The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
WEST VIRGINIA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

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

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

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

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WEST VIRGINIA, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	383111 (A)	63943 (E)	319168 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	369597 (B)	50524 (F)	319073 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	354346 (C)	50520 (G)	303826 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	7099 (D)	6611 (H)	488 (L)

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for West Virginia in 2005 was $470,169,969, of which $2,139,672 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

WEST VIRGINIA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**354,346**	**23,869**	**98,222**	**57,620**	**174,436**	**199**	**2,683,936**	**247,872**	**1,038,910**	**272,449**	**1,122,664**	**2,041**
Age												
5 and younger	66,949	0	2,137	0	64,812	0	424,329	0	19,250	0	405,079	0
6-14	82,405	0	6,472	32	75,901	0	571,128	0	68,991	230	501,907	0
15-20	43,361	0	5,200	4,505	33,655	1	292,381	0	55,541	21,565	215,274	1
21-44	86,537	0	36,831	49,617	61	28	626,369	0	392,560	233,148	374	287
45-64	48,334	0	44,720	3,439	5	170	492,823	0	473,685	17,359	26	1,753
65-74	11,589	10,053	1,513	23	0	0	124,652	108,962	15,556	134	0	0
75-84	8,783	7,975	806	2	0	0	90,649	82,610	8,029	10	0	0
85 and older	6,386	5,841	543	2	0	0	61,601	56,300	5,298	3	0	0
Unknown	2	0	0	0	2	0	4	0	0	0	4	0
Gender												
Female	202,604	16,790	51,194	47,394	87,027	199	1,510,578	175,505	546,085	227,332	559,615	2,041
Male	151,742	7,079	47,028	10,226	87,409	0	1,173,358	72,367	492,825	45,117	563,049	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	335,395	23,050	94,302	54,291	163,560	192	2,552,205	239,440	998,377	256,998	1,055,419	1,971
African American	18,570	804	3,858	3,279	10,622	7	128,855	8,287	39,869	15,226	65,403	70
Other/unknown	381	15	62	50	254	0	2,876	145	664	225	1,842	0
Use of Nursing Facilities[c]												
Entire year	7,099	6,278	821	0	0	0	70,584	61,684	8,900	0	0	0
Part year	3,758	2,884	867	7	0	0	36,363	27,557	8,757	49	0	0
None	343,489	14,707	96,534	57,613	174,436	199	2,576,989	158,631	1,021,253	272,400	1,122,664	2,041
Maintenance Assistance Status												
Cash	111,226	13,075	77,090	20,752	309	0	1,104,484	148,338	854,628	99,556	1,962	0
Medically needy	26,792	982	11,603	13,363	844	0	159,815	6,394	84,154	64,101	5,166	0
Poverty-related	12,445	344	864	2,959	8,079	199	75,599	3,605	8,796	13,170	47,987	2,041
Other/unknown	203,883	9,468	8,665	20,546	165,204	0	1,344,038	89,535	91,332	95,622	1,067,549	0
Dual Medicare Status[d]												
Full dual, all year	48,760	22,812	25,341	598	7	2	517,052	237,497	275,906	3,559	66	24
Full dual, part year	1,760	535	1,170	55	0	0	18,328	5,619	12,139	570	0	0
Non-dual, all year	303,826	522	71,711	56,967	174,429	197	2,148,556	4,756	750,865	268,320	1,122,598	2,017
Managed Care (MC) Status												
Fee-for-service (FFS) all year	188,231	23,866	94,177	23,617	46,377	194	1,762,297	247,849	1,012,890	116,740	382,799	2,019
FFS part year, with Rx claims	90,780	3	3,071	24,778	62,923	5	314,717	23	15,901	93,586	205,185	22
FFS part year, no Rx claims	25,903	0	187	3,781	21,935	0	84,022	0	936	12,625	70,461	0

