

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 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	50,314	23,852	25,813	608	6	35	527,132	246,908	276,183	3,692	51	298
Age												
5 and younger	4	0	3	0	1	0	36	0	34	0	2	0
6-14	6	0	5	0	1	0	61	0	57	0	4	0
15-20	128	0	125	1	2	0	1,443	0	1,415	4	24	0
21-44	10,750	0	10,360	388	1	1	116,064	0	113,659	2,384	9	12
45-64	12,806	0	12,584	195	1	26	134,719	0	133,284	1,176	12	247
65-74	11,393	9,974	1,391	21	0	7	122,641	108,098	14,397	110	0	36
75-84	8,861	8,029	828	3	0	1	90,942	82,721	8,200	18	0	3
85 and older	6,366	5,849	517	0	0	0	61,226	56,089	5,137	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	30,312	16,945	13,084	245	3	35	319,600	176,908	140,845	1,531	18	298
Male	20,002	6,907	12,729	363	3	0	207,532	70,000	135,338	2,161	33	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	48,473	23,036	24,810	586	6	35	507,918	238,388	265,636	3,545	51	298
African American	1,815	802	992	21	0	0	18,937	8,368	10,434	135	0	0
Other/unknown	26	14	11	1	0	0	277	152	113	12	0	0
Use of Nursing Facilities^c												
Entire year	6,268	5,835	433	0	0	0	61,688	57,065	4,623	0	0	0
Part year	3,605	3,199	406	0	0	0	34,757	30,608	4,149	0	0	0
None	40,441	14,818	24,974	608	6	35	430,687	159,235	267,411	3,692	51	298
Maintenance Assistance Status												
Cash	29,862	12,971	16,742	149	0	0	333,678	146,472	186,425	781	0	0
Medically needy	3,252	937	1,996	319	0	0	22,074	6,214	13,756	2,104	0	0
Poverty-related	1,138	315	746	39	3	35	11,405	3,297	7,618	174	18	298
Other/unknown	16,062	9,629	6,329	101	3	0	159,975	90,925	68,384	633	33	0
Dual Medicare Status^d												
Full dual, all year	48,862	23,362	24,890	569	6	35	511,782	241,621	266,534	3,278	51	298
Full dual, part year	1,452	490	923	39	0	0	15,350	5,287	9,649	414	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,114	23,851	25,715	507	6	35	525,975	246,902	275,481	3,243	51	298
FFS part year, with Rx claims	153	0	90	63	0	0	858	0	617	241	0	0
FFS part year, no Rx claims	8	1	2	5	0	0	30	6	13	11	0	0
MC all year, with FFS Rx claims	39	0	6	33	0	0	269	0	72	197	0	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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	89.2 %	52.9	\$2,925	\$55	\$14,420	20.3 %	50,314
Age							
5 and younger	75.0	33.0	3,875	117	27,961	13.9	4
6-14	100.0	59.0	7,181	122	12,973	55.4	6
15-20	76.6	22.0	1,919	87	9,575	20.0	128
21-44	84.6	33.6	2,443	73	9,770	25.0	10,750
45-64	90.2	55.3	3,463	63	12,784	27.1	12,806
65-74	89.1	59.1	3,048	52	10,898	28.0	11,393
75-84	91.2	62.5	2,927	47	18,479	15.8	8,861
85 and older	92.6	56.7	2,448	43	26,304	9.3	6,366
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.7	59.6	2,846	48	17,441	16.3	23,852
Disabled	87.9	47.4	3,033	64	11,898	25.5	25,813
Adults	85.7	22.6	1,419	63	3,232	43.9	608
Children	66.7	8.2	1,141	140	9,258	12.3	6
Unknown	94.3	49.1	3,765	77	10,248	36.7	35
Gender							
Female	92.1	60.0	3,183	53	15,736	20.2	30,312
Male	84.8	42.2	2,534	60	12,426	20.4	20,002
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.4	53.2	2,939	55	14,474	20.3	48,473
African American	84.5	43.9	2,540	58	13,082	19.4	1,815
Other/unknown	80.8	53.7	2,722	51	6,566	41.5	26
Use of Nursing Facilities^f							
Entire year	97.4	74.9	3,512	47	41,813	8.4	6,268
Part year	95.9	69.2	3,234	47	29,159	11.1	3,605
None	87.3	48.0	2,806	58	8,860	31.7	40,441
Maintenance Assistance Status							
Cash	88.0	50.1	2,875	57	7,183	40.0	29,862
Medically needy	85.2	32.2	2,011	62	6,093	33.0	3,252
Poverty related	86.3	24.4	1,509	62	3,941	38.3	1,138
Other/unknown	92.4	64.3	3,304	51	30,303	10.9	16,062

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	5.0	\$279	20.3 %	10.8 %	13.5 %	9.1 %	27.2 %	29.3 %	10.2 %	\$1,376	50,314	527,132
Age												
5 and younger	3.7	431	13.9	25.0	25.0	0.0	25.0	25.0	0.0	3,107	4	36
6-14	5.8	706	55.4	0.0	0.0	0.0	50.0	50.0	0.0	1,276	6	61
15-20	2.0	170	20.0	23.4	37.5	7.8	20.3	10.2	0.8	849	128	1,443
21-44	3.1	226	25.0	15.4	25.8	13.1	26.2	16.0	3.6	905	10,750	116,064
45-64	5.3	329	27.1	9.8	12.2	8.7	28.3	30.5	10.5	1,215	12,806	134,719
65-74	5.5	283	28.0	10.9	10.4	8.2	26.9	31.7	12.0	1,012	11,393	122,641
75-84	6.1	285	15.8	8.8	7.8	7.4	25.8	35.9	14.3	1,801	8,861	90,942
85 and older	5.9	255	9.3	7.4	8.1	7.0	29.2	36.5	11.8	2,735	6,366	61,226
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	5.8	275	16.3	9.3	9.1	7.7	27.2	34.1	12.6	1,685	23,852	246,908
Disabled	4.4	283	25.5	12.1	17.4	10.2	27.1	25.2	7.9	1,112	25,813	276,183
Adults	3.7	234	43.9	14.3	19.7	12.7	28.0	17.3	8.1	532	608	3,692
Children	1.0	134	12.3	33.3	50.0	0.0	0.0	16.7	0.0	1,089	6	51
Unknown	5.8	442	36.7	5.7	5.7	5.7	40.0	34.3	8.6	1,204	35	298
Gender												
Female	5.7	302	20.2	7.9	10.2	8.2	27.9	33.4	12.3	1,492	30,312	319,600
Male	4.1	244	20.4	15.2	18.4	10.3	26.1	23.1	6.9	1,198	20,002	207,532
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.1	281	20.3	10.6	13.3	9.0	27.2	29.5	10.3	1,381	48,473	507,918
African American	4.2	244	19.4	15.5	16.9	10.1	27.0	23.9	6.6	1,254	1,815	18,937
Other/unknown	5.0	256	41.5	19.2	3.8	15.4	19.2	38.5	3.8	616	26	277
use of nursing Facilities^f												
Entire year	7.6	357	8.4	2.6	5.2	4.9	23.5	41.0	22.8	4,249	6,268	61,688
Part year	7.2	335	11.1	4.1	5.4	6.9	24.5	40.7	18.5	3,024	3,605	34,757
None	4.5	264	31.7	12.7	15.5	9.9	28.0	26.5	7.5	832	40,441	430,687
Maintenance Assistance Status												
Cash	4.5	257	40.0	12.0	15.6	9.8	28.4	26.8	7.3	643	29,862	333,678
Medically needy	4.7	296	33.0	14.8	12.4	10.9	28.5	26.0	7.3	898	3,252	22,074
Poverty related	2.4	151	38.3	13.7	31.4	17.6	26.3	9.3	1.8	393	1,138	11,405
Other/unknown	6.5	332	10.9	7.6	8.4	6.6	24.7	36.1	16.6	3,043	16,062	159,975

