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**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 D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>50,520</b>	<b>23,347</b>	<b>26,511</b>	<b>653</b>	<b>7</b>	<b>2</b>	<b>535,380</b>	<b>243,116</b>	<b>288,045</b>	<b>4,129</b>	<b>66</b>	<b>24</b>
<b>Age</b>												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	3	0	3	0	0	0	27	0	27	0	0	0
15-20	140	0	136	0	4	0	1,627	0	1,584	0	43	0
21-44	10,984	0	10,547	436	1	0	120,296	0	117,480	2,812	4	0
45-64	13,322	0	13,126	192	2	2	142,285	0	141,058	1,184	19	24
65-74	11,252	9,852	1,379	21	0	0	121,929	107,017	14,792	120	0	0
75-84	8,592	7,798	792	2	0	0	89,031	81,093	7,928	10	0	0
85 and older	6,225	5,697	526	2	0	0	60,161	55,006	5,152	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	30,198	16,463	13,437	293	3	2	321,216	172,566	146,735	1,860	31	24
Male	20,322	6,884	13,074	360	4	0	214,164	70,550	141,310	2,269	35	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	48,689	22,565	25,496	619	7	2	516,237	235,002	277,237	3,908	66	24
African American	1,809	772	1,003	34	0	0	18,891	8,005	10,665	221	0	0
Other/unknown	22	10	12	0	0	0	252	109	143	0	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,611	6,138	473	0	0	0	65,593	60,330	5,263	0	0	0
Part year	3,231	2,844	387	0	0	0	31,016	27,154	3,862	0	0	0
None	40,678	14,365	25,651	653	7	2	438,771	155,632	278,920	4,129	66	24
<b>Maintenance Assistance Status</b>												
Cash	30,096	12,799	17,153	144	0	0	341,422	145,669	194,936	817	0	0
Medically needy	3,517	927	2,205	385	0	0	24,160	6,021	15,617	2,522	0	0
Poverty-related	1,218	341	848	26	1	2	12,504	3,570	8,719	184	7	24
Other/unknown	15,689	9,280	6,305	98	6	0	157,294	87,856	68,773	606	59	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	50,125	23,344	26,327	445	7	2	533,116	243,093	286,893	3,040	66	24
FFS part year, with Rx claims	318	3	163	152	0	0	1,580	23	929	628	0	0
FFS part year, no Rx claims	10	0	4	6	0	0	46	0	24	22	0	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 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 2005. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>89.8</b>	<b>59.1</b>	<b>\$3,478</b>	<b>\$59</b>	<b>\$15,563</b>	<b>22.4</b>	<b>50,520</b>
<b>Age</b>							
5 and younger	100.0	81.0	11,731	145	15,125	77.6	2
6-14	100.0	26.0	3,502	135	53,736	6.5	3
15-20	77.9	25.6	2,166	85	9,352	23.2	140
21-44	85.8	38.1	2,964	78	10,262	28.9	10,984
45-64	90.5	61.3	4,104	67	13,661	30.0	13,322
65-74	89.7	66.7	3,632	54	11,995	30.3	11,252
75-84	91.9	69.8	3,436	49	20,350	16.9	8,592
85 and older	93.3	63.5	2,855	45	28,952	9.9	6,225
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	91.5	66.9	3,350	50	19,207	17.4	23,347
Disabled	88.5	52.9	3,624	69	12,634	28.7	26,511
Adults	88.7	31.8	2,155	68	4,228	51.0	653
Children	42.9	27.7	3,280	118	17,933	18.3	7
Unknown	100.0	54.5	2,939	54	5,187	56.7	2
<b>Gender</b>							
Female	92.7	66.7	3,763	56	17,004	22.1	30,198
Male	85.6	47.7	3,056	64	13,423	22.8	20,322
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	90.0	59.5	3,496	59	15,627	22.4	48,689
African American	85.1	48.9	2,991	61	13,920	21.5	1,809
Other/unknown	90.9	62.9	3,764	60	9,237	40.8	22
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.0	86.1	4,106	48	45,673	9.0	6,611
Part year	96.1	76.0	3,676	48	30,347	12.1	3,231
