

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 WEST VIRGINIA

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	49,806	23,377	25,860	562	7	0	527,074	241,888	281,409	3,716	61	0	527,074	241,888	281,409	3,716	61	0	
Age																			
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0	12	0	12	0	0	0	0
6-14	11	0	10	0	1	0	131	0	119	0	12	0	131	0	119	0	12	0	0
15-20	134	0	131	0	3	0	1,516	0	1,480	0	36	0	1,516	0	1,480	0	36	0	0
21-44	10,563	4	10,182	376	1	0	116,641	35	113,983	2,617	6	0	116,641	35	113,983	2,617	6	0	0
45-64	12,257	15	12,069	173	0	0	130,504	123	129,339	1,042	0	0	130,504	123	129,339	1,042	0	0	0
65-74	11,241	9,462	1,768	9	2	0	120,979	102,129	18,802	41	7	0	120,979	102,129	18,802	41	7	0	0
75-84	8,949	7,912	1,034	3	0	0	93,016	82,233	10,768	15	0	0	93,016	82,233	10,768	15	0	0	0
85 and older	6,650	5,984	665	1	0	0	64,275	57,368	6,906	1	0	0	64,275	57,368	6,906	1	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																			
Female	30,134	16,725	13,165	240	4	0	320,866	174,805	144,339	1,686	36	0	320,866	174,805	144,339	1,686	36	0	0
Male	19,672	6,652	12,695	322	3	0	206,208	67,083	137,070	2,030	25	0	206,208	67,083	137,070	2,030	25	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	47,962	22,553	24,864	538	7	0	507,571	233,277	270,667	3,566	61	0	507,571	233,277	270,667	3,566	61	0	0
African American	1,797	795	978	24	0	0	19,003	8,309	10,544	150	0	0	19,003	8,309	10,544	150	0	0	0
Other/unknown	47	29	18	0	0	0	500	302	198	0	0	0	500	302	198	0	0	0	0
Use of Nursing Facilities^c																			
Entire year	6,786	6,286	500	0	0	0	66,449	60,934	5,515	0	0	0	66,449	60,934	5,515	0	0	0	0
Part year	3,237	2,860	377	0	0	0	30,825	27,024	3,801	0	0	0	30,825	27,024	3,801	0	0	0	0
None	39,783	14,231	24,983	562	7	0	429,800	153,930	272,093	3,716	61	0	429,800	153,930	272,093	3,716	61	0	0
Maintenance Assistance Status																			
Cash	30,671	13,335	17,164	172	0	0	346,384	151,472	193,724	1,188	0	0	346,384	151,472	193,724	1,188	0	0	0
Medically needy	2,489	726	1,536	227	0	0	15,694	4,227	10,040	1,427	0	0	15,694	4,227	10,040	1,427	0	0	0
Poverty-related	1,006	264	659	78	5	0	10,221	2,665	7,008	511	37	0	10,221	2,665	7,008	511	37	0	0
Other/unknown	15,640	9,052	6,501	85	2	0	154,775	83,524	70,637	590	24	0	154,775	83,524	70,637	590	24	0	0
Dual Medicare Status^d																			
Full dual, all year	48,436	22,932	24,959	538	7	0	512,529	237,235	271,762	3,471	61	0	512,529	237,235	271,762	3,471	61	0	0
Full dual, part year	1,370	445	901	24	0	0	14,545	4,653	9,647	245	0	0	14,545	4,653	9,647	245	0	0	0
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	49,684	23,377	25,811	489	7	0	526,342	241,888	281,079	3,314	61	0	526,342	241,888	281,079	3,314	61	0	0
FFS part year, with Rx claims	93	0	48	45	0	0	525	0	318	207	0	0	525	0	318	207	0	0	0
FFS part year, no Rx claims	2	0	0	2	0	5	0	0	0	5	0	0	0	0	0	5	0	0	0
MC all year, with FFS Rx claims	27	0	1	26	0	0	202	0	12	190	0	0	202	0	12	190	0	0	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	89.3 %	52.3	\$2,708	\$52	\$13,718	19.7 %	49,806
Age							
5 and younger	100.0	26.0	431	17	888	48.5	1
6-14	100.0	63.5	6,469	102	22,136	29.2	11
15-20	84.3	24.1	1,832	76	9,639	19.0	134
21-44	85.2	34.3	2,321	68	9,227	25.2	10,563
45-64	89.9	55.5	3,201	58	12,146	26.4	12,257
65-74	88.7	57.9	2,788	48	10,467	26.6	11,241
75-84	91.3	60.5	2,711	45	17,195	15.8	8,949
85 and older	93.0	54.9	2,285	42	24,635	9.3	6,650
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.7	57.5	2,600	45	16,527	15.7	23,377
Disabled	88.0	48.2	2,835	59	11,403	24.9	25,860
Adults	88.4	24.5	1,350	55	3,504	38.5	562
Children	71.4	27.6	1,974	72	5,612	35.2	7
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.3	59.3	2,946	50	14,997	19.6	30,134
Male	84.7	41.5	2,343	56	11,759	19.9	19,672
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.4	52.6	2,721	52	13,745	19.8	47,962
African American	87.1	44.8	2,368	53	13,211	17.9	1,797
Other/unknown	89.4	40.5	2,011	50	5,202	38.6	47
Use of Nursing Facilities^f							
Entire year	97.2	70.1	3,220	46	38,401	8.4	6,786
Part year	95.5	65.2	2,983	46	26,808	11.1	3,237
None	87.4	48.2	2,598	54	8,443	30.8	39,783
Maintenance Assistance Status							
Cash	88.9	50.4	2,672	53	7,260	36.8	30,671
Medically needy	84.0	29.5	1,782	60	4,747	37.5	2,489
Poverty related	69.6	18.0	1,093	61	3,175	34.4	1,006
Other/unknown	92.1	61.8	3,030	49	28,488	10.6	15,640

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Number				
	Mean Number of Rx	Mean Rx \$	Percentage of All Medicaid FFS ^c	19.7 %	10.7 %	None	More than 0, but 1 or Less	13.8 %	More than 1, but 2 or Less	9.0 %			More than 2, but 5 or Less	27.3 %	More than 5, but 10 or Less	29.7 %
All	4.9	\$256	19.7 %	10.7 %	13.8 %	9.0 %	27.3 %	29.7 %	9.5 %	\$1,296	49,806	527,074				
Age																
5 and younger	2.2	36	48.5	0.0	0.0	100.0	0.0	0.0	0.0	74	1	12				
6-14	5.3	543	29.2	0.0	18.2	36.4	45.5	1,859	11	131						
15-20	2.1	162	19.0	15.7	35.8	11.9	27.6	8.2	0.7	852	134	1,516				
21-44	3.1	210	25.2	14.8	26.3	12.9	26.3	16.1	3.6	836	10,563	116,641				