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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	5.0	\$279	\$55	1.8	\$190	\$106	0.3	\$20	\$63	2.9	\$69	\$24
Age												
5 and younger	3.7	431	117	1.2	325	278	0.2	4	21	2.3	102	44
6-14	5.8	706	122	2.3	522	223	0.4	61	142	3.0	124	41
15-20	2.0	170	87	0.8	136	164	0.1	11	101	1.0	23	23
21-44	3.1	226	73	1.1	157	140	0.2	20	90	1.8	49	28
45-64	5.3	329	63	1.9	225	116	0.3	26	74	3.0	78	26
65-74	5.5	283	52	2.0	194	97	0.3	18	56	3.1	71	23
75-84	6.1	285	47	2.1	193	90	0.4	17	47	3.5	74	21
85 and older	5.9	255	43	1.9	164	87	0.4	17	44	3.6	73	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.8	275	48	2.0	185	92	0.3	17	49	3.4	72	21
Disabled	4.4	283	64	1.6	195	121	0.3	23	76	2.5	66	26
Adults	3.7	234	63	1.3	155	120	0.2	24	96	2.2	55	25
Children	1.0	134	140	0.3	68	247	0.1	17	295	0.6	49	83
Unknown	5.8	442	77	2.3	312	135	0.3	27	87	3.1	104	33
Gender												
Female	5.7	302	53	2.0	205	101	0.4	22	58	3.3	74	23
Male	4.1	244	60	1.4	166	115	0.2	18	73	2.4	60	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.1	281	55	1.8	191	105	0.3	20	63	2.9	69	24
African American	4.2	244	58	1.5	169	112	0.3	16	62	2.4	58	24
Other/unknown	5.0	256	51	1.8	189	104	0.2	9	35	2.9	58	20
Use of Nursing Facilities^e												
Entire year	7.6	357	47	2.5	235	93	0.5	24	49	4.5	97	22
Part year	7.2	335	47	2.4	221	92	0.4	23	51	4.3	91	21
None	4.5	264	58	1.6	181	110	0.3	19	67	2.6	63	25
Maintenance Assistance Status												
Cash	4.5	257	57	1.6	177	108	0.3	19	67	2.5	62	24
Medically needy	4.7	296	62	1.7	202	121	0.3	22	81	2.8	72	26
Poverty related	2.4	151	62	0.9	105	123	0.2	12	72	1.4	34	24
Other/unknown	6.5	332	51	2.2	222	100	0.4	24	55	3.8	86	23

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 0.4 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.medispain.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				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$20	\$12	\$1	\$7	\$55	\$93	\$74	\$32	119,791	\$6,603,147	30,199	60.0 %	332,795
Biologicals	0.1	0.0	0.0	0.1	####	3	0	####	8413	101	0	####	5	42,064	3	0.0	36
Antineoplastic Agents	0.5	0.1	0.0	0.4	88	51	1	36	167	505	205	85	10,685	1,782,855	1,998	4.0	20,186
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	49	36	4	9	48	83	22	22	263,047	12,555,543	23,436	46.6	256,187
Cardiovascular Agents	1.9	0.6	0.1	1.2	76	48	4	24	39	77	42	20	683,475	26,550,643	32,527	64.6	350,899
Respiratory Agents	0.7	0.4	0.0	0.3	43	36	1	6	57	82	53	19	187,387	10,683,286	22,728	45.2	251,256
Gastrointestinal Agents	0.8	0.3	0.0	0.5	45	33	1	11	59	119	42	23	192,409	11,344,101	23,020	45.8	251,089
Genitourinary Agents	0.5	0.3	0.0	0.1	32	25	3	4	62	75	70	29	43,596	2,704,334	7,733	15.4	85,596
CNS Drugs	1.3	0.5	0.1	0.8	97	68	7	22	73	141	86	29	419,970	30,863,007	29,484	58.6	317,728
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.3	47	32	1	14	87	121	67	54	2,729	236,812	459	0.9	5,056
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	113	112	0	1	143	145	102	47	33,999	4,864,827	4,104	8.2	42,994
Analgesics and Anesthetics	0.9	0.2	0.0	0.7	41	25	1	15	48	137	188	22	265,045	12,683,611	28,271	56.2	306,458
Neuromuscular Agents	1.0	0.3	0.2	0.5	75	39	21	15	79	143	114	31	173,731	13,676,023	16,535	32.9	181,377
Nutritional Products	0.6	0.0	0.0	0.6	12	0	0	11	19	21	20	19	68,215	1,290,959	10,172	20.2	108,555
Hematological Agents	0.8	0.3	0.1	0.4	56	45	3	7	69	146	61	16	93,368	6,431,479	10,859	21.6	115,730
Topical Products	0.4	0.2	0.0	0.2	19	11	1	6	45	72	49	26	88,091	3,960,888	18,903	37.6	209,878
Miscellaneous Products	0.4	0.1	0.0	0.3	64	47	4	14	176	636	238	50	3,433	604,620	901	1.8	9,431
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	24	0	0	0	12,006	282,148	2,793	5.6	31,029
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.	2,660,982	147,160,347	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispan.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, 0.4 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.medispan.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	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$15,952,926	11,632	23.1 %	127,326	0.7	\$177	\$125
ANTICONVULSANT	11,783,519	15,363	30.5	169,535	0.8	91	70
ANTIDEPRESSANTS	11,428,142	26,359	52.4	286,225	0.6	63	40
ANTHYPERLIPIDEMIC	11,304,187	15,955	31.7	178,744	0.7	97	63
ULCER DRUGS	9,425,878	24,463	48.6	269,646	0.6	62	35
ANTIDIABETIC	9,202,714	18,607	37.0	203,941	0.7	63	45
ANTIASTHMATIC	7,402,766	23,072	45.9	253,694	0.5	63	29
ANALGESICS - Narcotic	7,203,965	34,176	67.9	372,243	0.5	41	19
ANTIHYPERTENSIVE	6,269,167	23,007	45.7	251,791	0.7	36	25
NEUROLOGICAL	4,945,022	5,403	10.7	57,160	0.6	141	87
Total	94,918,286	198,037		2,170,305	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.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); 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					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,315,863	\$94,918,286	11,632	23.1 %	127,326	0.7	\$125	15,363	30.5 %	169,535	0.8	\$70
Female	870,372	60,901,656	6,896	22.8	75,384	0.7	112	9,235	30.5	102,038	0.7	67
Disabled	372,059	30,234,827	3,427	26.2	38,763	0.7	130	5,627	43.0	63,267	0.7	79
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	595	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	505	50,531	13	26.5	156	0.4	85	15	30.6	180	0.6	46
21-44	91,480	8,582,010	1,450	34.3	16,480	0.6	128	2,108	49.8	23,918	0.7	90
45-64	224,235	17,965,422	1,704	25.1	19,331	0.7	138	3,032	44.6	34,151	0.7	77
65-74	29,725	2,013,820	135	15.1	1,462	0.7	109	257	28.7	2,722	0.7	55
75-84	17,793	1,134,425	76	11.4	818	0.6	83	157	23.5	1,662	0.6	41
85 and older	8,312	488,024	49	11.1	516	0.6	72	58	13.1	634	0.6	30
Other Eligibles	498,313	30,666,829	3,469	20.1	36,621	0.7	92	3,608	20.9	38,771	0.8	47
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	92	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
21-44	2,169	181,118	45	24.1	291	0.4	93	92	49.2	605	0.6	66
45-64	1,333	108,544	9	12.0	80	0.8	158	29	38.7	246	0.6	63
65-74	195,795	12,860,408	1,012	16.5	11,329	0.8	115	1,485	24.2	16,643	0.7	55
75-84	179,304	10,744,144	1,253	21.3	13,135	0.7	87	1,264	21.5	13,702	0.8	40
85 and older	119,710	6,772,523	1,150	23.3	11,786	0.7	74	738	15.0	7,575	0.8	36
Male	445,491	34,016,630	4,736	23.7	51,942	0.7	145	6,128	30.6	67,497	0.8	74
Disabled	268,871	23,072,812	3,418	26.9	38,452	0.8	162	4,580	36.0	51,284	0.8	82
5 and younger	16	1,316	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	35	1,153	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	868	94,385	21	27.6	252	0.7	172	17	22.4	184	0.9	118
21-44	101,950	9,777,327	1,846	30.1	20,899	0.7	157	2,304	37.6	26,243	0.8	87
45-64	149,036	12,029,565	1,448	25.0	16,209	0.8	173	2,097	36.2	23,104	0.8	78
65-74	12,430	867,105	66	13.3	708	0.7	120	123	24.8	1,313	0.8	64
75-84	3,507	247,132	27	17.0	282	0.6	76	34	21.4	380	0.6	42
85 and older	1,029	54,829	10	13.3	102	0.4	51	5	6.7	60	0.4	44
Other Eligibles	176,620	10,943,818	1,318	18.1	13,490	0.7	98	1,548	21.3	16,213	0.8	47
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	6	211	0	0.0	0	0.0	0	2	100.0	24	0.3	9
21-44	2,555	218,587	38	18.7	266	0.5	110	70	34.5	482	0.7	84
45-64	1,817	127,375	10	6.8	51	0.5	55	41	27.9	267	0.7	73
65-74	98,272	6,268,990	557	14.4	6,160	0.7	114	828	21.5	9,305	0.8	49
75-84	54,130	3,226,785	496	23.1	4,899	0.7	87	470	21.9	4,861	0.8	39
85 and older	19,840	1,101,870	217	23.7	2,114	0.7	74	137	15.0	1,274	0.8	39
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 02/2008. This table was produced on 03/25/2008.