None	88.0	53.4	3,361	63	9,496	35.4	40,678
<b>Maintenance Assistance Status</b>							
Cash	88.9	55.9	3,432	61	7,809	44.0	30,096
Medically needy	86.0	37.2	2,613	70	6,699	39.0	3,517
Poverty related	85.6	28.9	1,934	67	4,704	41.1	1,218
Other/unknown	92.9	72.4	3,881	54	33,269	11.7	15,689

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 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 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
All	5.6	\$328	22.4	10.2	12.5	8.3	24.9	30.3	13.8	\$1,469	50,520	535,380
Age												
5 and younger	6.8	978	77.6	0.0	50.0	0.0	0.0	0.0	50.0	1,260	2	24
6-14	2.9	389	6.5	0.0	0.0	0.0	100.0	0.0	0.0	5,971	3	27
15-20	2.2	186	23.2	22.1	30.0	12.1	22.1	12.9	0.7	805	140	1,627
21-44	3.5	271	28.9	14.2	24.2	12.4	25.7	18.0	5.6	937	10,984	120,296
45-64	5.7	384	30.0	9.5	11.8	8.2	25.3	31.1	14.1	1,279	13,322	142,285
65-74	6.2	335	30.3	10.3	8.9	7.0	24.7	32.9	16.2	1,107	11,252	121,929
75-84	6.7	332	16.9	8.1	7.3	6.0	23.5	36.0	19.1	1,964	8,592	89,031
85 and older	6.6	295	9.9	6.7	7.0	6.6	25.3	38.1	16.3	2,996	6,225	60,161
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	6.4	322	17.4	8.5	8.0	6.6	24.6	35.1	17.1	1,845	23,347	243,116
Disabled	4.9	334	28.7	11.5	16.4	9.6	25.2	26.2	10.9	1,163	26,511	288,045
Adults	5.0	341	51.0	11.3	17.2	10.4	25.1	21.6	14.4	669	653	4,129
Children	2.9	348	18.3	57.1	0.0	14.3	0.0	28.6	0.0	1,902	7	66
Unknown	4.5	245	56.7	0.0	0.0	0.0	50.0	50.0	0.0	432	2	24
Gender												
Female	6.3	354	22.1	7.3	9.3	7.5	25.0	34.1	16.7	1,599	30,198	321,216
Male	4.5	290	22.8	14.4	17.4	9.3	24.8	24.6	9.5	1,274	20,322	214,164
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.6	330	22.4	10.0	12.4	8.2	24.9	30.5	14.0	1,474	48,689	516,237
African American	4.7	286	21.5	14.9	15.5	9.2	26.3	24.0	10.1	1,333	1,809	18,891
Other/unknown	5.5	329	40.8	9.1	13.6	18.2	9.1	36.4	13.6	806	22	252
Use of Nursing Facilities <sup>f</sup>												
Entire year	8.7	414	9.0	2.0	4.6	3.9	19.5	40.3	29.7	4,603	6,611	65,593
Part year	7.9	383	12.1	3.9	5.4	6.0	22.1	37.9	24.8	3,161	3,231	31,016
None	4.9	312	35.4	12.0	14.4	9.1	26.0	28.0	10.4	880	40,678	438,771
Maintenance Assistance Status												
Cash	4.9	303	44.0	11.1	14.4	9.1	26.5	28.3	10.5	688	30,096	341,422
Medically needy	5.4	380	39.0	14.0	11.9	9.2	25.8	28.5	10.5	975	3,517	24,160
Poverty related	2.8	188	41.1	14.4	29.0	15.8	22.9	15.4	2.5	458	1,218	12,504
Other/unknown	7.2	387	11.7	7.1	7.8	5.8	21.8	35.6	21.9	3,318	15,689	157,294

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 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 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 D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.6</b>	<b>\$328</b>	<b>\$59</b>	<b>2.0</b>	<b>\$235</b>	<b>\$116</b>	<b>0.2</b>	<b>\$17</b>	<b>\$80</b>	<b>3.3</b>	<b>\$76</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	6.8	978	145	2.4	669	277	0.9	38	44	3.5	271	78
6-14	2.9	389	135	1.1	295	257	0.4	43	115	1.4	51	38
15-20	2.2	186	85	0.9	141	156	0.1	16	108	1.1	29	25
21-44	3.5	271	78	1.3	196	156	0.1	15	105	2.1	59	28
45-64	5.7	384	67	2.1	276	129	0.2	19	91	3.4	90	27
65-74	6.2	335	54	2.3	243	106	0.2	14	70	3.6	78	21
75-84	6.7	332	49	2.4	235	97	0.3	18	70	4.0	78	19
85 and older	6.6	295	45	2.2	199	92	0.3	21	65	4.1	75	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.4	322	50	2.3	228	99	0.2	17	68	3.9	76	20