45-64	5.2	301	26.4	10.1	12.6	8.6	27.4	30.6	10.7	1,141	12,257	130,504				
65-74	5.4	259	26.6	11.3	10.9	7.8	26.5	32.2	11.3	973	11,241	120,979				
75-84	5.8	261	15.8	8.7	8.6	7.2	27.0	36.3	12.2	1,654	8,949	93,016				
85 and older	5.7	236	9.3	7.0	7.9	7.8	30.2	36.9	10.1	2,549	6,650	64,275				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Basis of Eligibility^e																
Aged	5.6	251	15.7	9.3	9.4	7.8	28.0	34.4	11.1	1,597	23,377	241,888				
Disabled	4.4	261	24.9	12.0	17.7	10.0	26.5	25.7	8.1	1,048	25,860	281,409				
Adults	3.7	204	38.5	11.6	19.6	14.9	30.2	19.2	4.4	530	562	3,716				
Children	3.2	227	35.2	28.6	14.3	0.0	57.1	0.0	0.0	644	7	61				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Gender																
Female	5.6	277	19.6	7.7	10.6	8.3	27.8	34.0	11.6	1,408	30,134	320,866				
Male	4.0	224	19.9	15.3	18.8	10.0	26.5	23.2	6.2	1,122	19,672	206,208				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Race																
White	5.0	257	19.8	10.6	13.7	9.0	27.3	29.9	9.6	1,299	47,962	507,571				
African American	4.2	224	17.9	12.9	18.6	9.9	26.7	25.4	6.5	1,249	1,797	19,003				
Other/unknown	3.8	189	38.6	10.6	23.4	8.5	34.0	19.1	4.3	489	47	500				
use of nursing Facilities^f																
Entire year	7.2	329	8.4	2.8	5.9	6.0	25.2	40.8	19.3	3,922	6,786	66,449				
Part year	6.9	313	11.1	4.5	5.9	5.8	28.3	39.0	16.5	2,815	3,237	30,825				
None	4.5	241	30.8	12.6	15.9	9.8	27.5	27.0	7.2	781	39,783	429,800				
Maintenance Assistance Status																
Cash	4.5	237	36.8	11.1	16.2	9.9	28.2	27.4	7.2	643	30,671	346,384				
Medically needy	4.7	283	37.5	16.0	12.7	9.4	29.4	25.3	7.2	753	2,489	15,694				
Poverty related	1.8	108	34.4	30.4	27.6	12.9	20.2	7.8	1.1	313	1,006	10,221				
Other/unknown	6.2	306	10.6	7.9	8.5	6.9	25.5	36.4	14.8	2,879	15,640	154,775				

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.9	\$256	\$52	2.0	\$188	\$95	0.2	\$6	\$31	2.8	\$62	\$22
Age												
5 and younger	2.2	36	17	0.3	16	48	0.1	3	32	1.8	17	10
6-14	5.3	543	102	2.5	429	171	0.2	18	77	2.5	71	28
15-20	2.1	162	76	1.0	124	126	0.1	7	95	1.1	30	28
21-44	3.1	210	68	1.3	161	124	0.1	6	47	1.7	43	26
45-64	5.2	301	58	2.2	225	103	0.2	6	34	2.8	69	24
65-74	5.4	259	48	2.2	188	86	0.2	5	27	3.0	65	22
75-84	5.8	261	45	2.3	185	82	0.2	6	27	3.3	69	21
85 and older	5.7	236	42	2.0	163	80	0.3	7	26	3.4	67	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.6	251	45	2.2	179	83	0.2	6	27	3.2	66	21
Disabled	4.4	261	59	1.8	196	106	0.2	6	36	2.4	58	24
Adults	3.7	204	55	1.5	148	102	0.1	5	43	2.1	50	24
Children	3.2	227	72	1.1	172	157	0.2	14	63	1.8	40	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	277	50	2.2	203	91	0.2	6	28	3.1	66	22
Male	4.0	224	56	1.6	164	104	0.1	5	41	2.3	55	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.0	257	52	2.0	188	95	0.2	6	31	2.8	62	22
African American	4.2	224	53	1.7	166	96	0.1	4	34	2.4	53	22
Other/unknown	3.8	189	50	1.6	141	91	0.1	6	62	2.2	43	20
Use of Nursing Facilities^e												
Entire year	7.2	329	46	2.7	231	87	0.3	8	30	4.2	89	21
Part year	6.9	313	46	2.6	223	85	0.2	7	28	4.0	83	21
None	4.5	241	54	1.8	178	97	0.2	5	32	2.5	56	23
Maintenance Assistance Status												
Cash	4.5	237	53	1.8	175	96	0.2	5	32	2.5	56	23
Medically needy	4.7	283	60	1.8	209	113	0.1	5	42	2.7	68	25
Poverty related	1.8	108	61	0.8	83	109	0.1	2	41	1.0	22	23
Other/unknown	6.2	306	49	2.4	220	91	0.3	8	30	3.6	78	22

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$14	\$0	\$5	\$55	\$87	\$67	\$27	124,003	\$6,762,825	30,633	61.5 %	338,421
Biologics	0.5	0.0	0.1	0.4	####	0	192	830	1886	0	1,534	1,991	13	24,512	2	0.0	24
Antineoplastic Agents	0.5	0.2	0.0	0.3	110	78	3	30	214	466	175	90	10,556	2,257,784	2,017	4.0	20,500
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.3	46	35	3	8	44	71	16	22	265,763	11,598,756	23,069	46.3	252,414
Cardiovascular Agents	2.0	0.7	0.0	1.3	71	46	1	24	36	67	26	19	670,556	24,232,063	31,724	63.7	342,831
Respiratory Agents	0.7	0.4	0.0	0.3	39	31	2	6	53	74	77	21	185,890	9,931,804	22,856	45.9	252,698
Gastrointestinal Agents	0.8	0.3	0.0	0.5	46	33	0	12	57	111	118	24	197,804	11,192,311	22,264	44.7	242,915
Genitourinary Agents	0.5	0.4	0.0	0.1	29	27	0	2	59	71	37	20	41,271	2,451,363	7,518	15.1	83,226
CNS Drugs	1.3	0.6	0.0	0.7	94	75	1	17	70	122	102	25	414,330	29,177,243	28,777	57.8	311,181
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	43	24	2	17	76	114	78	52	1,827	138,445	288	0.6	3,193
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	86	84	0	2	128	132	9	49	24,497	3,134,373	3,467	7.0	36,556
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	36	22	0	13	43	123	50	21	247,856	10,673,572	27,488	55.2	299,404
Neuromuscular Agents	0.9	0.4	0.0	0.5	65	50	2	13	70	122	47	28	170,541	12,018,466	16,703	33.5	184,145
Nutritional Products	0.6	0.0	0.0	0.6	12	0	0	11	19	21	20	19	68,126	1,289,338	10,181	20.4	108,948
Hematological Agents	0.8	0.3	0.1	0.4	52	43	1	7	65	140	25	17	86,890	5,658,500	10,190	20.5	108,874
Topical Products	0.4	0.2	0.0	0.2	17	11	1	5	41	62	42	22	85,004	3,466,306	18,756	37.7	208,386
Miscellaneous Products	0.4	0.1	0.0	0.3	41	28	3	10	118	373	200	39	3,430	403,668	948	1.9	9,783