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	ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	26,359	52.4 %	286,225	0.6	\$40	15,955	31.7 %	178,744	0.7	\$63	24,463	48.6 %	269,646	0.6	\$35
Female	18,172	59.9	198,607	0.6	41	10,303	34.0	116,356	0.7	64	16,283	53.7	180,103	0.6	35
Disabled	9,383	71.7	104,742	0.6	41	4,539	34.7	51,179	0.6	60	7,034	53.8	78,961	0.5	34
0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	1	100.0	9	0.4	23	2	200.0	18	0.1	8	1	100.0	9	0.3	29
6-14	26	53.1	306	0.2	17	3	6.1	36	0.5	46	15	30.6	178	0.3	20
15-20	3,069	72.5	34,739	0.5	39	631	14.9	7,232	0.5	50	1,828	43.2	20,845	0.4	28
21-44	5,324	78.3	59,467	0.6	43	3,097	45.6	34,945	0.6	61	4,083	60.1	45,918	0.5	36
45-64	503	56.1	5,344	0.7	41	491	54.8	5,531	0.7	66	526	58.7	5,757	0.6	38
65-74	310	46.3	3,313	0.7	35	239	35.7	2,614	0.7	64	359	53.7	3,895	0.6	40
75-84	150	33.9	1,564	0.7	34	76	17.2	803	0.6	63	222	50.2	2,359	0.6	36
85 and older	8,789	51.0	93,865	0.7	40	5,764	33.5	65,177	0.7	66	9,249	53.7	101,142	0.6	36
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	4	0.5	23
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	122	65.2	792	0.5	38	16	8.6	111	0.4	34	47	25.1	343	0.5	33
21-44	51	68.0	429	0.6	56	19	25.3	162	0.5	51	29	38.7	257	0.5	38
45-64	3,084	50.2	34,884	0.7	37	3,117	50.7	35,667	0.7	66	3,542	57.6	40,296	0.6	35
65-74	2,942	50.0	31,209	0.7	42	2,015	34.3	22,789	0.7	68	3,145	53.5	34,558	0.6	37
75-84	2,590	52.5	26,551	0.7	43	597	12.1	6,448	0.7	63	2,485	50.4	25,684	0.7	38
85 and older	8,187	40.9	87,618	0.6	38	5,652	28.3	62,388	0.7	63	8,180	40.9	89,543	0.6	34
Male	5,500	43.2	60,249	0.6	39	3,471	27.3	38,497	0.6	60	4,782	37.6	53,053	0.5	34
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	1.2	104
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.3	39	3	75.0	36	0.7	10
6-14	20	26.3	230	0.7	46	4	5.3	48	0.7	68	17	22.4	172	0.4	23
15-20	2,628	42.9	29,567	0.5	37	941	15.4	10,781	0.6	53	1,796	29.3	20,425	0.5	30
21-44	2,613	45.1	27,878	0.6	40	2,259	39.0	24,716	0.6	61	2,607	45.0	28,495	0.6	36
45-64	158	31.9	1,687	0.7	37	200	40.4	2,196	0.7	69	245	49.5	2,618	0.6	34
65-74	62	39.0	692	0.6	32	58	36.5	650	0.7	75	75	47.2	859	0.6	47
75-84	19	25.3	195	0.5	23	8	10.7	94	0.6	51	38	50.7	436	0.6	26
85 and older	2,687	36.9	27,369	0.7	37	2,181	30.0	23,891	0.7	68	3,398	46.7	36,490	0.6	36
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	124	61.1	805	0.6	46	34	16.7	193	0.6	57	65	32.0	497	0.5	45
21-44	66	44.9	433	0.6	38	42	28.6	298	0.6	68	46	31.3	347	0.4	36
45-64	1,189	30.8	13,038	0.6	34	1,465	38.0	16,522	0.7	68	1,777	46.1	19,932	0.6	34
65-74	876	40.7	8,950	0.7	40	550	25.6	5,950	0.7	68	1,029	47.8	10,975	0.6	36
75-84	432	47.2	4,143	0.7	40	90	9.8	928	0.8	65	481	52.6	4,739	0.7	37
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 02/2008. This table was produced on 03/25/2008.