Disabled	4.9	334	69	1.8	240	134	0.2	17	93	2.9	76	26
Adults	5.0	341	68	1.7	231	134	0.2	21	135	3.1	89	28
Children	2.9	348	118	1.5	223	150	0.2	64	303	1.2	61	49
Unknown	4.5	245	54	1.4	178	129	0.8	21	28	2.4	46	19
<b>Gender</b>												
Female	6.3	354	56	2.3	252	111	0.3	19	77	3.7	82	22
Male	4.5	290	64	1.7	209	125	0.2	13	87	2.7	68	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.6	330	59	2.0	236	116	0.2	17	80	3.3	77	23
African American	4.7	286	61	1.7	204	119	0.2	12	72	2.8	70	25
Other/unknown	5.5	329	60	2.0	255	126	0.1	5	41	3.3	68	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.7	414	48	3.0	285	93	0.4	30	71	5.2	99	19
Part year	7.9	383	48	2.7	265	97	0.3	25	72	4.8	93	19
None	4.9	312	63	1.8	225	123	0.2	15	84	2.9	72	24
<b>Maintenance Assistance Status</b>												
Cash	4.9	303	61	1.8	219	120	0.2	14	82	2.9	70	24
Medically needy	5.4	380	70	2.0	274	139	0.2	20	114	3.3	86	27
Poverty related	2.8	188	67	1.1	136	129	0.1	9	93	1.7	43	26
Other/unknown	7.2	387	54	2.6	270	105	0.3	25	74	4.3	92	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 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name						
Anti-infective Agents	0.4	0.1	0.0	0.2	\$20	\$12	\$3	\$6	\$52	\$129	\$63	\$23	135,461	\$7,092,945	31,632	62.6	349,329
Biologicals	0.7	0.0	0.1	0.5	2,750	3	186	2,560	4091	100	1,263	5,206	41	167,735	6	0.0	61
Antineoplastic Agents	0.6	0.1	0.0	0.4	113	79	0	33	199	592	184	77	11,629	2,313,221	2,021	4.0	20,521
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	58	41	6	11	52	106	40	19	299,051	15,546,135	24,443	48.4	267,666
Cardiovascular Agents	2.1	0.8	0.0	1.3	85	62	0	23	41	80	31	17	749,811	30,416,858	33,167	65.7	359,453
Respiratory Agents	0.8	0.4	0.0	0.3	48	42	1	6	61	96	47	17	197,992	12,053,594	22,748	45.0	251,617
Gastrointestinal Agents	0.9	0.5	0.0	0.4	68	60	0	8	76	133	32	18	239,314	18,232,684	24,550	48.6	267,990
Genitourinary Agents	0.6	0.4	0.0	0.2	36	29	1	6	64	78	71	34	50,090	3,225,960	8,168	16.2	90,666
CNS Drugs	1.4	0.6	0.0	0.8	106	82	3	21	74	143	87	26	467,131	34,648,148	30,191	59.8	326,057
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	64	46	1	17	96	128	90	57	3,610	345,288	492	1.0	5,387
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	140	140	0	1	136	137	115	51	48,328	6,579,082	4,516	8.9	46,837
Analgesics and Anesthetics	0.9	0.1	0.1	0.8	44	14	12	18	47	157	201	23	297,026	14,065,080	29,201	57.8	317,527
Neuromuscular Agents	1.0	0.3	0.0	0.7	84	48	4	32	82	160	97	47	200,957	16,498,063	17,791	35.2	195,654
Nutritional Products	0.7	0.0	0.0	0.6	12	0	0	11	18	21	24	18	71,841	1,294,444	10,129	20.0	108,337
Hematological Agents	0.9	0.3	0.0	0.5	60	49	1	10	68	145	43	19	106,562	7,288,497	11,409	22.6	121,858
Topical Products	0.4	0.2	0.0	0.2	22	15	1	6	50	84	54	25	96,024	4,810,166	19,636	38.9	218,825
Miscellaneous Products	0.4	0.1	0.0	0.3	82	67	3	12	216	616	207	46	4,608	993,092	1,160	2.3	12,150
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	27	0	0	0	6,002	160,184	1,935	3.8	21,164
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,985,478</b>	<b>175,731,176</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 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.medispain.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.medispain.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.