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

WEST VIRGINIA, 2005

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	**80.9**	**21.8**	**$1,321**	**$61**	**$5,393**	**24.5**	**354,346**
Age							
5 and younger	78.5	5.6	268	48	1,724	15.5	66,949
6-14	77.0	7.4	508	68	2,041	24.9	82,405
15-20	76.1	8.7	550	63	3,156	17.4	43,361
21-44	81.7	22.2	1,433	65	5,203	27.5	86,537
45-64	88.3	55.4	3,537	64	11,164	31.7	48,334
65-74	89.0	65.7	3,576	54	11,965	29.9	11,589
75-84	91.2	69.1	3,401	49	20,281	16.8	8,783
85 and older	92.8	63.1	2,831	45	28,806	9.8	6,386
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility[e]							
Aged	90.9	66.3	3,319	50	19,168	17.3	23,869
Disabled	86.8	44.2	3,010	68	10,614	28.4	98,222
Adults	79.4	12.5	589	47	2,245	26.3	57,620
Children	76.7	6.2	336	54	1,601	21.0	174,436
Unknown	95.5	40.3	3,245	81	12,687	25.6	199
Gender							
Female	83.1	24.9	1,438	58	5,656	25.4	202,604
Male	77.9	17.7	1,164	66	5,043	23.1	151,742
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	81.4	22.3	1,349	60	5,470	24.7	335,395
African American	71.4	13.2	817	62	4,019	20.3	18,570
Other/unknown	68.2	14.3	976	68	4,678	20.9	381
Use of Nursing Facilities[f]							
Entire year	98.1	87.5	4,206	48	46,639	9.0	7,099
Part year	96.5	78.7	3,951	50	33,382	11.8	3,758
None	80.3	19.9	1,232	62	4,235	29.1	343,489
Maintenance Assistance Status							
Cash	85.7	41.0	2,626	64	7,733	34.0	111,226
Medically needy	80.4	22.4	1,402	63	5,210	26.9	26,792
Poverty related	76.7	8.4	447	53	1,926	23.2	12,445
Other/unknown	78.5	12.1	651	54	4,353	15.0	203,883

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

WEST VIRGINIA, 2005

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**2.9**	**$174**	**24.5**	**19.1**	**36.3**	**10.5**	**16.0**	**11.7**	**6.3**	**$712**	**354,346**	**2,683,936**
Age												
5 and younger	0.9	42	15.5	21.5	54.0	9.4	8.6	3.9	2.5	272	66,949	424,329
6-14	1.1	73	24.9	23.0	48.8	10.2	10.4	4.2	3.4	295	82,405	571,128
15-20	1.3	82	17.4	23.9	43.9	11.7	12.1	4.6	3.7	468	43,361	292,381
21-44	3.1	198	27.5	18.3	28.8	13.3	21.1	12.1	6.3	719	86,537	626,369
45-64	5.4	347	31.7	11.7	13.0	8.6	25.8	28.3	12.6	1,095	48,334	492,823
65-74	6.1	332	29.9	11.0	8.9	7.0	24.5	32.5	16.1	1,112	11,589	124,652
75-84	6.7	330	16.8	8.8	7.3	5.9	23.4	35.6	18.9	1,965	8,783	90,649
85 and older	6.5	294	9.8	7.2	7.0	6.5	25.3	37.7	16.2	2,986	6,386	61,601
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
Basis of Eligibility[e]												
Aged	6.4	320	17.3	9.1	8.0	6.6	24.5	34.8	17.0	1,846	23,869	247,872
Disabled	4.2	285	28.4	13.2	21.6	10.8	24.5	21.3	8.5	1,003	98,222	1,038,910
Adults	2.6	125	26.3	20.6	30.9	13.9	18.3	9.1	7.2	475	57,620	272,449
Children	1.0	52	21.0	23.3	50.3	9.7	9.4	4.1	3.2	249	174,436	1,122,664
Unknown	3.9	316	25.6	4.5	15.1	18.1	38.7	21.6	2.0	1,237	199	2,041
Gender												
Female	3.3	193	25.4	16.9	34.3	10.8	16.9	13.5	7.6	759	202,604	1,510,578
Male	2.3	151	23.1	22.1	39.1	10.1	14.8	9.4	4.5	652	151,742	1,173,358
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.9	177	24.7	18.6	36.2	10.6	16.2	12.0	6.4	719	335,395	2,552,205
African American	1.9	118	20.3	28.6	38.6	9.3	12.4	7.3	3.6	579	18,570	128,855
Other/unknown	1.9	129	20.9	31.8	37.5	8.4	12.1	6.0	4.2	620	381	2,876
Use of Nursing Facilities[f]												
Entire year	8.8	423	9.0	1.9	4.5	3.9	19.3	39.7	30.6	4,691	7,099	70,584
Part year	8.1	408	11.8	3.5	4.9	5.7	22.0	37.8	26.2	3,450	3,758	36,363
None	2.6	164	29.1	19.7	37.3	10.7	15.9	10.9	5.5	564	343,489	2,576,989
Maintenance Assistance Status												
Cash	4.1	265	34.0	14.3	22.3	10.8	23.6	20.2	8.9	779	111,226	1,104,484
Medically needy	3.7	235	26.9	19.6	22.3	12.0	22.9	15.9	7.4	873	26,792	159,815
Poverty related	1.4	74	23.2	23.3	46.4	11.2	11.2	5.4	2.5	317	12,445	75,599
Other/unknown	1.8	99	15.0	21.5	45.2	10.1	11.3	7.0	4.9	660	203,883	1,344,038