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.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); 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	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	18,607	37.0 %	203,941	0.7	\$45	23,072	45.9 %	253,694	0.5	\$29	34,176	67.9 %	372,243	0.5	\$19
Female	12,614	41.6	139,461	0.7	45	15,312	50.5	169,487	0.5	29	22,128	73.0	242,965	0.5	19
Disabled	5,110	39.1	56,885	0.7	48	6,761	51.7	75,890	0.4	29	11,334	86.6	126,831	0.4	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	6.1	36	0.4	370	14	28.6	163	0.3	15	41	83.7	487	0.2	4
15-20	796	18.8	9,061	0.6	46	1,618	38.2	18,492	0.3	23	3,669	86.7	41,802	0.4	17
21-44	3,218	47.4	35,948	0.7	49	4,096	60.3	45,783	0.4	32	6,084	89.5	67,956	0.5	23
45-64	586	65.4	6,461	0.7	47	591	66.0	6,647	0.5	33	739	82.5	8,050	0.5	23
65-74	364	54.4	3,910	0.7	37	332	49.6	3,650	0.4	27	533	79.7	5,729	0.4	20
75-84	143	32.4	1,469	0.7	38	110	24.9	1,155	0.4	24	268	60.6	2,807	0.4	11
85 and older	7,504	43.6	82,576	0.8	42	8,551	49.6	93,597	0.5	29	10,794	62.7	116,134	0.5	18
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	16	8.6	125	0.4	20	62	33.2	508	0.4	24	193	103.2	1,392	0.5	19
21-44	22	29.3	173	0.6	40	30	40.0	280	0.4	27	70	93.3	606	0.6	31
45-64	3,452	56.2	39,037	0.7	48	3,708	60.3	42,160	0.5	33	4,260	69.3	48,159	0.5	16
65-74	2,664	45.3	29,233	0.8	39	2,864	48.7	31,260	0.5	29	3,582	60.9	38,663	0.6	19
75-84	1,350	27.4	14,008	0.8	33	1,887	38.2	19,389	0.4	20	2,689	54.5	27,314	0.6	21
85 and older	5,993	30.0	64,480	0.7	47	7,760	38.8	84,207	0.5	29	12,048	60.2	129,278	0.5	19
Male	3,255	25.6	35,373	0.7	49	3,968	31.2	43,521	0.4	28	8,180	64.3	89,201	0.4	20
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	1
6-14	6	7.9	72	0.9	71	13	17.1	134	0.4	17	24	31.6	264	0.3	3
15-20	827	13.5	9,168	0.7	48	1,205	19.7	13,625	0.3	21	3,937	64.2	44,225	0.4	17
21-44	2,106	36.4	22,692	0.7	50	2,426	41.9	26,236	0.5	31	3,791	65.5	40,176	0.5	24
45-64	242	48.9	2,626	0.7	46	233	47.1	2,549	0.5	36	297	60.0	3,117	0.5	30
65-74	59	37.1	657	0.6	33	77	48.4	818	0.5	38	88	55.3	947	0.3	15
75-84	15	20.0	158	0.6	24	14	18.7	159	0.3	23	42	56.0	460	0.3	7
85 and older	2,738	37.6	29,107	0.7	44	3,792	52.1	40,686	0.5	31	3,868	53.2	40,077	0.5	18
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	40	19.7	263	0.6	52	54	26.6	452	0.3	30	185	91.1	1,267	0.6	34
21-44	43	29.3	275	0.6	49	51	34.7	418	0.4	33	124	84.4	865	0.5	23
45-64	1,617	41.9	17,916	0.7	47	2,115	54.9	23,778	0.5	35	2,110	54.7	23,399	0.5	16
65-74	791	36.8	8,152	0.8	40	1,131	52.6	11,752	0.5	28	1,021	47.5	10,502	0.5	18
75-84	247	27.0	2,501	0.7	32	441	48.2	4,286	0.5	18	428	46.8	4,044	0.6	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 02/2008. This table was produced on 03/25/2008.

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.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); 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					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	23,007	45.7 %	251,791	0.7	\$25	5,403	10.7 %	57,160	0.6	\$87	50,314	527,132
Female	15,106	49.8	166,702	0.7	25	3,994	13.2	42,718	0.6	88	30,312	319,600
Disabled	5,254	40.2	58,327	0.6	24	833	6.4	9,401	0.4	120	13,084	140,845
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	1	9
15-20	5	10.2	60	0.5	9	0	0.0	0	0.0	0	49	559
21-44	805	19.0	9,220	0.6	20	186	4.4	2,155	0.3	128	4,231	46,540
45-64	3,190	46.9	35,542	0.7	25	395	5.8	4,516	0.4	145	6,796	73,374
65-74	589	65.7	6,468	0.7	25	62	6.9	682	0.5	54	896	9,351
75-84	422	63.1	4,453	0.7	24	118	17.6	1,270	0.6	75	669	6,620
85 and older	243	55.0	2,584	0.7	24	72	16.3	778	0.6	84	442	4,392
Other Eligibles	9,852	57.2	108,375	0.7	26	3,161	18.3	33,317	0.7	80	17,228	178,755
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
21-44	29	15.5	236	0.4	17	4	2.1	36	0.6	666	187	1,187
45-64	29	38.7	207	0.7	22	4	5.3	27	0.2	18	75	571
65-74	3,797	61.8	43,182	0.7	27	529	8.6	5,830	0.6	72	6,147	67,458
75-84	3,618	61.5	39,959	0.7	26	1,315	22.4	13,894	0.7	80	5,882	61,605
85 and older	2,379	48.2	24,791	0.7	25	1,309	26.5	13,530	0.7	81	4,934	47,924
Male	7,901	39.5	85,089	0.7	24	1,409	7.0	14,442	0.6	81	20,002	207,532
Disabled	4,297	33.8	46,375	0.6	24	449	3.5	4,864	0.4	81	12,729	135,338
5 and younger	1	33.3	12	0.2	5	0	0.0	0	0.0	0	3	34
6-14	1	25.0	12	0.5	27	0	0.0	0	0.0	0	4	48
15-20	13	17.1	123	0.7	25	1	1.3	12	0.2	11	76	856
21-44	1,259	20.5	13,963	0.6	22	145	2.4	1,627	0.3	104	6,129	67,119
45-64	2,638	45.6	28,147	0.7	24	255	4.4	2,718	0.4	69	5,788	59,910
65-74	290	58.6	3,095	0.7	26	19	3.8	203	0.4	49	495	5,046
75-84	67	42.1	735	0.7	21	18	11.3	197	0.7	87	159	1,580
85 and older	28	37.3	288	0.6	17	11	14.7	107	0.7	99	75	745
Other Eligibles	3,604	49.6	38,714	0.7	24	960	13.2	9,578	0.7	81	7,273	72,194
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
21-44	54	26.6	329	0.6	21	6	3.0	51	0.4	30	203	1,218
45-64	56	38.1	373	0.6	24	5	3.4	36	0.2	14	147	864
65-74	2,058	53.4	23,092	0.7	25	300	7.8	3,237	0.6	76	3,855	40,786
75-84	1,077	50.1	11,369	0.7	23	418	19.4	4,051	0.7	86	2,151	21,137
85 and older	359	39.2	3,551	0.7	22	231	25.2	2,203	0.7	81	915	8,165
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 02/2008. This table was produced on 03/25/2008.