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	22	0	0	0	75	0	0	0	6,056	452,625	1,826	3.7	20,505
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.	2,604,413	134,863,954	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.6 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$14,828,602	11,697	23.5 %	127,788	0.7	\$167
ANTIDEPRESSANTS	11,061,659	26,098	52.4	284,929	0.6	62
ANTICONVULSANT	10,188,995	14,571	29.3	161,006	0.8	81
ANTHYPERLIPIDEMIC	9,422,389	13,949	28.0	156,651	0.7	91
ULCER DRUGS	9,265,004	22,859	45.9	252,262	0.6	65
ANTIDIABETIC	8,355,343	17,854	35.8	195,494	0.7	60
ANTIASTHMATIC	6,570,704	22,440	45.1	246,918	0.5	58
ANALGESICS - Narcotic	5,983,651	32,988	66.2	360,700	0.4	37
ANTIHYPERTENSIVE	5,965,451	22,449	45.1	246,243	0.7	35
ANALGESICS - ANTI-INFLAMMATORY	3,851,841	14,916	29.9	167,953	0.4	57
Total	85,493,639	199,821		2,199,944	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month			
																		11,697	23.5 %	127,788
All	1,288,015	\$85,493,639	11,697	23.5 %	127,788	0.7	\$116	26,098	52.4 %	284,929	0.6	\$39								
Female	852,715	54,912,840	7,078	23.5	77,180	0.7	100	18,049	59.9	197,949	0.6	40								
Disabled	386,915	28,034,887	3,342	25.4	37,888	0.7	118	9,517	72.3	106,866	0.6	40								
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
6-14	40	2,532	0	0.0	0	0.0	0	1	50.0	12	0.8	49								
15-20	456	30,090	8	16.0	91	0.5	94	18	36.0	212	0.4	38								
21-44	91,372	7,576,779	1,412	34.4	16,187	0.6	114	2,970	72.5	33,874	0.5	38								
45-64	220,579	15,919,673	1,560	24.0	17,654	0.7	128	5,260	81.0	58,787	0.6	42								
65-74	40,347	2,558,424	173	15.2	1,953	0.7	107	667	58.6	7,399	0.6	36								
75-84	23,139	1,363,003	113	13.9	1,193	0.6	74	408	50.1	4,511	0.6	33								
85 and older	10,982	584,386	76	13.4	810	0.5	61	193	34.0	2,071	0.6	33								
Other Eligibles	465,800	26,877,953	3,736	22.0	39,292	0.6	84	8,532	50.3	91,083	0.7	39								
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	22	2,786	1	100.0	12	0.5	127	1	100.0	12	1.0	21								
21-44	3,031	191,736	43	21.7	375	0.5	75	153	77.3	1,265	0.6	40								
45-64	1,021	87,644	11	19.6	89	0.4	65	43	76.8	366	0.6	58								
65-74	183,867	11,353,317	997	16.9	10,904	0.7	106	2,874	48.6	32,155	0.7	37								
75-84	166,562	9,379,131	1,370	23.6	14,438	0.7	79	2,846	49.1	30,564	0.7	40								
85 and older	111,297	5,863,339	1,314	26.3	13,474	0.6	70	2,615	52.3	26,721	0.7	42								
Male	435,300	30,580,799	4,619	23.5	50,608	0.8	140	8,049	40.9	86,980	0.6	37								
Disabled	274,028	21,402,146	3,294	25.9	37,245	0.8	156	5,550	43.7	61,491	0.6	37								
5 and younger	1	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
6-14	70	5,303	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	822	72,867	22	27.2	257	0.5	109	30	37.0	353	0.4	24								
21-44	106,191	9,154,375	1,741	28.6	19,989	0.7	153	2,689	44.2	30,553	0.5	36								
45-64	145,580	10,838,410	1,405	25.2	15,694	0.8	165	2,535	45.5	27,397	0.6	40								
65-74	15,649	999,806	81	12.9	838	0.8	134	188	29.9	2,028	0.7	36								
75-84	4,270	252,693	34	15.5	367	0.6	76	77	35.2	838	0.6	33								
85 and older	1,445	78,683	11	11.2	100	0.5	48	31	31.6	322	0.6	34								
Other Eligibles	161,272	9,178,653	1,325	19.0	13,363	0.7	95	2,499	35.8	25,489	0.7	37								
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	29	1,550	0	0.0	0	0.0	0	1	50.0	12	0.3	26								
21-44	2,310	161,915	29	15.8	225	0.5	125	101	55.2	785	0.4	29								
45-64	1,841	109,302	9	6.8	64	0.5	93	63	47.7	513	0.5	37								
65-74	88,891	5,210,375	529	14.9	5,692	0.8	112	1,046	29.4	11,406	0.7	36								
75-84	49,192	2,695,024	480	22.7	4,806	0.7	86	841	39.7	8,468	0.7	38								
85 and older	19,009	1,000,487	278	28.3	2,576	0.6	73	447	45.6	4,305	0.7	38								
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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIHYPERLIPIDEMIC				ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Mean		Number of Users	Users as % of Dual Benes	Mean		Number of Users	Users as % of Dual Benes	Mean		
			Number of Benefit Months Among Users	per Rx \$ per Benefit Month			Number of Benefit Months Among Users	per Rx \$ per Benefit Month			Number of Benefit Months Among Users	per Rx \$ per Benefit Month	
All	14,571	29.3 %	161,006	0.8	13,949	28.0 %	156,651	0.7	22,859	45.9 %	252,262	0.6	\$37
Female	8,749	29.0	96,923	0.8	9,146	30.4	103,488	0.7	15,270	50.7	169,081	0.6	37
Disabled	5,357	40.7	60,314	0.8	4,168	31.7	46,986	0.6	6,735	51.2	76,066	0.5	37
5 and younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.2	0	0.0	0	0	1	50.0	12	0.9	107
15-20	12	24.0	133	0.6	3	6.0	31	0.4	9	18.0	108	0.3	16
21-44	1,981	48.3	22,564	0.8	493	12.0	5,688	0.5	1,643	40.1	18,883	0.4	32
45-64	2,774	42.7	31,139	0.8	2,775	42.7	31,273	0.6	3,695	56.9	41,622	0.5	39
65-74	348	30.6	3,853	0.7	546	47.9	6,113	0.7	658	57.8	7,379	0.6	40
75-84	168	20.6	1,828	0.6	274	33.6	3,031	0.7	467	57.3	5,199	0.5	42
85 and older	73	12.9	785	0.7	77	13.6	850	0.7	262	46.2	2,863	0.6	39
Other Eligibles	3,392	20.0	36,609	0.8	4,978	29.3	56,502	0.7	8,535	50.3	93,015	0.6	36