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

WEST VIRGINIA, 2005

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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	**2.9**	**$174**	**$61**	**1.1**	**$126**	**$118**	**0.1**	**$9**	**$75**	**1.7**	**$40**	**$23**
Age												
5 and younger	0.9	42	48	0.3	31	95	0.1	2	35	0.5	9	18
6-14	1.1	73	68	0.5	58	108	0.1	4	60	0.5	12	24
15-20	1.3	82	63	0.5	61	119	0.1	5	58	0.7	16	23
21-44	3.1	198	65	1.0	141	138	0.1	11	90	1.9	47	24
45-64	5.4	347	64	2.0	248	123	0.2	16	93	3.2	83	26
65-74	6.1	332	54	2.3	241	105	0.2	14	69	3.6	77	21
75-84	6.7	330	49	2.4	234	97	0.3	18	70	4.0	78	19
85 and older	6.5	294	45	2.2	198	91	0.3	20	65	4.0	75	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	6.4	320	50	2.3	227	99	0.2	17	68	3.8	76	20
Disabled	4.2	285	68	1.6	207	133	0.1	14	93	2.5	64	26
Adults	2.6	125	47	0.8	82	106	0.1	7	70	1.8	35	20
Children	1.0	52	54	0.4	39	95	0.1	3	48	0.5	10	21
Unknown	3.9	316	81	1.6	257	160	0.1	8	71	2.2	51	23
Gender												
Female	3.3	193	58	1.2	138	114	0.1	10	73	2.0	45	23
Male	2.3	151	66	0.9	111	124	0.1	7	80	1.3	33	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.9	177	60	1.1	128	118	0.1	9	76	1.7	40	23
African American	1.9	118	62	0.7	86	122	0.1	5	70	1.1	27	24
Other/unknown	1.9	129	68	0.8	103	128	0.1	4	68	1.0	22	21
Use of Nursing Facilities[e]												
Entire year	8.8	423	48	3.1	291	94	0.4	30	71	5.3	102	19
Part year	8.1	408	50	2.8	281	102	0.3	26	77	5.0	101	20
None	2.6	164	62	1.0	119	121	0.1	8	76	1.6	37	24
Maintenance Assistance Status												
Cash	4.1	265	64	1.5	192	126	0.1	12	87	2.5	60	25
Medically needy	3.7	235	63	1.3	167	130	0.1	12	100	2.3	56	24
Poverty related	1.4	74	53	0.5	53	104	0.1	4	50	0.8	17	21
Other/unknown	1.8	99	54	0.7	71	101	0.1	6	60	1.0	22	21

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies

other than the original patent holder. In West Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all 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)