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.medispn.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 Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$357	7.6	6,268	61,688
Age				
0-64	504	8.8	416	4,523
65-74	445	8.9	836	8,719
75-84	376	8.0	2,136	21,078
85 and older	290	6.7	2,880	27,368
Unknown	0	0.0	0	0
Gender				
Female	349	7.6	4,703	46,732
Male	383	7.7	1,565	14,956
Unknown	0	0.0	0	0
Race				
White	357	7.6	6,070	59,637
African American	344	6.9	197	2,039
Other/unknown	579	15.1	1	12
Basis of Eligibility^c				
Aged	345	7.5	5,835	57,065
Disabled	499	8.7	433	4,623
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 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$19	\$10	\$2	\$7	\$45	\$71	\$77	\$28	19,080	\$855,001	4,337	69.2 %	45,152
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	0.6	0.1	0.0	0.5	72	21	1	50	128	387	210	99	2,950	377,977	562	9.0	5,252
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	48	36	4	8	40	72	18	17	40,363	1,613,587	3,273	52.2	33,802
Cardiovascular Agents	2.2	0.4	0.1	1.7	58	23	3	32	27	59	41	19	104,427	2,820,786	4,803	76.6	48,253
Respiratory Agents	0.8	0.4	0.0	0.5	37	28	1	8	43	76	57	18	24,225	1,050,172	2,754	43.9	28,647
Gastrointestinal Agents	1.1	0.3	0.1	0.7	53	33	2	18	47	100	26	25	40,238	1,876,222	3,483	55.6	35,643
Genitourinary Agents	0.7	0.4	0.0	0.2	40	31	3	5	59	70	70	27	9,954	585,848	1,414	22.6	14,773
CNS Drugs	1.7	0.7	0.2	0.8	112	79	11	22	67	110	69	28	77,642	5,215,944	4,552	72.6	46,418
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.5	0.2	0.0	0.4	24	19	0	4	45	128	0	12	108	4,858	20	0.3	204
Neurological Agents	1.0	1.0	0.0	0.0	116	116	0	0	122	122	0	39	16,524	2,008,648	1,685	26.9	17,324
Analgesics and Anesthetics	1.3	0.4	0.0	0.8	53	45	0	8	42	101	19	10	41,989	1,771,898	3,318	52.9	33,311
Neuromuscular Agents	1.3	0.3	0.2	0.8	70	31	15	24	54	91	78	31	28,813	1,550,360	2,101	33.5	22,038
Nutritional Products	0.8	0.0	0.0	0.7	14	0	0	14	18	15	16	18	15,863	290,586	2,073	33.1	20,960
Hematological Agents	1.1	0.3	0.1	0.7	56	44	3	9	52	134	59	13	22,659	1,167,277	2,067	33.0	20,939
Topical Products	0.6	0.2	0.0	0.3	21	11	2	8	36	60	39	23	20,831	747,712	3,451	55.1	36,448
Miscellaneous Products	0.3	0.0	0.0	0.3	10	4	0	6	32	645	143	18	859	27,838	261	4.2	2,664
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	18	0	0	0	2,758	49,805	556	8.9	5,944
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.	469,283	22,014,519	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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.medispan.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, 0.4 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 = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,693,326	2,426	38.7 %	25,460	0.8	\$130	\$106
ANTIDEPRESSANTS	2,207,141	4,324	69.0	44,933	0.8	59	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,008,648	2,038	32.5	21,028	0.8	122	96
ULCER DRUGS	1,557,743	3,350	53.4	34,708	0.8	56	45
ANTICONVULSANT	1,178,146	1,972	31.5	20,866	1.0	56	56
ANALGESICS - Narcotic	1,038,094	3,303	52.7	32,689	0.9	35	32
ANTIDIABETIC	1,009,035	2,417	38.6	25,422	0.9	45	40
ANTIASTHMATIC	758,423	3,093	49.3	31,734	0.6	43	24
MISC. HEMATOLOGICAL	746,096	908	14.5	9,213	0.8	98	81
ANTIHYPERTENSIVE	741,191	2,835	45.2	29,005	0.8	31	26
Total	13,937,843	26,666		275,058	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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.medispn.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 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	225,158	\$13,937,843	2,426	38.7 %	25,460	0.8	\$106	4,324	69.0 %	44,933	0.8	\$49
Female	168,598	10,309,716	1,749	37.2	18,460	0.8	102	3,341	71.0	35,024	0.8	49
Disabled	10,853	829,272	107	48.2	1,190	0.9	157	179	80.6	1,953	0.9	58
64 or younger	10,741	822,930	105	49.5	1,166	0.9	160	173	81.6	1,932	0.9	58
65-74	78	4,899	1	16.7	12	0.3	35	3	50.0	5	0.8	33
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	34	1,443	1	25.0	12	0.2	6	3	75.0	16	0.4	21
Other Eligibles	157,745	9,480,444	1,642	36.6	17,270	0.8	98	3,162	70.6	33,071	0.8	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	24,894	1,619,114	269	54.6	2,994	0.9	134	424	86.0	4,657	0.8	51
75-84	63,226	3,806,252	661	42.4	6,954	0.8	96	1,196	76.8	12,502	0.8	50
85 and older	69,625	4,055,078	712	29.3	7,322	0.7	85	1,542	63.5	15,912	0.8	47
Male	56,560	3,628,127	677	43.3	7,000	0.9	116	983	62.8	9,909	0.9	49
Disabled	9,440	748,217	130	61.6	1,384	0.9	165	151	71.6	1,611	0.9	51
64 or younger	9,337	739,809	128	62.7	1,371	0.9	165	147	72.1	1,574	0.9	52
65-74	103	8,408	2	28.6	13	1.1	156	4	57.1	37	0.8	39
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	47,120	2,879,910	547	40.4	5,616	0.8	104	832	61.4	8,298	0.9	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	15,556	971,984	180	54.5	1,959	0.9	123	215	65.2	2,270	0.9	48
75-84	20,242	1,252,110	240	41.5	2,438	0.8	97	365	63.1	3,668	0.8	51
85 and older	11,322	655,816	127	28.5	1,219	0.8	89	252	56.5	2,360	0.8	47
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 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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.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	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	2,038	32.5 %	21,028	0.8	\$96	3,350	53.4 %	34,708	0.8	\$45	1,972	31.5 %	20,866	1.0	\$57
Female	1,562	33.2	16,386	0.8	95	2,501	53.2	26,153	0.8	44	1,357	28.9	14,405	1.0	53
Disabled	27	12.2	320	0.8	366	112	50.5	1,240	0.9	56	162	73.0	1,834	1.2	84
64 or younger	25	11.8	296	0.8	387	108	50.9	1,212	0.9	56	159	75.0	1,819	1.2	84
65-74	2	33.3	24	1.2	107	3	50.0	26	0.4	29	3	50.0	15	0.7	38
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	1	25.0	2	2.0	54	0	0.0	0	0.0	0
Other Eligibles	1,535	34.3	16,066	0.8	89	2,389	53.3	24,913	0.8	44	1,195	26.7	12,571	1.0	49
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	140	28.4	1,526	0.8	99	319	64.7	3,428	0.8	47	292	59.2	3,164	1.1	67
75-84	632	40.6	6,558	0.8	89	828	53.1	8,824	0.8	46	507	32.5	5,405	1.0	46
85 and older	763	31.4	7,982	0.8	88	1,242	51.1	12,661	0.8	42	396	16.3	4,002	0.9	38
Male	476	30.4	4,642	0.8	98	849	54.2	8,555	0.8	46	615	39.3	6,461	1.0	63
Disabled	29	13.7	302	0.8	180	117	55.5	1,228	0.8	50	174	82.5	1,947	1.2	88
64 or younger	29	14.2	302	0.8	180	113	55.4	1,202	0.8	50	171	83.8	1,922	1.2	87
65-74	0	0.0	0	0.0	0	4	57.1	26	0.7	39	3	42.9	25	1.0	133
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	447	33.0	4,340	0.8	92	732	54.1	7,327	0.8	46	441	32.6	4,514	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
65-74	101	30.6	1,112	0.9	93	177	53.6	1,907	0.8	48	177	53.6	1,952	1.0	61
75-84	209	36.2	1,977	0.8	96	305	52.8	3,078	0.8	46	185	32.0	1,896	0.9	49
85 and older	137	30.7	1,251	0.8	86	250	56.1	2,342	0.8	45	79	17.7	666	1.0	40
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 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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.medispn.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	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIASTHMATIC				
	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	3,303	52.7 %	32,689	0.9	\$32	2,417	38.6 %	25,422	0.9	\$40	3,093	49.3 %	31,734	0.6	\$24
Female	2,568	54.6	25,679	0.9	33	1,809	38.5	19,227	0.9	39	2,231	47.4	23,232	0.5	23
Disabled	136	61.3	1,429	1.2	40	120	54.1	1,289	0.9	51	89	40.1	979	0.5	24
64 or younger	126	59.4	1,369	1.2	41	117	55.2	1,286	0.9	51	86	40.6	965	0.5	24
65-74	2	33.3	14	0.3	5	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	8	200.0	46	0.3	13	3	75.0	3	1.0	93	3	75.0	14	0.2	2
Other Eligibles	2,432	54.3	24,250	0.9	32	1,689	37.7	17,938	0.9	39	2,142	47.8	22,253	0.5	23
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	323	65.5	3,341	1.0	33	300	60.9	3,221	0.9	44	292	59.2	3,163	0.6	27
75-84	868	55.7	8,823	1.0	36	738	47.4	7,951	0.9	42	803	51.5	8,540	0.6	26
85 and older	1,241	51.1	12,086	0.8	29	651	26.8	6,766	0.8	33	1,047	43.1	10,550	0.5	18
Male	735	47.0	7,010	0.8	28	608	38.8	6,195	0.9	41	862	55.1	8,502	0.6	28
Disabled	119	56.4	1,202	0.8	32	74	35.1	796	0.9	44	88	41.7	890	0.7	41
64 or younger	118	57.8	1,200	0.8	32	74	36.3	796	0.9	44	88	43.1	890	0.7	41
65-74	1	14.3	2	0.5	2	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	616	45.5	5,808	0.8	27	534	39.4	5,399	0.9	40	774	57.2	7,612	0.6	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	151	45.8	1,587	0.9	33	188	57.0	1,986	0.9	43	212	64.2	2,276	0.7	32
75-84	255	44.1	2,421	0.9	29	224	38.8	2,189	0.9	40	328	56.7	3,215	0.6	27
85 and older	210	47.1	1,800	0.7	20	122	27.4	1,224	0.8	34	234	52.5	2,121	0.5	18
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 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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.medispn.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	MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	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	908	14.5 %	9,213	0.8	\$81	2,835	45.2 %	29,005	0.8	\$26	6,268	61,688
Female	654	13.9	6,691	0.8	81	2,127	45.2	21,897	0.8	26	4,703	46,732
Disabled	17	7.7	196	1.0	102	77	34.7	849	0.9	28	222	2,378
64 or younger	17	8.0	196	1.0	102	74	34.9	833	0.9	28	212	2,330
65-74	0	0.0	0	0.0	0	2	33.3	14	1.2	25	6	31
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	1	25.0	2	0.5	18	4	17
Other Eligibles	637	14.2	6,495	0.8	80	2,050	45.7	21,048	0.8	26	4,481	44,354
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	70	14.2	699	0.9	86	224	45.4	2,401	0.8	24	493	5,204
75-84	232	14.9	2,440	0.8	75	775	49.7	8,102	0.8	27	1,558	15,682
85 and older	335	13.8	3,356	0.8	83	1,051	43.3	10,545	0.8	25	2,430	23,468
Male	254	16.2	2,522	0.8	81	708	45.2	7,108	0.9	25	1,565	14,956
Disabled	19	9.0	188	0.8	75	92	43.6	959	0.9	28	211	2,245
64 or younger	18	8.8	176	0.9	78	91	44.6	947	0.9	28	204	2,193
65-74	1	14.3	12	0.3	28	1	14.3	12	1.0	21	7	52
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	235	17.4	2,334	0.8	82	616	45.5	6,149	0.8	24	1,354	12,711
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	57	17.3	628	0.8	76	183	55.5	1,929	0.9	25	330	3,432
75-84	107	18.5	1,096	0.9	87	273	47.2	2,722	0.8	24	578	5,396
85 and older	71	15.9	610	0.8	79	160	35.9	1,498	0.8	24	446	3,883
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 02/2008. This table was produced on 03/25/2008.