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0.0	0
21-44	87	43.9	772	0.7	22	11.1	202	0.5	37	29.8	462	0.4	27
45-64	20	35.7	161	0.7	11	19.6	82	0.5	27	48.2	204	0.6	43
65-74	1,345	22.7	14,833	0.8	2,700	45.7	31,026	0.7	3,171	53.6	35,628	0.6	37
75-84	1,219	21.0	13,413	0.8	1,756	30.3	19,918	0.7	2,897	50.0	32,098	0.6	36
85 and older	721	14.4	7,430	0.7	489	9.8	5,274	0.7	2,380	47.6	24,611	0.7	36
Male	5,822	29.6	64,083	0.8	4,803	24.4	53,163	0.7	7,589	38.6	83,181	0.6	37
Disabled	4,481	35.3	50,183	0.8	3,096	24.4	34,272	0.6	4,503	35.5	50,404	0.5	37
5 and younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0.0	0
6-14	1	12.5	12	1.2	1	12.5	12	1.1	3	37.5	36	0.5	28
15-20	24	29.6	273	0.6	3	3.7	32	0.4	16	19.8	188	0.4	30
21-44	2,320	38.1	26,417	0.8	891	14.6	10,180	0.6	1,709	28.1	19,609	0.5	33
45-64	1,956	35.1	21,543	0.9	1,911	34.3	20,829	0.7	2,360	42.3	26,040	0.6	39
65-74	141	22.4	1,529	0.8	225	35.8	2,510	0.7	268	42.6	2,934	0.6	37
75-84	33	15.1	349	0.6	54	24.7	605	0.7	98	44.7	1,101	0.6	44
85 and older	6	6.1	60	0.4	11	11.2	104	0.7	49	50.0	496	0.7	35
Other Eligibles	1,341	19.2	13,900	0.8	1,707	24.5	18,891	0.7	3,086	44.2	32,777	0.6	37
5 and younger	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
15-20	0	0.0	0	0	1	50.0	12	1.0	0	0.0	0	0.0	0
21-44	68	37.2	444	0.5	18	9.8	169	0.5	50	27.3	379	0.5	35
45-64	28	21.2	211	0.5	40	30.3	325	0.5	33	25.0	270	0.5	41
65-74	682	19.2	7,548	0.8	1,146	32.2	13,018	0.7	1,554	43.7	17,374	0.6	36
75-84	422	19.9	4,355	0.8	427	20.2	4,617	0.7	972	45.9	10,124	0.6	37
85 and older	141	14.4	1,342	0.7	75	7.6	750	0.8	477	48.6	4,630	0.7	38
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	17,854	35.8 %	195,494	\$43	0.7	22,440	45.1 %	246,918	\$27	0.5	32,988	66.2 %	360,700	0.4	\$17
Female	12,267	40.7	135,358	42	0.7	14,740	48.9	163,134	27	0.5	21,501	71.4	236,953	0.4	17
Disabled	5,135	39.0	57,354	44	0.7	6,722	51.1	75,650	28	0.4	11,275	85.6	127,018	0.4	18
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	2	100.0	24	8	0.1	1	50.0	12	0.3	6
15-20	5	10.0	60	17	0.4	17	34.0	204	15	0.2	36	72.0	416	0.2	2
21-44	737	18.0	8,489	43	0.6	1,562	38.1	17,956	21	0.3	3,419	83.4	39,112	0.4	16
45-64	3,053	47.0	34,048	45	0.7	3,857	59.4	43,131	30	0.5	5,803	89.4	65,096	0.4	19
65-74	759	66.6	8,371	46	0.7	779	68.4	8,742	31	0.5	994	87.3	11,096	0.4	18
75-84	414	50.8	4,597	37	0.7	355	43.6	3,900	26	0.4	661	81.1	7,318	0.4	16
85 and older	167	29.5	1,789	32	0.7	150	26.5	1,693	23	0.4	361	63.7	3,968	0.4	11
Other Eligibles	7,132	42.0	78,004	40	0.7	8,018	47.3	87,484	26	0.5	10,226	60.3	109,935	0.5	16
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
21-44	21	10.6	152	48	0.7	73	36.9	631	18	0.4	204	103.0	1,712	0.4	12
45-64	17	30.4	120	61	0.7	25	44.6	202	21	0.4	58	103.6	463	0.4	40
65-74	3,205	54.2	36,130	45	0.7	3,339	56.5	37,626	29	0.5	3,862	65.3	43,276	0.4	13
75-84	2,555	44.1	27,915	38	0.7	2,724	47.0	29,797	27	0.5	3,452	59.6	37,836	0.5	16
85 and older	1,334	26.7	13,687	32	0.7	1,857	37.1	19,228	19	0.4	2,650	53.0	26,648	0.6	20
Male	5,587	28.4	60,136	45	0.7	7,700	39.1	83,784	26	0.5	11,487	58.4	123,747	0.4	17
Disabled	3,148	24.8	34,346	47	0.7	4,081	32.1	45,378	25	0.4	7,968	62.8	87,475	0.4	17
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	100.0	12	0.1	1
6-14	2	25.0	24	12	0.2	4	50.0	48	14	0.1	1	12.5	12	0.1	0
15-20	6	7.4	66	21	0.4	12	14.8	144	7	0.2	44	54.3	488	0.2	2
21-44	798	13.1	8,927	47	0.7	1,264	20.8	14,471	20	0.3	3,877	63.7	43,844	0.4	16
45-64	1,991	35.7	21,546	48	0.7	2,318	41.6	25,446	28	0.5	3,538	63.5	37,802	0.5	20
65-74	264	42.0	2,887	45	0.7	363	57.7	3,904	30	0.5	359	57.1	3,764	0.4	19
75-84	65	29.7	688	36	0.7	92	42.0	1,039	28	0.5	104	47.5	1,126	0.4	9
85 and older	22	22.4	208	21	0.6	28	28.6	326	24	0.4	44	44.9	427	0.5	34
Other Eligibles	2,439	35.0	25,790	41	0.7	3,619	51.9	38,406	28	0.5	3,519	50.4	36,272	0.5	14
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	50.0	12	0.1	1
21-44	40	21.9	329	43	0.6	34	18.6	265	30	0.4	174	95.1	1,314	0.6	24
45-64	27	20.5	209	56	0.7	43	32.6	347	33	0.4	123	93.2	1,004	0.5	17
65-74	1,376	38.7	15,042	44	0.7	1,907	53.6	21,158	31	0.5	1,885	52.9	20,688	0.5	15
75-84	756	35.7	7,800	39	0.7	1,133	53.5	11,691	26	0.5	905	42.7	9,268	0.5	13
85 and older	240	24.5	2,410	35	0.8	502	51.2	4,945	18	0.4	431	43.9	3,986	0.5	13
Unknown	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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	22,449	45.1 %	246,243	0.7	14,916	29.9 %	167,953	0.4	\$23	49,506	527,074
Female	14,875	49.4	164,237	0.7	9,969	33.1	112,707	0.4	27	30,134	320,866
Disabled	5,341	40.6	59,795	0.6	4,921	37.4	56,214	0.4	22	13,165	144,339
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.3	1	50.0	12	0.6	26	2	24
15-20	10	20.0	110	0.3	9	18.0	108	0.1	5	50	569
21-44	729	17.8	8,384	0.6	1,410	34.4	16,182	0.3	11	4,099	46,031
45-64	3,003	46.2	33,630	0.7	2,621	40.4	29,928	0.4	23	6,493	71,011
65-74	778	68.3	8,607	0.7	423	37.1	4,825	0.4	34	1,139	12,164
75-84	532	65.3	5,876	0.7	280	34.4	3,197	0.5	34	815	8,546
85 and older	288	50.8	3,176	0.7	177	31.2	1,962	0.5	29	567	5,994
