22	213	0.5	22	43.1	22	213	0.7	24			
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0			
65-74	10	93	0.8	4	48	0.1	8	85	0.1	8	57.1	8	85	0.6	9			
75-84	14	149	0.8	14	145	0.6	9	85	0.6	9	42.9	9	85	0.9	38			
85 and older	11	99	0.7	7	61	0.3	5	43	0.3	5	31.3	5	43	0.8	27			
Unknown	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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 (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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-DIABETIC					ANTI-NEOPLASTICS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	277	53.9 %	2,754	0.9	\$35	208	40.5 %	2,219	0.9	\$40	51	9.9 %	498	0.7	\$142
Female	174	60.0	1,757	0.9	38	133	45.9	1,362	0.9	37	30	10.3	294	0.7	162
Disabled	146	76.0	1,471	1.0	44	107	55.7	1,108	0.9	39	17	8.9	169	0.7	225
64 or younger	146	76.0	1,471	1.0	44	107	55.7	1,108	0.9	39	17	8.9	169	0.7	225
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	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
Other Eligibles	28	28.6	286	0.5	9	26	26.5	254	0.9	33	13	13.3	125	0.6	77
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	7	35.0	77	0.5	4	7	35.0	73	0.9	42	1	5.0	12	0.8	116
75-84	12	30.0	120	0.7	8	9	22.5	92	1.0	44	6	15.0	56	0.7	93
85 and older	9	23.7	89	0.4	13	10	26.3	89	0.7	13	6	15.8	57	0.5	54
Male	103	46.0	997	0.9	29	75	33.5	857	0.9	43	21	9.4	204	0.7	114
Disabled	87	50.3	846	0.9	29	64	37.0	730	0.9	45	13	7.5	135	0.7	105
64 or younger	87	50.6	846	0.9	29	64	37.2	730	0.9	45	13	7.6	135	0.7	105
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	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
Other Eligibles	16	31.4	151	1.0	30	11	21.6	127	0.6	28	8	15.7	69	0.7	131
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	5	35.7	55	0.7	27	5	35.7	55	0.9	39	1	7.1	12	0.9	305
75-84	7	33.3	62	1.1	44	4	19.0	48	0.6	28	3	14.3	20	0.8	116
85 and older	4	25.0	34	1.1	13	2	12.5	24	0.1	4	4	25.0	37	0.6	82
Unknown	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 (May 13 2003).