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 3,605 beneficiaries who were in nursing facilities for part of their enrollment and their 34,757 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.medispn.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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	29,175	58.0 %	5.3	268,004	\$92	\$4,621,612	\$17	3.1 %	50,314
Age									
5 and younger	3	75.0	14.8	59	548	2,191	37	14.1	4
6-14	6	100.0	9.8	59	159	953	16	2.2	6
15-20	46	35.9	2.0	258	40	5,134	20	2.1	128
21-44	5,447	50.7	4.1	43,893	82	876,934	20	3.3	10,750
45-64	8,010	62.5	6.0	76,308	106	1,352,417	18	3.0	12,806
65-74	6,767	59.4	5.7	64,656	95	1,081,863	17	3.1	11,393
75-84	5,254	59.3	5.7	50,822	89	791,389	16	3.1	8,861
85 and older	3,642	57.2	5.0	31,949	80	510,731	16	3.3	6,366
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	13,851	58.1	5.4	129,417	87	2,076,693	16	3.1	23,852
Disabled	14,985	58.1	5.3	136,667	97	2,506,874	18	3.2	25,813
Adults	308	50.7	2.9	1,763	57	34,442	20	4.0	608
Children	2	33.3	0.7	4	26	156	39	2.3	6
Unknown	29	82.9	4.4	153	98	3,447	23	2.6	35
Gender									
Female	19,124	63.1	6.0	182,158	102	3,093,000	17	3.2	30,312
Male	10,051	50.3	4.3	85,846	76	1,528,612	18	3.0	20,002
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	28,265	58.3	5.4	260,719	92	4,466,537	17	3.1	48,473
African American	896	49.4	3.9	7,133	84	152,278	21	3.3	1,815
Other/unknown	14	53.8	5.8	152	108	2,797	18	4.0	26
Use of Nursing Facilities^d									
Entire year	3,682	58.7	6.3	39,207	95	595,913	15	2.7	6,268
Part year	2,464	68.3	6.4	23,051	101	364,887	16	3.1	3,605
None	23,029	56.9	5.1	205,746	91	3,660,812	18	3.2	40,441
Maintenance Assistance Status									
Cash	17,079	57.2	5.2	154,153	90	2,691,429	17	3.1	29,862
Medically needy	1,755	54.0	3.5	11,387	64	206,882	18	3.2	3,252
Poverty related	583	51.2	2.7	3,112	48	54,679	18	3.2	1,138
Other/unknown	9,758	60.8	6.2	99,352	104	1,668,622	17	3.1	16,062