Other Eligibles	9,534	56.2	104,442	0.7	5,048	29.7	56,493	0.5	32	16,969	176,527
5 and younger	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	1	12
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12
21-44	41	20.7	355	0.3	70	35.4	582	0.3	12	198	1,450
45-64	17	30.4	137	0.5	16	28.6	133	0.3	8	56	384
65-74	3,609	61.0	40,992	0.7	2,106	35.6	24,235	0.4	29	5,913	64,664
75-84	3,467	59.8	38,201	0.7	1,704	29.4	19,221	0.5	33	5,796	61,395
85 and older	2,400	48.0	24,757	0.7	1,152	23.0	12,322	0.6	36	5,004	48,610
Male	7,574	38.5	82,006	0.7	4,947	25.1	55,246	0.4	16	19,672	206,208
Disabled	4,163	32.8	45,505	0.7	3,244	25.6	36,629	0.3	12	12,695	137,070
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12
6-14	7	87.5	84	0.3	1	12.5	12	0.1	2	8	95
15-20	20	24.7	237	0.6	16	19.8	186	0.2	4	81	911
21-44	1,231	20.2	13,743	0.6	1,513	24.9	17,427	0.3	7	6,083	67,952
45-64	2,414	43.3	26,128	0.7	1,504	27.0	16,661	0.4	17	5,576	58,328
65-74	359	57.1	3,924	0.7	148	23.5	1,635	0.4	22	629	6,638
75-84	91	41.6	984	0.7	42	19.2	468	0.4	25	219	2,222
85 and older	41	41.8	405	0.6	20	20.4	240	0.4	22	98	912
Other Eligibles	3,411	48.9	36,501	0.7	1,703	24.4	18,617	0.4	22	6,977	69,138
5 and younger	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
15-20	1	50.0	12	0.9	1	50.0	12	0.1	1	2	24
21-44	44	24.0	343	0.6	53	29.0	416	0.3	6	183	1,208
45-64	43	32.6	335	0.6	34	25.8	264	0.4	10	132	781
65-74	1,873	52.6	20,792	0.7	946	26.6	10,749	0.4	20	3,560	37,513
75-84	1,075	50.7	11,389	0.7	468	22.1	5,182	0.5	25	2,119	20,853
85 and older	375	38.2	3,630	0.7	201	20.5	1,994	0.5	29	981	8,759
Unknown	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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit		Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
		Month	Month		Year	Year
All	\$329	7.2	7.2	6,786	66,449	66,449
Age						
0-64	444	8.1	8.1	480	5,348	5,348
65-74	421	8.5	8.5	917	9,458	9,458
75-84	346	7.5	7.5	2,218	21,812	21,812
85 and older	266	6.3	6.3	3,171	29,831	29,831
Unknown	0	0.0	0.0	0	0	0
Gender						
Female	320	7.1	7.1	5,048	49,786	49,786
Male	357	7.2	7.2	1,738	16,663	16,663
Unknown	0	0.0	0.0	0	0	0
Race						
White	329	7.2	7.2	6,554	64,128	64,128
African American	323	6.7	6.7	231	2,309	2,309
Other/unknown	453	12.1	12.1	1	12	12
Basis of Eligibility^c						
Aged	319	7.1	7.1	6,286	60,934	60,934
Disabled	441	8.1	8.1	500	5,515	5,515
Adults	0	0.0	0.0	0	0	0
Children	0	0.0	0.0	0	0	0
Unknown	0	0.0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 = Centers for Medicare & 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$18	\$12	\$0	\$5	\$43	\$65	\$54	\$23	21,178	\$904,564	4,863	71.7 %	50,361
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.6	0.1	0.0	0.5	74	21	4	49	132	308	153	104	3,287	434,031	625	9.2	5,863
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	45	33	4	8	38	68	15	19	41,702	1,583,776	3,459	51.0	35,323
Cardiovascular Agents	2.1	0.4	0.0	1.7	56	24	1	31	26	55	24	19	107,849	2,823,488	5,093	75.1	50,749
Respiratory Agents	0.8	0.3	0.0	0.4	36	22	4	10	45	70	77	23	25,143	1,133,725	3,099	45.7	31,692
Gastrointestinal Agents	1.1	0.3	0.0	0.8	48	28	0	20	43	89	65	25	41,710	1,779,652	3,632	53.5	36,872
Genitourinary Agents	0.7	0.5	0.0	0.2	38	34	0	3	58	69	35	23	10,092	585,180	1,454	21.4	15,238
CNS Drugs	1.7	0.9	0.0	0.7	118	99	2	17	69	105	65	24	82,772	5,729,034	4,785	70.5	48,377
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	23	12	0	10	37	152	66	19	134	5,017	22	0.3	221
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	101	101	0	0	122	122	0	39	12,024	1,461,014	1,419	20.9	14,509
Analgesics and Anesthetics	1.1	0.4	0.0	0.7	45	37	0	8	41	94	25	12	37,565	1,532,052	3,389	49.9	33,932
Neuromuscular Agents	1.1	0.4	0.0	0.7	58	37	1	19	51	83	37	30	31,636	1,616,672	2,637	38.9	28,003
Nutritional Products	0.7	0.0	0.0	0.7	14	0	0	14	19	19	22	19	16,307	306,735	2,228	32.8	22,038
Hematological Agents	1.1	0.3	0.1	0.6	57	47	2	8	54	140	20	13	21,165	1,151,806	1,981	29.2	20,048
Topical Products	0.5	0.2	0.0	0.3	19	11	1	6	35	56	36	20	21,132	739,934	3,736	55.1	39,353
Miscellaneous Products	0.3	0.0	0.0	0.3	5	1	0	4	17	54	0	15	908	15,387	308	4.5	3,018
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	18	0	0	0	49	0	0	0	990	48,986	258	3.8	2,667
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.	475,594	21,851,053	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In West Virginia, 0.6 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 = Centers for Medicare & Medicaid Services; CNS = 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Total Medicaid Rx \$	Number of Users	Number of Benefit Months	Number of Rx per Benefit Month
ANTIPSYCHOTICS	\$3,093,797	2,871	42.3 %	29,833	\$136	0.8	0.8	\$104
ANTIDEPRESSANTS	2,269,475	4,538	66.9	46,771	60	0.8	0.8	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,461,014	1,423	21.0	14,541	122	0.8	0.8	100
ULCER DRUGS	1,438,499	3,429	50.5	35,230	54	0.8	0.8	41
ANTICONVULSANT	1,205,988	2,099	30.9	22,337	53	1.0	1.0	54
ANTIDIABETIC	984,341	2,451	36.1	25,197	45	0.9	0.9	39
ANALGESICS - Narcotic	850,209	3,274	48.2	32,082	33	0.8	0.8	27
ANTIHYPERTENSIVE	784,404	3,009	44.3	30,518	31	0.8	0.8	26