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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

WEST VIRGINIA, 2005

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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 of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	$19	$10	$3	$6	$49	$107	$65	$23	678,574	$33,268,882	208,150	58.7	1,732,946
Biologicals	0.5	0.5	0.0	0.0	576	510	13	53	1169	1,087	1,791	3,300	2,675	3,128,135	797	0.2	5,435
Antineoplastic Agents	0.6	0.2	0.0	0.4	143	114	1	29	239	646	270	68	22,885	5,471,880	3,799	1.1	38,193
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	45	31	4	9	55	111	48	21	689,349	38,103,256	93,614	26.4	845,788
Cardiovascular Agents	1.8	0.7	0.0	1.0	75	57	0	18	43	81	33	17	1,363,725	58,104,870	75,996	21.4	775,861
Respiratory Agents	0.7	0.3	0.0	0.3	37	31	1	5	56	91	34	17	816,412	45,863,748	144,730	40.8	1,237,464
Gastrointestinal Agents	0.7	0.4	0.0	0.3	61	55	0	6	83	138	36	18	513,315	42,366,648	71,189	20.1	693,612
Genitourinary Agents	0.4	0.2	0.0	0.2	25	19	1	5	60	80	62	30	99,356	5,952,622	25,925	7.3	234,855
CNS Drugs	1.3	0.5	0.0	0.7	96	75	2	19	75	144	88	25	1,212,881	90,445,523	99,136	28.0	940,356
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	93	83	0	10	93	105	92	46	159,538	14,765,786	18,571	5.2	159,372
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	145	143	0	1	156	159	108	53	55,882	8,699,839	5,835	1.6	60,171
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	33	11	7	15	40	170	215	22	916,305	37,019,570	128,366	36.2	1,134,275
Neuromuscular Agents	0.9	0.3	0.0	0.6	80	51	3	26	90	168	102	47	540,707	48,644,266	62,756	17.7	608,875
Nutritional Products	0.6	0.1	0.0	0.5	10	2	0	8	18	24	18	17	140,522	2,542,553	28,086	7.9	246,873
Hematological Agents	0.8	0.3	0.0	0.4	63	54	1	9	80	166	44	19	172,685	13,837,607	21,611	6.1	218,504
Topical Products	0.3	0.1	0.0	0.2	17	11	0	6	51	86	51	27	330,640	16,734,813	111,251	31.4	960,993
Miscellaneous Products	0.5	0.2	0.0	0.3	118	92	7	20	243	544	248	68	11,019	2,680,384	2,221	0.6	22,626
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	32	0	0	0	12,603	399,915	5,162	1.5	51,483
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.	7,739,073	468,030,297	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, http://www.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 2005.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

WEST VIRGINIA, 2005

Top 10 Drug Groups	Total Medicaid Rx $	Users: Number	Users: As a Percentage of All Beneficiaries	Number of Benefit Months	Among Users: Number of Rx per Benefit Month	Among Users: $ per Rx	Among Users: Rx $ per Benefit Month
ANTIPSYCHOTICS	$46,398,527	33,969	9.6	350,410	0.7	$192	$132
ANTICONVULSANT	42,953,706	50,657	14.3	514,934	0.7	111	83
ULCER DRUGS	35,585,843	71,575	20.2	715,702	0.5	91	50
ANTIDEPRESSANTS	34,345,861	93,161	26.3	904,533	0.6	64	38
ANTIASTHMATIC	32,946,335	120,723	34.1	1,111,223	0.4	70	30
ANTIHYPERLIPIDEMIC	28,485,665	40,941	11.6	449,004	0.6	101	63
ANTIDIABETIC	22,989,749	42,983	12.1	457,933	0.7	71	50
ANALGESICS - Narcotic	22,027,268	156,076	44.0	1,407,729	0.4	35	16
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	14,766,269	23,036	6.5	198,658	0.8	93	74
ANTIHYPERTENSIVE	12,597,010	51,583	14.6	541,253	0.7	34	23
Total	293,096,233	684,704		6,651,379	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.