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	\$9	\$17	\$0	\$4	527,132
Age						
5 and younger	1.6	61	37	0	0	36
6-14	1.0	16	16	0	0	61
15-20	0.2	4	20	0	1	1,443
21-44	0.4	8	20	0	4	116,064
45-64	0.6	10	18	0	5	134,719
65-74	0.5	9	17	0	4	122,641
75-84	0.6	9	16	0	3	90,942
85 and older	0.5	8	16	0	2	61,226
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	8	16	0	3	246,908
Disabled	0.5	9	18	0	4	276,183
Adults	0.5	9	20	0	6	3,692
Children	0.1	3	39	0	0	51
Unknown	0.5	12	23	0	5	298
Gender						
Female	0.6	10	17	0	4	319,600
Male	0.4	7	18	0	3	207,532
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	9	17	0	4	507,918
African American	0.4	8	21	0	2	18,937
Other/unknown	0.5	10	18	0	5	277
Use of Nursing Facilities^d						
Entire year	0.6	10	15	0	3	61,688
Part year	0.7	10	16	0	4	34,757
None	0.5	8	18	0	4	430,687
Maintenance Assistance Status						
Cash	0.5	8	17	0	4	333,678
Medically needy	0.5	9	18	0	5	22,074
Poverty related	0.3	5	18	0	2	11,405
Other/unknown	0.6	10	17	0	4	159,975

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	Total Rx \$	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
All	46,694	\$99	\$4,621,612	100.0 %	268,004	\$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	13	21	270	0.0	26	10	0.0
Cough and cold medications	7,034	42	298,165	6.5	15,206	20	5.7
Vitamins and minerals	10,000	127	1,274,809	27.6	67,619	19	25.2
Non-prescription drugs	12,219	65	796,424	17.2	45,722	17	17.1
Barbiturates	914	62	56,307	1.2	10,630	5	4.0
Benzodiazepines	15,324	130	1,997,132	43.2	124,021	16	46.3
Other Part D Excl Rx Drugs	1,190	167	198,505	4.3	4,780	42	1.8

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 WEST VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries	50,314
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$147,160,347
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,925

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,433	10.8 %	\$0	0.0 %
1-500	7,659	15.2	1,610,123	1.1
501-1,000	4,918	9.8	3,636,643	2.5
1,001-1,500	4,193	8.3	5,211,616	3.5
1,501-2,000	3,624	7.2	6,330,789	4.3
2,001-2,500	3,242	6.4	7,290,501	5.0
2,501-3,000	2,928	5.8	8,036,709	5.5
3,001-3,500	2,555	5.1	8,299,070	5.6
3,501-4,000	2,231	4.4	8,351,543	5.7
4,001-4,500	1,994	4.0	8,461,150	5.7
4,501-5,000	1,754	3.5	8,310,971	5.6
5,001-5,500	1,494	3.0	7,827,406	5.3
5,501-6,000	1,274	2.5	7,317,753	5.0
6,001-6,500	1,082	2.2	6,757,905	4.6
6,501-7,000	897	1.8	6,042,164	4.1
7,001-7,500	739	1.5	5,353,412	3.6
7,501-8,000	622	1.2	4,818,113	3.3
8,001-8,500	508	1.0	4,182,908	2.8
8,501-9,000	473	0.9	4,135,680	2.8
9,001-9,500	364	0.7	3,365,724	2.3
9,501-10,000	312	0.6	3,037,343	2.1
10,001+	2,018	4.0	28,782,824	19.6

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 WEST VIRGINIA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	23,077
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$69,944,922
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,031

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,858	12.4 %	0	0.0 %
1-500	4,150	18.0	830,062	1.2
501-1,000	2,286	9.9	1,678,718	2.4
1,001-1,500	1,807	7.8	2,241,476	3.2
1,501-2,000	1,496	6.5	2,612,457	3.7
2,001-2,500	1,299	5.6	2,918,187	4.2
2,501-3,000	1,154	5.0	3,168,812	4.5
3,001-3,500	970	4.2	3,149,826	4.5
3,501-4,000	811	3.5	3,033,372	4.3
4,001-4,500	772	3.3	3,276,332	4.7
4,501-5,000	684	3.0	3,242,530	4.6
5,001-5,500	600	2.6	3,142,375	4.5
5,501-6,000	505	2.2	2,903,156	4.2
6,001-6,500	448	1.9	2,799,616	4.0
6,501-7,000	388	1.7	2,611,470	3.7
7,001-7,500	323	1.4	2,339,920	3.3
7,501-8,000	299	1.3	2,315,905	3.3
8,001-8,500	258	1.1	2,123,642	3.0
8,501-9,000	239	1.0	2,090,544	3.0
9,001-9,500	204	0.9	1,883,593	2.7
9,501-10,000	166	0.7	1,617,950	2.3
10,001+	1,360	5.9	19,964,979	28.5

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

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

Total Number of Dual Eligible Beneficiaries, Age 65+	26,620
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$76,247,465
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,864

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,494	9.4 %	0	0.0 %
1-500	3,309	12.4	740,920	1.0
501-1,000	2,532	9.5	1,885,058	2.5
1,001-1,500	2,334	8.8	2,905,060	3.8
1,501-2,000	2,091	7.9	3,653,256	4.8
2,001-2,500	1,923	7.2	4,328,169	5.7
2,501-3,000	1,749	6.6	4,799,379	6.3
3,001-3,500	1,570	5.9	5,100,284	6.7
3,501-4,000	1,406	5.3	5,265,161	6.9
4,001-4,500	1,210	4.5	5,133,360	6.7
4,501-5,000	1,059	4.0	5,016,260	6.6
5,001-5,500	885	3.3	4,637,337	6.1
5,501-6,000	763	2.9	4,379,205	5.7
6,001-6,500	630	2.4	3,933,255	5.2
6,501-7,000	499	1.9	3,363,699	4.4
7,001-7,500	413	1.6	2,991,839	3.9
7,501-8,000	321	1.2	2,486,422	3.3
8,001-8,500	247	0.9	2,034,374	2.7
8,501-9,000	231	0.9	2,018,791	2.6
9,001-9,500	159	0.6	1,473,119	1.9
9,501-10,000	145	0.5	1,409,534	1.8
10,001+	650	2.4	8,692,983	11.4