ASTHMATIC	757,834	3,317	48.9	33,978	44	0.5	0.5	22
MISC. HEMATOLOGICAL	659,112	866	12.8	8,848	92	0.8	0.8	74
Total	13,504,673	27,277		279,335	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	218,727	\$13,504,673	2,871	42.3 %	29,833	0.8	\$104	4,538	66.9 %	0.8	46,771	\$49
Female	161,574	9,764,658	2,047	40.6	21,398	0.7	96	3,464	68.6	0.8	35,844	49
Disabled	11,415	788,473	114	48.1	1,308	1.0	172	199	84.0	0.9	2,171	60
64 or younger	10,789	757,500	105	46.5	1,200	1.0	180	192	85.0	0.9	2,087	60
65-74	620	30,858	9	90.0	108	1.0	80	7	70.0	0.8	84	59
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
85 and older	6	115	0	0.0	0	0.0	0	0	0.0	0.0	0	0
Other Eligibles	150,159	8,976,185	1,933	40.2	20,090	0.7	91	3,265	67.9	0.8	33,673	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	23,595	1,518,934	298	56.2	3,192	0.9	128	433	81.7	0.9	4,615	53
75-84	58,725	3,587,595	776	48.0	8,121	0.8	93	1,193	73.7	0.8	12,434	49
85 and older	67,839	3,869,656	859	32.3	8,777	0.6	76	1,639	61.5	0.8	16,624	46
Male	57,153	3,740,015	824	47.4	8,435	0.8	123	1,074	61.8	0.8	10,927	48
Disabled	11,004	883,152	173	65.8	1,943	0.9	183	175	66.5	0.8	1,943	51
64 or younger	10,802	871,349	169	66.5	1,921	0.9	182	167	65.7	0.8	1,886	51
65-74	172	11,077	4	50.0	22	1.0	251	7	87.5	1.0	45	52
75-84	30	726	0	0.0	0	0.0	0	1	100.0	0.9	12	39
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
Other Eligibles	46,149	2,856,863	651	44.1	6,492	0.8	105	899	60.9	0.8	8,984	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	15,870	1,041,601	215	58.3	2,323	0.9	128	248	67.2	0.8	2,661	49
75-84	18,918	1,150,402	264	44.1	2,632	0.8	98	371	61.9	0.8	3,667	48
85 and older	11,361	664,860	172	33.9	1,537	0.7	82	280	55.2	0.8	2,656	43
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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$
All	1,423	21.0 %	0.8	\$101	14,541	3,429	0.8	\$41	2,099	30.9 %	1.0	\$54	22,337	30.9 %	1.0	\$54
Female	1,088	21.6	0.8	101	11,242	2,530	0.8	40	1,439	28.5	1.0	51	15,366	28.5	1.0	51
Disabled	12	5.1	0.8	110	125	134	0.8	49	178	75.1	1.3	82	2,015	75.1	1.3	82
64 or younger	12	5.3	0.8	110	125	127	0.8	49	169	74.8	1.3	84	1,907	74.8	1.3	84
65-74	0	0.0	0.0	0	0	7	0.0	0	9	90.0	1.0	37	108	90.0	1.0	37
75-84	0	0.0	0.0	0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
Other Eligibles	1,076	22.4	0.8	101	11,117	2,396	0.8	39	1,261	26.2	0.9	46	13,351	26.2	0.9	46
64 or younger	0	0.0	0.0	0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
65-74	97	18.3	0.9	105	1,073	301	0.9	44	290	54.7	1.1	62	3,112	54.7	1.1	62
75-84	417	25.8	0.9	106	4,322	819	0.9	41	523	32.3	1.0	47	5,711	32.3	1.0	47
85 and older	562	21.1	0.8	96	5,722	1,276	0.8	37	448	16.8	0.8	34	4,528	16.8	0.8	34
Male	335	19.3	0.8	99	3,299	899	0.8	44	660	38.0	1.1	61	6,971	38.0	1.1	61
Disabled	18	6.8	0.9	162	195	134	0.9	45	207	78.7	1.2	76	2,330	78.7	1.2	76
64 or younger	18	7.1	0.9	162	195	129	0.9	46	206	81.1	1.2	76	2,325	81.1	1.2	76
65-74	0	0.0	0.0	0	0	4	0.0	21	1	12.5	1.2	14	5	12.5	1.2	14
75-84	0	0.0	0.0	0	0	1	0.0	13	0	0.0	0.0	0	0	0.0	0.0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
Other Eligibles	317	21.5	0.8	95	3,104	765	0.8	43	453	30.7	1.0	53	4,641	30.7	1.0	53
64 or younger	0	0.0	0.0	0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
65-74	74	20.1	0.9	105	791	200	0.9	47	175	47.4	1.1	64	1,914	47.4	1.1	64
75-84	133	22.2	0.8	92	1,283	310	0.8	45	194	32.4	1.0	47	1,937	32.4	1.0	47
85 and older	110	21.7	0.8	93	1,030	255	0.8	38	84	16.6	0.8	41	790	16.6	0.8	41
Unknown	0	0.0	0.0	0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - Narcotic				ANTIHYPERTENSIVE						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,451	36.1 %	25,197	0.9	\$39	3,274	48.2 %	32,082	0.8	\$27	3,009	44.3 %	30,518	0.8	\$26
Female	1,821	36.1	18,907	0.9	39	2,551	50.5	25,263	0.8	28	2,235	44.3	22,725	0.8	26
Disabled	125	52.7	1,378	0.9	47	141	59.5	1,535	1.0	33	79	33.3	854	0.9	29
64 or younger	114	50.4	1,246	1.0	48	131	58.0	1,443	1.0	32	72	31.9	780	0.9	29
65-74	8	80.0	96	0.8	45	10	100.0	92	1.2	45	7	70.0	74	0.8	23
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	3	300.0	36	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,696	35.3	17,529	0.9	38	2,410	50.1	23,728	0.8	28	2,156	44.8	21,871	0.8	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	274	51.7	2,987	0.9	47	277	52.3	2,735	1.0	30	240	45.3	2,556	0.9	26
75-84	737	45.6	7,748	0.9	39	855	52.8	8,771	0.8	29	800	49.4	8,226	0.8	26
85 and older	685	25.7	6,794	0.8	33	1,278	48.0	12,222	0.8	26	1,116	41.9	11,089	0.8	25
Male	630	36.2	6,290	0.9	40	723	41.6	6,819	0.7	21	774	44.5	7,793	0.8	26
Disabled	81	30.8	879	1.0	46	123	46.8	1,355	0.6	13	100	38.0	1,077	0.9	32
64 or younger	76	29.9	848	1.0	47	116	45.7	1,304	0.6	12	99	39.0	1,074	0.9	32
65-74	5	62.5	31	0.9	24	6	75.0	39	0.3	22	1	12.5	3	0.3	7
75-84	0	0.0	0	0.0	0	1	100.0	12	0.5	9	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	549	37.2	5,411	0.9	40	600	40.7	5,464	0.8	23	674	45.7	6,716	0.8	25
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	173	46.9	1,740	0.9	45	169	45.8	1,674	0.9	35	194	52.6	2,074	0.9	25