Dual Eligible Beneficiaries



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$18,854,905	12,052	23.9	131,965	0.8	\$185	\$143
ULCER DRUGS	15,310,366	25,511	50.5	281,113	0.6	87	54
ANTICONVULSANT	14,237,541	16,366	32.4	180,779	0.8	97	79
ANTIHYPERLIPIDEMIC	14,194,820	18,676	37.0	210,633	0.7	101	67
ANTIDEPRESSANTS	12,199,661	28,026	55.5	304,560	0.7	60	40
ANTIDIABETIC	10,847,967	20,328	40.2	224,268	0.7	66	48
ANTIASTHMATIC	9,575,195	26,396	52.2	291,000	0.5	69	33
ANALGESICS - Narcotic	8,694,090	37,206	73.6	405,535	0.5	42	21
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,663,141	6,332	12.5	66,208	0.7	134	101
ANTIHYPERTENSIVE	6,513,056	23,916	47.3	262,443	0.7	35	25
Total	117,090,742	214,809		2,358,504	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 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 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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 \$ 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 \$ per Benefit Month
<b>All</b>	<b>1,513,971</b>	<b>\$117,090,742</b>	<b>12,052</b>	<b>23.9</b>	<b>131,965</b>	<b>0.8</b>	<b>\$143</b>	<b>25,511</b>	<b>50.5</b>	<b>281,113</b>	<b>0.6</b>	<b>\$55</b>
<b>Female</b>												
All Females	993,845	74,874,099	7,147	23.7	77,883	0.7	127	16,843	55.8	185,895	0.6	55
<b>Female, Disabled</b>												
All Ages	434,483	37,727,040	3,717	27.7	42,041	0.7	149	7,395	55.0	83,121	0.6	56
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	596	63,128	17	39.5	204	0.5	138	17	39.5	196	0.4	25
21-44	106,705	10,736,404	1,606	37.0	18,183	0.6	145	1,902	43.8	21,704	0.5	48
45-64	263,085	22,338,996	1,821	25.7	20,728	0.8	159	4,331	61.2	48,809	0.6	58
65-74	35,021	2,583,880	144	16.1	1,648	0.8	124	544	60.9	6,095	0.6	61
75-84	19,494	1,387,619	75	11.8	778	0.6	93	357	56.2	3,771	0.7	64
85 and older	9,582	617,013	54	12.3	500	0.6	67	244	55.5	2,546	0.6	54
<b>Female, Other Eligibles</b>												
All Ages	559,362	37,147,059	3,430	20.5	35,842	0.8	102	9,448	56.4	102,774	0.7	55
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	38	3,486	1	100.0	12	0.1	27	2	200.0	24	0.5	79
21-44	4,403	435,176	69	28.6	477	0.9	158	87	36.1	587	0.6	59
45-64	1,292	100,844	13	26.5	60	1.3	199	30	61.2	206	0.6	73
65-74	220,787	15,502,622	1,003	16.7	11,105	0.8	130	3,605	60.0	41,079	0.6	56
75-84	196,493	12,741,782	1,264	22.4	13,240	0.8	92	3,203	56.6	34,893	0.7	54
85 and older	136,349	8,363,149	1,080	22.5	10,948	0.7	82	2,521	52.5	25,985	0.7	53
<b>Male</b>												
All Males	520,126	42,216,643	4,905	24.1	54,082	0.8	165	8,668	42.7	95,218	0.6	53
<b>Male, Disabled</b>												