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	11,393
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$34,726,091
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,048

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,242	10.9 %	0	0.0 %
1-500	1,311	11.5	289,863	0.8
501-1,000	1,020	9.0	764,870	2.2
1,001-1,500	899	7.9	1,121,337	3.2
1,501-2,000	850	7.5	1,486,083	4.3
2,001-2,500	781	6.9	1,760,190	5.1
2,501-3,000	704	6.2	1,931,587	5.6
3,001-3,500	654	5.7	2,123,519	6.1
3,501-4,000	575	5.0	2,156,151	6.2
4,001-4,500	516	4.5	2,190,398	6.3
4,501-5,000	428	3.8	2,027,955	5.8
5,001-5,500	413	3.6	2,161,514	6.2
5,501-6,000	377	3.3	2,162,322	6.2
6,001-6,500	270	2.4	1,681,573	4.8
6,501-7,000	248	2.2	1,669,336	4.8
7,001-7,500	176	1.5	1,276,927	3.7
7,501-8,000	155	1.4	1,201,665	3.5
8,001-8,500	111	1.0	913,518	2.6
8,501-9,000	116	1.0	1,013,495	2.9
9,001-9,500	87	0.8	805,071	2.3
9,501-10,000	71	0.6	690,239	2.0
10,001+	389	3.4	5,298,478	15.3

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 WEST VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	8,861
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$25,938,574
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,927

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	782	8.8 %	0	0.0 %
1-500	1,018	11.5	229,591	0.9
501-1,000	780	8.8	575,213	2.2
1,001-1,500	798	9.0	994,890	3.8
1,501-2,000	678	7.7	1,187,603	4.6
2,001-2,500	663	7.5	1,491,772	5.8
2,501-3,000	604	6.8	1,657,681	6.4
3,001-3,500	544	6.1	1,769,243	6.8
3,501-4,000	484	5.5	1,810,776	7.0
4,001-4,500	415	4.7	1,757,992	6.8
4,501-5,000	397	4.5	1,883,402	7.3
5,001-5,500	318	3.6	1,668,119	6.4
5,501-6,000	255	2.9	1,465,105	5.6
6,001-6,500	230	2.6	1,437,046	5.5
6,501-7,000	165	1.9	1,112,549	4.3
7,001-7,500	143	1.6	1,036,799	4.0
7,501-8,000	117	1.3	905,201	3.5
8,001-8,500	98	1.1	808,330	3.1
8,501-9,000	76	0.9	664,635	2.6
9,001-9,500	49	0.6	455,244	1.8
9,501-10,000	53	0.6	515,536	2.0
10,001+	194	2.2	2,511,847	9.7

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 WEST VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	6,366
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$15,582,800
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,448

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	470	7.4 %	0	0.0 %
1-500	980	15.4	221,466	1.4
501-1,000	732	11.5	544,975	3.5
1,001-1,500	637	10.0	788,833	5.1
1,501-2,000	563	8.8	979,570	6.3
2,001-2,500	479	7.5	1,076,207	6.9
2,501-3,000	441	6.9	1,210,111	7.8
3,001-3,500	372	5.8	1,207,522	7.7
3,501-4,000	347	5.5	1,298,234	8.3
4,001-4,500	279	4.4	1,184,970	7.6
4,501-5,000	234	3.7	1,104,903	7.1
5,001-5,500	154	2.4	807,704	5.2
5,501-6,000	131	2.1	751,778	4.8
6,001-6,500	130	2.0	814,636	5.2
6,501-7,000	86	1.4	581,814	3.7
7,001-7,500	94	1.5	678,113	4.4
7,501-8,000	49	0.8	379,556	2.4
8,001-8,500	38	0.6	312,526	2.0
8,501-9,000	39	0.6	340,661	2.2
9,001-9,500	23	0.4	212,804	1.4
9,501-10,000	21	0.3	203,759	1.3
10,001+	67	1.1	882,658	5.7

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	50,317	23,852	25,813	610	7	35	527,932	246,914	276,586	4,080	54	298
Age												
5 and younger	4	0	3	0	1	0	37	0	35	0	2	0
6-14	6	0	5	0	1	0	61	0	57	0	4	0
15-20	129	0	125	1	3	0	1,463	0	1,432	4	27	0
21-44	10,751	0	10,360	389	1	1	116,661	0	113,994	2,646	9	12
45-64	12,807	0	12,584	196	1	26	134,875	0	133,334	1,282	12	247
65-74	11,393	9,974	1,391	21	0	7	122,667	108,104	14,397	130	0	36
75-84	8,861	8,029	828	3	0	1	90,942	82,721	8,200	18	0	3
85 and older	6,366	5,849	517	0	0	0	61,226	56,089	5,137	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	30,313	16,945	13,084	245	4	35	319,962	176,914	141,053	1,676	21	298
Male	20,004	6,907	12,729	365	3	0	207,970	70,000	135,533	2,404	33	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	48,476	23,036	24,810	588	7	35	508,702	238,394	266,035	3,921	54	298
African American	1,815	802	992	21	0	0	18,953	8,368	10,438	147	0	0
Other/unknown	26	14	11	1	0	0	277	152	113	12	0	0
Use of Nursing Facilities^c												
Entire year	6,268	5,835	433	0	0	0	61,688	57,065	4,623	0	0	0
Part year	3,605	3,199	406	0	0	0	34,759	30,608	4,151	0	0	0
None	40,444	14,818	24,974	610	7	35	431,485	159,241	267,812	4,080	54	298
Maintenance Assistance Status												
Cash	29,862	12,971	16,742	149	0	0	334,225	146,478	186,740	1,007	0	0
Medically needy	3,252	937	1,996	319	0	0	22,143	6,214	13,760	2,169	0	0
Poverty related	1,140	315	746	40	4	35	11,501	3,297	7,700	185	21	298
Other/unknown	16,063	9,629	6,329	102	3	0	160,063	90,925	68,386	719	33	0
Dual Status^d												
Full dual, all year	48,865	23,362	24,890	571	7	35	512,507	241,627	266,862	3,666	54	298
Full dual, part year	1,452	490	923	39	0	0	15,425	5,287	9,724	414	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,114	23,851	25,715	507	6	35	525,975	246,902	275,481	3,243	51	298
FFS part year, with Rx claims	153	0	90	63	0	0	1,618	0	1,015	603	0	0
FFS part year, no Rx claims	8	1	2	5	0	0	59	12	18	29	0	0
MC all year, with Rx claims	39	0	6	33	0	0	269	0	72	197	0	0
MC all year, no Rx claims	3	0	0	2	1	0	11	0	0	8	3	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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(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		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	50,317	527,932	50,314	527,132	0	800
Fee-for-service (FFS) all year	50,114	525,975	50,114	525,975	0	0
FFS part year, with Rx claims	153	1,618	153	858	0	760
FFS part year, with no Rx claims	8	59	8	30	0	29
Managed care (MC) all year, with Rx claims	39	269	39	269	0	0
MC all year, with no Rx claims	3	11	0	0	0	11

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.