Boe 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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				Mean Rx\$	Mean No. of Rx	All-Year NF Residents	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		Users as %		Users as %		Users as %						
	No. of Users	No. of Bene Mos among Users	Mean Rx\$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean Rx\$	Mean No. of Rx					
All	193	37.5 %	2,012	0.9	\$32	63	12.3 %	672	0.8	\$91	514	5,147	
Female	105	36.2	1,083	0.8	28	35	12.1	389	0.8	96	290	2,891	
Disabled	71	37.0	738	0.8	28	15	7.8	176	0.8	88	192	1,976	
64 or younger	71	37.0	738	0.8	28	15	7.8	176	0.8	88	192	1,976	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
75-84	0	0.0	0	0.0	0	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	
Other Eligibles	34	34.7	345	0.9	30	20	20.4	213	0.9	103	98	915	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	6	30.0	58	1.2	41	3	15.0	36	0.9	110	20	199	
75-84	16	40.0	161	0.9	30	12	30.0	120	0.9	106	40	355	
85 and older	12	31.6	126	0.8	25	5	13.2	57	0.8	93	38	361	
Male	88	39.3	929	0.9	37	28	12.5	283	0.7	83	224	2,256	
Disabled	69	39.9	740	0.9	37	19	11.0	191	0.7	91	173	1,756	
64 or younger	69	40.1	740	0.9	37	19	11.0	191	0.7	91	172	1,744	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
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	
Other Eligibles	19	37.3	189	0.8	37	9	17.6	92	0.6	65	51	500	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	5	35.7	44	0.7	40	1	7.1	12	0.5	61	14	152	
75-84	12	57.1	124	0.9	36	4	19.0	48	0.6	82	21	210	
85 and older	2	12.5	21	1.0	37	4	25.0	32	0.4	40	16	138	
Unknown	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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 418 beneficiaries who were in nursing facilities for part of their enrollment and their 4,115 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 (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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
			Excl Rx	Bene					
All	81,878	29.6 %	1.1	304,690	\$38	\$10,504,713	\$34	5.8 %	276,893
Age									
5 and younger	19,104	28.3	0.7	45,105	16	1,097,143	24	10.5	67,571
6-14	18,914	26.0	0.5	38,660	31	2,218,970	57	9.2	72,639
15-20	8,456	23.3	0.5	19,092	29	1,066,169	56	8.0	36,325
21-44	21,448	31.3	1.5	102,521	40	2,751,826	27	4.7	68,479
45-64	13,650	44.5	3.2	97,116	108	3,303,792	34	4.6	30,649
65-74	206	29.5	2.1	1,501	64	45,049	30	4.2	699
75-84	63	20.9	1.8	529	58	17,558	33	4.3	302
85 and older	37	16.8	0.8	166	19	4,206	25	2.5	220
Unknown	0	0.0	0.0	0	0	0	0	0.0	9
Basis of Eligibility^c									
Aged	241	24.1	1.7	1,713	49	49,165	29	3.7	1,000
Disabled	27,435	42.1	2.6	171,942	101	6,613,224	38	5.3	65,237
Adults	13,063	24.5	0.8	43,699	18	961,664	22	4.8	53,358
Children	41,050	26.2	0.6	86,991	18	2,844,992	33	8.6	156,942
Unknown	89	25.0	1.0	345	100	35,668	103	14.8	356
Gender									
Female	48,882	31.4	1.2	193,407	40	6,287,022	33	5.7	155,618
Male	32,996	27.2	0.9	111,283	35	4,217,691	38	6.0	121,220
Unknown	0	0.0	0.0	0	0	0	0	0.0	55
Race									
White	78,299	30.1	1.1	294,826	39	10,113,426	34	5.8	259,803
African American	3,320	21.9	0.6	9,309	25	374,549	40	6.1	15,178
Other/unknown	259	13.5	0.3	555	9	16,738	30	4.0	1,912
Use of Nursing Facilities^d									
Entire year	293	57.0	7.8	4,000	204	104,912	26	5.0	514
Part year	286	68.4	6.5	2,706	270	112,762	42	6.4	418
None	81,299	29.5	1.1	297,984	37	10,287,039	35	5.8	275,961
Maintenance Assistance Status									
Cash	33,164	37.3	2.1	190,101	74	6,600,642	35	5.1	88,985
Medically needy	1,239	34.3	1.4	4,998	94	338,807	68	9.0	3,612
Poverty related	42,395	25.8	0.6	92,324	16	2,550,678	28	7.7	164,346
Other/unknown	5,080	25.5	0.9	17,267	51	1,014,586	59	8.0	19,950

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$5	\$34	\$0	\$1	2,182,308
Age						
5 and younger	0.1	2	24	0	0	463,665
6-14	0.1	4	57	0	0	623,314
15-20	0.1	4	56	0	0	285,377
21-44	0.2	6	27	0	2	500,089
45-64	0.3	11	34	0	3	299,235
65-74	0.2	7	30	0	2	6,744
75-84	0.2	7	33	0	1	2,452
85 and older	0.1	3	25	0	1	1,411
Unknown	0.0	0	0	0	0	21
Basis of Eligibility^c						
Aged	0.2	6	29	0	2	8,593
Disabled	0.3	10	38	0	2	659,371
Adults	0.1	3	22	0	1	306,746
Children	0.1	2	33	0	0	1,205,553
Unknown	0.2	17	103	0	1	2,045
Gender						
Female	0.2	5	33	0	1	1,204,645
Male	0.1	4	38	0	1	977,168
Unknown	0.0	0	0	0	0	495
Race						
White	0.1	5	34	0	1	2,053,860
African American	0.1	3	40	0	0	117,973
Other/unknown	0.1	2	30	0	0	10,475
Use of Nursing Facilities^d						
Entire year	0.8	20	26	0	6	5,147
Part year	0.7	27	42	0	6	4,115
None	0.1	5	35	0	1	2,173,046
Maintenance Assistance Status						
Cash	0.2	8	35	0	2	795,542
Medically needy	0.3	20	68	0	3	17,315
Poverty related	0.1	2	28	0	0	1,218,134
Other/unknown	0.1	7	59	0	1	151,317