All Ages	310,416	28,324,821	3,585	27.4	40,410	0.8	182	5,089	38.9	56,776	0.6	53
5 and younger	22	2,504	0	0.0	0	0.0	0	1	50.0	12	1.3	203
6-14	9	163	0	0.0	0	0.0	0	2	100.0	24	0.2	2
15-20	888	108,440	13	14.0	154	0.8	237	18	19.4	198	0.4	39
21-44	116,129	11,835,236	1,889	30.5	21,564	0.7	180	1,919	30.9	21,954	0.5	48
45-64	173,685	14,924,730	1,586	26.2	17,651	0.9	188	2,794	46.2	30,733	0.6	56
65-74	14,065	1,045,238	59	12.1	639	1.0	169	242	49.8	2,640	0.6	55
75-84	4,209	315,493	24	15.3	261	0.6	81	71	45.2	797	0.6	71
85 and older	1,409	93,017	14	16.3	141	0.5	87	42	48.8	418	0.7	55

Dual Eligible Beneficiaries

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

All Top 10 Drug Groups					ANTIPSYCHOTICS				ULCER DRUGS			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Benefit Month				Benefit Months Among Users	of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	209,710	13,891,822	1,320	18.2	13,672	0.8	115	3,579	49.4	38,442	0.7	54
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	40	9,358	2	66.7	24	1.1	320	0	0.0	0	0.0	0
21-44	3,267	279,994	39	19.9	301	0.6	127	73	37.2	580	0.5	54
45-64	2,630	199,640	7	4.8	43	0.7	85	54	36.7	361	0.6	74
65-74	115,917	7,944,442	566	14.7	6,209	0.9	143	1,908	49.4	21,329	0.7	55
75-84	65,164	4,091,442	462	21.5	4,694	0.8	94	1,078	50.3	11,516	0.7	54
85 and older	22,692	1,366,946	244	27.2	2,401	0.7	78	466	52.0	4,656	0.7	52
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 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Benefit Month
<b>All</b>	<b>16,366</b>	<b>32.4</b>	<b>180,779</b>	<b>0.8</b>	<b>\$79</b>	<b>18,676</b>	<b>37.0</b>	<b>210,633</b>	<b>0.7</b>	<b>\$67</b>	<b>28,026</b>	<b>55.5</b>	<b>304,560</b>	<b>0.7</b>	<b>\$40</b>
<b>Female</b>															
All Females	9,930	32.9	109,872	0.8	75	11,894	39.4	135,119	0.7	68	19,339	64.0	210,743	0.7	41
<b>Female, Disabled</b>															
All Ages	6,164	45.9	69,397	0.8	90	5,378	40.0	61,178	0.6	62	10,167	75.7	113,651	0.6	41
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	17	39.5	199	0.7	77	1	2.3	12	0.8	80	19	44.2	228	0.4	31
21-44	2,295	52.8	25,935	0.8	104	787	18.1	9,115	0.5	52	3,250	74.8	36,662	0.6	39
45-64	3,329	47.0	37,571	0.8	85	3,673	51.9	41,857	0.6	62	5,868	82.9	65,695	0.6	43
65-74	288	32.3	3,264	0.8	63	540	60.5	6,092	0.7	72	555	62.2	6,083	0.7	39
75-84	164	25.8	1,711	0.7	49	283	44.6	3,071	0.7	72	306	48.2	3,257	0.7	36
85 and older	71	16.1	717	0.6	28	94	21.4	1,031	0.7	66	169	38.4	1,726	0.7	34
<b>Female, Other Eligibles</b>															
All Ages	3,766	22.5	40,475	0.8	50	6,516	38.9	73,941	0.7	72	9,172	54.7	97,092	0.7	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	12	0.1	16	0	0.0	0	0.0	0	2	200.0	24	0.4	11