75-84	252	42.1	2,488	0.8	38	222	37.1	2,079	0.7	17	292	48.7	2,931	0.8	26
85 and older	124	24.5	1,183	0.8	35	209	41.2	1,711	0.7	18	188	37.1	1,711	0.7	22
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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTIASTHMATIC				MISC. HEMATOLOGICAL				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	3,317	48.9 %	33,978	0.5	\$22	866	12.8 %	8,848	0.8	\$75	6,786	66,449
Female	2,295	45.5	23,780	0.5	22	607	12.0	6,188	0.8	75	5,048	49,786
Disabled	114	48.1	1,245	0.4	19	20	8.4	206	0.9	95	237	2,651
64 or younger	107	47.3	1,191	0.4	19	20	8.8	206	0.9	95	226	2,538
65-74	7	70.0	54	0.4	10	0	0.0	0	0.0	0	10	101
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	1	12
Other Eligibles	2,181	45.3	22,535	0.5	22	587	12.2	5,982	0.8	75	4,811	47,135
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	304	57.4	3,222	0.6	25	63	11.9	664	0.8	70	530	5,483
75-84	788	48.7	8,107	0.6	25	208	12.9	2,232	0.8	81	1,618	16,194
85 and older	1,089	40.9	11,206	0.5	18	316	11.9	3,086	0.8	71	2,663	25,458
Male	1,022	58.8	10,198	0.5	24	259	14.9	2,660	0.8	73	1,738	16,663
Disabled	136	51.7	1,458	0.5	26	28	10.6	299	0.8	72	263	2,864
64 or younger	126	49.6	1,403	0.5	27	27	10.6	294	0.8	73	254	2,810
65-74	10	125.0	55	0.4	16	1	12.5	5	0.4	7	8	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	886	60.1	8,740	0.5	24	231	15.7	2,361	0.8	73	1,475	13,799
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	224	60.7	2,283	0.7	32	58	15.7	628	0.9	77	369	3,832
75-84	371	61.9	3,665	0.5	23	102	17.0	1,047	0.8	73	599	5,606
85 and older	291	57.4	2,792	0.4	18	71	14.0	686	0.8	68	507	4,361
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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 3,237 beneficiaries who were in nursing facilities for part of their enrollment and their 30,825 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a,b}
 WEST VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	26,298	52.8 %	4.8	238,704	\$82	\$4,105,347	\$17	3.0 %	49,806	
Age										
5 and younger	1	100.0	6.0	6	64	64	11	14.8	1	
6-14	11	100.0	12.4	136	249	2,734	20	3.8	11	
15-20	55	41.0	2.1	287	44	5,924	21	2.4	134	
21-44	5,005	47.4	3.8	39,700	76	798,743	20	3.3	10,563	
45-64	6,938	56.6	5.4	65,915	96	1,172,697	18	3.0	12,257	
65-74	5,963	53.0	5.1	56,798	83	936,822	16	3.0	11,241	
75-84	4,900	54.8	5.2	46,215	81	720,494	16	3.0	8,949	
85 and older	3,425	51.5	4.5	29,647	70	467,869	16	3.1	6,650	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	12,161	52.0	4.7	110,894	75	1,760,231	16	2.9	23,377	
Disabled	13,870	53.6	4.9	126,211	90	2,320,176	18	3.2	25,860	
Adults	265	47.2	2.8	1,579	43	24,411	15	3.2	562	
Children	2	28.6	2.9	20	76	529	26	3.8	7	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	17,430	57.8	5.4	163,201	92	2,771,739	17	3.1	30,134	
Male	8,868	45.1	3.8	75,503	68	1,333,608	18	2.9	19,672	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	25,453	53.1	4.8	231,802	83	3,979,108	17	3.0	47,962	
African American	827	46.0	3.7	6,723	69	123,585	18	2.9	1,797	
Other/unknown	18	38.3	3.8	179	56	2,654	15	2.8	47	
Use of Nursing Facilities^d										
Entire year	3,476	51.2	5.5	37,367	84	567,020	15	2.6	6,786	
Part year	2,062	63.7	5.5	17,646	88	284,538	16	2.9	3,237	
None	20,760	52.2	4.6	183,691	82	3,253,789	18	3.1	39,783	
Maintenance Assistance Status										
Cash	16,063	52.4	4.7	143,881	82	2,501,446	17	3.1	30,671	
Medically needy	1,252	50.3	3.1	7,609	54	133,288	18	3.0	2,489	
Poverty related	361	35.9	1.7	1,708	32	32,085	19	2.9	1,006	
Other/unknown	8,622	55.1	5.5	85,606	92	1,438,528	17	3.0	15,640	

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b}
 WEST VIRGINIA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$8	\$17	\$0	\$4	527,074
Age						
5 and younger	0.5	5	11	0	0	12
6-14	1.0	21	20	0	0	131
15-20	0.2	4	21	0	1	1,516
21-44	0.3	7	20	0	4	116,641
45-64	0.5	9	18	0	5	130,504
65-74	0.5	8	16	0	4	120,979
75-84	0.5	8	16	0	3	93,016
85 and older	0.5	7	16	0	3	64,275
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	7	16	0	3	241,888
Disabled	0.4	8	18	0	4	281,409
Adults	0.4	7	15	0	5	3,716
Children	0.3	9	26	0	1	61
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	9	17	0	4	320,866
Male	0.4	6	18	0	3	206,208
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	8	17	0	4	507,571
African American	0.4	7	18	0	2	19,003
Other/unknown	0.4	5	15	0	3	500
Use of Nursing Facilities^d						
Entire year	0.6	9	15	0	3	66,449
Part year	0.6	9	16	0	4	30,825
None	0.4	8	18	0	4	429,800
Maintenance Assistance Status						
Cash	0.4	7	17	0	4	346,384
Medically needy	0.5	8	18	0	5	15,694
Poverty related	0.2	3	19	0	2	10,221
Other/unknown	0.6	9	17	0	4	154,775

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b,c}
 WEST VIRGINIA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	38,446	\$107	\$4,105,347	100.0 %	238,704	\$17	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	14	14	189	0.0	20	9	0.0
Cough and cold medications	7,350	55	402,963	9.8	16,175	25	6.8
Vitamins and minerals	9,984	127	1,266,229	30.8	67,221	19	28.2
Non-prescription drugs	4,236	48	203,013	4.9	17,761	11	7.4