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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
All	92,520	\$1114	\$10,504,713	100.0 %	304,690	\$34	100.0 %
Anorexia or weight loss/gain	1,354	528	714,483	6.8	2,790	256	0.9
Fertility drugs	22	1,528	33,610	0.3	38	884	0.0
Drugs for cosmetic purposes	572	1,375	786,630	7.5	3,272	240	1.1
Cough and cold medications	2,012	967	1,946,082	18.5	4,985	390	1.6
Vitamins and minerals	21	7,969	167,344	1.6	77	2,173	0.0
Non-prescription drugs	64,365	72	4,613,724	43.9	146,794	31	48.2
Barbiturates	72	13	920	0.0	82	11	0.0
Benzodiazepines	22,323	84	1,874,463	17.8	143,067	13	47.0
Other Part D Excl Rx Drugs	1,779	207	367,457	3.5	3,585	102	1.2

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 ND11.

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.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	317,305	1,000	65,383	60,557	190,009	2,757,488	8,593	664,921	419,574	1,662,321	2,079
Age											
5 and younger	83,319	0	1,803	358	81,158	642,961	0	18,223	3,914	620,824	0
6-14	85,764	0	5,662	563	79,539	837,591	0	61,558	6,229	769,804	0
15-20	41,901	0	4,465	8,138	29,259	369,008	0	45,952	51,407	271,440	209
21-44	74,050	0	25,316	48,485	46	592,097	0	255,188	335,547	235	1,127
45-64	31,040	0	27,916	3,010	1	305,200	0	282,002	22,461	3	734
65-74	699	539	158	1	0	6,744	5,205	1,518	12	0	9
75-84	302	264	38	0	0	2,452	2,119	333	0	0	0
85 and older	220	197	22	1	0	1,411	1,269	141	1	0	0
Unknown	10	0	3	1	6	24	0	6	3	15	0
Gender											
Female	177,755	643	34,541	48,778	93,438	1,528,169	5,385	355,478	345,895	819,339	2,072
Male	139,495	357	30,842	11,724	96,571	1,228,824	3,208	309,443	73,184	842,982	7
Unknown	55	0	0	55	0	495	0	0	495	0	0
Race											
White	297,324	924	62,736	56,621	176,696	2,588,979	8,029	639,388	391,813	1,547,713	2,036
African American	17,665	47	2,464	3,473	11,677	154,894	402	24,301	25,436	104,738	17
Other/unknown	2,316	29	183	463	1,636	13,615	162	1,232	2,325	9,870	26
Use of Nursing Facilities^c											
Entire year	514	149	365	0	0	5,147	1,415	3,732	0	0	0
Part year	418	48	364	6	0	4,134	414	3,664	56	0	0
None	316,373	803	64,654	60,551	190,009	2,748,207	6,764	657,525	419,518	1,662,321	2,079
Maintenance Assistance Status											
Cash	93,499	843	60,786	31,545	325	860,323	7,267	635,445	215,601	2,010	0
Medically needy	3,612	25	1,810	1,750	27	17,754	117	9,196	8,334	107	0
Poverty related	198,769	5	11	16,184	182,213	1,697,779	36	79	105,280	1,590,305	2,079
Other/unknown	21,425	127	2,776	11,078	7,444	181,632	1,173	20,201	90,359	69,899	0
Managed Care Status											
FFS all year	240,389	1,000	64,456	42,542	132,044	2,080,066	8,593	654,967	276,628	1,137,870	2,008
FFS part year, with Rx claims	27,481	0	733	9,094	17,647	256,589	0	7,872	75,219	173,435	63
FFS part year, no Rx claims	9,023	0	48	1,722	7,251	68,838	0	462	10,690	57,678	8
MC all year, with Rx claims	27,840	0	131	5,486	22,223	271,730	0	1,490	47,838	222,402	0
MC all year, no Rx claims	12,572	0	15	1,713	10,844	80,265	0	130	9,199	70,936	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.1 includes the beneficiaries represented by Cell J 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.

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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	317,305	2,757,488	276,893	2,182,308	0	575,180
FFS all year	240,389	2,080,066	240,389	2,080,066	0	0
FFS part year, with Rx claims	27,481	256,589	27,481	79,975	0	176,614
FFS part year, with no Rx claims	9,023	68,838	9,023	22,267	0	46,571
MC all year, with Rx claims	27,840	271,730	0	0	0	271,730
MC all year, with no Rx claims	12,572	80,265	0	0	0	80,265

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.