21-44	109	45.2	747	1.0	123	29	12.0	184	0.7	65	209	86.7	1,419	0.6	48
45-64	24	49.0	174	0.7	86	19	38.8	158	0.8	63	40	81.6	271	0.8	55
65-74	1,545	25.7	17,423	0.8	57	3,485	58.0	40,239	0.7	70	3,218	53.5	36,109	0.7	38
75-84	1,313	23.2	14,091	0.8	42	2,235	39.5	25,229	0.7	75	2,988	52.8	31,570	0.8	43
85 and older	774	16.1	8,028	0.8	42	748	15.6	8,131	0.8	74	2,715	56.5	27,699	0.8	44
<b>Male</b>															
All Males	6,436	31.7	70,907	0.8	84	6,782	33.4	75,514	0.7	67	8,687	42.7	93,817	0.6	38
<b>Male, Disabled</b>															
All Ages	4,820	36.9	53,988	0.8	93	4,106	31.4	46,001	0.6	64	5,815	44.5	64,341	0.6	38
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	23	24.7	266	0.8	151	5	5.4	54	0.7	75	23	24.7	270	0.6	35
21-44	2,360	38.0	26,805	0.8	99	1,169	18.8	13,273	0.6	54	2,768	44.6	31,059	0.5	37
45-64	2,266	37.5	25,007	0.9	88	2,642	43.7	29,428	0.7	66	2,790	46.2	30,479	0.6	39
65-74	129	26.5	1,431	0.8	67	217	44.7	2,449	0.7	78	153	31.5	1,656	0.7	41
75-84	33	21.0	377	0.7	51	59	37.6	654	0.8	93	62	39.5	686	0.7	34
85 and older	9	10.5	102	0.6	43	14	16.3	143	0.8	87	19	22.1	191	0.8	36

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTHYPERLIPIDEMIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month
<b>Male, Other Eligibles</b>															
All Ages	1,616	22.3	16,919	0.9	57	2,676	36.9	29,513	0.7	72	2,872	39.6	29,476	0.7	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.8	136	0	0.0	0	0.0	0	1	33.3	12	0.3	4
21-44	75	38.3	564	0.7	109	44	22.4	390	0.4	43	131	66.8	939	0.6	34
45-64	45	30.6	327	0.9	94	51	34.7	329	0.7	68	80	54.4	504	0.8	56
65-74	869	22.5	9,671	0.9	59	1,772	45.9	20,053	0.7	72	1,272	32.9	14,008	0.7	34
75-84	483	22.5	5,033	0.9	51	677	31.6	7,396	0.8	77	938	43.7	9,725	0.8	39
85 and older	143	16.0	1,312	0.9	32	132	14.7	1,345	0.7	67	450	50.2	4,288	0.7	40
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

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
<b>All</b>	<b>20,328</b>	<b>40.2</b>	<b>224,268</b>	<b>0.7</b>	<b>\$48</b>	<b>26,396</b>	<b>52.2</b>	<b>291,000</b>	<b>0.5</b>	<b>\$33</b>	<b>37,206</b>	<b>73.6</b>	<b>405,535</b>	<b>0.5</b>	<b>\$21</b>
<b>Female</b>															
All Females	13,587	45.0	151,270	0.7	48	17,463	57.8	193,067	0.5	33	24,039	79.6	263,620	0.5	21
<b>Female, Disabled</b>															
All Ages	5,652	42.1	63,463	0.7	51	8,028	59.7	90,605	0.4	33	12,612	93.9	141,734	0.5	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	7.0	34	0.7	36	10	23.3	115	0.5	32	24	55.8	282	0.2	2
21-44	906	20.9	10,385	0.6	49	1,903	43.8	21,830	0.4	26	4,069	93.7	46,298	0.4	19