Barbiturates	957	63	60,102	1.5	11,329	5	4.7
Benzodiazepines	14,828	135	1,995,762	48.6	121,553	16	50.9
Other Part D Excl Rx Drugs	1,077	164	177,089	4.3	4,645	38	1.9

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 WEST VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 26,840
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$70,791,225
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,638

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			9.4 %			0.0 %
\$0	2,513			0		0.0
1-500	3,579		13.3	822,629		1.2
501-1,000	2,720		10.1	2,031,427		2.9
1,001-1,500	2,498		9.3	3,109,521		4.4
1,501-2,000	2,282		8.5	3,990,071		5.6
2,001-2,500	2,034		7.6	4,568,250		6.5
2,501-3,000	1,824		6.8	5,005,337		7.1
3,001-3,500	1,614		6.0	5,235,096		7.4
3,501-4,000	1,365		5.1	5,113,463		7.2
4,001-4,500	1,184		4.4	5,020,983		7.1
4,501-5,000	972		3.6	4,611,242		6.5
5,001-5,500	804		3.0	4,216,989		6.0
5,501-6,000	657		2.4	3,771,609		5.3
6,001-6,500	590		2.2	3,685,677		5.2
6,501-7,000	474		1.8	3,198,348		4.5
7,001-7,500	366		1.4	2,650,272		3.7
7,501-8,000	263		1.0	2,034,656		2.9
8,001-8,500	230		0.9	1,894,704		2.7
8,501-9,000	152		0.6	1,324,308		1.9
9,001-9,500	148		0.6	1,368,631		1.9
9,501-10,000	120		0.4	1,166,112		1.6
10,001+	451		1.7	5,971,900		8.4

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 WEST VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	11,241
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$31,337,908
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,788

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement		Percent of Total Pharmacy Reimbursement
			11.3 %	0	
\$0	1,270				0.0 %
1-500	1,401	12.5		311,064	1.0
501-1,000	1,050	9.3		786,141	2.5
1,001-1,500	915	8.1		1,139,555	3.6
1,501-2,000	856	7.6		1,495,431	4.8
2,001-2,500	816	7.3		1,827,831	5.8
2,501-3,000	762	6.8		2,091,159	6.7
3,001-3,500	706	6.3		2,291,078	7.3
3,501-4,000	534	4.8		1,998,264	6.4
4,001-4,500	476	4.2		2,019,558	6.4
4,501-5,000	409	3.6		1,940,941	6.2
5,001-5,500	355	3.2		1,864,577	5.9
5,501-6,000	304	2.7		1,743,455	5.6
6,001-6,500	268	2.4		1,677,329	5.4
6,501-7,000	230	2.0		1,554,065	5.0
7,001-7,500	178	1.6		1,289,049	4.1
7,501-8,000	135	1.2		1,046,301	3.3
8,001-8,500	109	1.0		898,575	2.9
8,501-9,000	72	0.6		628,134	2.0
9,001-9,500	71	0.6		655,832	2.1
9,501-10,000	61	0.5		594,322	1.9
10,001+	263	2.3		3,485,247	11.1

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	49,811	23,377	25,860	567	0	527,495	241,888	281,607	3,939	61	0
Age											
5 and younger	1	0	1	0	0	12	0	12	0	0	0
6-14	11	0	10	0	1	131	0	119	0	12	0
15-20	135	0	131	1	3	1,531	0	1,493	2	36	0
21-44	10,565	4	10,182	378	1	116,976	35	114,140	2,795	6	0
45-64	12,259	15	12,069	175	0	130,572	123	129,367	1,082	0	0
65-74	11,241	9,462	1,768	9	2	120,982	102,129	18,802	44	7	0
75-84	8,949	7,912	1,034	3	0	93,016	82,233	10,768	15	0	0
85 and older	6,650	5,984	665	1	0	64,275	57,368	6,906	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	30,136	16,725	13,165	242	4	321,115	174,805	144,451	1,823	36	0
Male	19,675	6,652	12,695	325	3	206,380	67,083	137,156	2,116	25	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	47,967	22,553	24,864	543	7	507,951	233,277	270,849	3,764	61	0
African American	1,797	795	978	24	0	19,034	8,309	10,550	175	0	0
Other/unknown	47	29	18	0	0	510	302	208	0	0	0
Use of Nursing Facilities^c											
Entire year	6,786	6,286	500	0	0	66,449	60,934	5,515	0	0	0
Part year	3,237	2,860	377	0	0	30,825	27,024	3,801	0	0	0
None	39,788	14,231	24,983	567	7	430,221	153,930	272,291	3,939	61	0
Maintenance Assistance Status											
Cash	30,673	13,335	17,164	174	0	346,643	151,472	193,870	1,301	0	0
Medically needy	2,489	726	1,536	227	0	15,709	4,227	10,048	1,434	0	0
Poverty related	1,008	264	659	80	5	10,302	2,665	7,043	557	37	0
Other/unknown	15,641	9,052	6,501	86	2	154,841	83,524	70,646	647	24	0
Dual Status^d											
Full dual, all year	48,441	22,932	24,959	543	7	512,915	237,235	271,925	3,694	61	0
Full dual, part year	1,370	445	901	24	0	14,580	4,653	9,682	245	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	49,684	23,377	25,811	489	7	526,342	241,888	281,079	3,314	61	0
FFS part year, with Rx claims	93	0	48	45	0	933	0	516	417	0	0
FFS part year, no Rx claims	2	0	0	2	0	0	0	0	9	0	0
MC all year, with Rx claims	27	0	1	26	0	202	0	12	190	0	0
MC all year, no Rx claims	5	0	0	5	0	0	0	0	9	0	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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^a
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Beneficiaries and		
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Included in Cell G of Table 1 Number of Beneficiaries	Excluded from Cell G of Table 1 Number of Beneficiaries
All	49,811	49,806	0
Fee-for-service (FFS) all year	49,684	49,684	0
FFS part year, with Rx claims	93	93	0
FFS part year, with no Rx claims	2	2	0
Managed care (MC) all year, with Rx claims	27	27	0
MC all year, with no Rx claims	5	0	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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