45-64	3,609	51.0	40,642	0.7	51	4,853	68.5	54,971	0.5	36	6,914	97.6	77,803	0.5	25
65-74	624	69.9	6,928	0.8	57	753	84.3	8,272	0.5	38	785	87.9	8,687	0.5	22
75-84	392	61.7	4,214	0.7	44	343	54.0	3,588	0.4	36	524	82.5	5,555	0.5	22
85 and older	118	26.8	1,260	0.7	42	166	37.7	1,829	0.4	32	296	67.3	3,109	0.4	11
<b>Female, Other Eligibles</b>															
All Ages	7,935	47.3	87,807	0.8	46	9,435	56.3	102,462	0.5	32	11,427	68.2	121,886	0.6	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	200.0	24	0.5	34	1	100.0	12	0.3	1
21-44	27	11.2	230	0.8	61	84	34.9	616	0.4	24	278	115.4	1,821	0.7	39
45-64	16	32.7	148	0.8	50	34	69.4	234	0.6	46	68	138.8	504	0.5	22
65-74	3,737	62.2	42,493	0.8	51	4,113	68.4	46,481	0.5	37	4,531	75.4	50,958	0.5	18
75-84	2,718	48.1	29,986	0.8	44	3,083	54.5	33,394	0.5	32	3,745	66.2	40,365	0.6	21
85 and older	1,437	29.9	14,950	0.8	38	2,119	44.1	21,713	0.4	23	2,804	58.4	28,226	0.7	23
<b>Male</b>															
All Males	6,741	33.2	72,998	0.7	49	8,933	44.0	97,933	0.5	33	13,167	64.8	141,915	0.5	22
<b>Male, Disabled</b>															
All Ages	3,733	28.6	40,917	0.7	50	4,542	34.7	50,710	0.4	31	8,980	68.7	98,622	0.5	23
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.2	2	1	50.0	12	0.1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.1	1
15-20	5	5.4	51	0.3	45	18	19.4	213	0.2	16	30	32.3	344	0.2	4
21-44	953	15.4	10,805	0.7	49	1,489	24.0	17,112	0.4	24	4,233	68.2	47,518	0.4	19
45-64	2,446	40.5	26,482	0.7	51	2,623	43.4	28,988	0.5	34	4,274	70.7	46,119	0.5	27
65-74	248	51.0	2,696	0.8	49	293	60.3	3,131	0.5	36	302	62.1	3,202	0.5	29
75-84	66	42.0	727	0.7	40	85	54.1	933	0.6	46	96	61.1	999	0.4	22
85 and older	15	17.4	156	0.6	23	33	38.4	321	0.4	31	42	48.8	404	0.5	10

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	3,008	41.5	32,081	0.8	47	4,391	60.6	47,223	0.5	35	4,187	57.8	43,293	0.6	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	45	23.0	330	0.8	70	41	20.9	345	0.4	41	222	113.3	1,507	0.7	35
45-64	40	27.2	291	0.8	64	42	28.6	363	0.4	43	144	98.0	935	0.8	44
65-74	1,764	45.7	19,552	0.8	49	2,479	64.2	27,753	0.6	40	2,243	58.1	24,697	0.5	17
75-84	884	41.2	9,134	0.8	45	1,292	60.2	13,722	0.5	31	1,126	52.5	11,755	0.6	19
85 and older	275	30.7	2,774	0.7	35	537	59.9	5,040	0.5	20	452	50.4	4,399	0.6	19
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>6,332</b>	<b>12.5</b>	<b>66,208</b>	<b>0.7</b>	<b>\$101</b>	<b>23,916</b>	<b>47.3</b>	<b>262,443</b>	<b>0.7</b>	<b>\$25</b>	<b>50,520</b>	<b>535,380</b>
<b>Female</b>												
All Females	4,663	15.4	48,895	0.8	102	15,439	51.1	170,150	0.7	26	30,198	321,216
<b>Female, Disabled</b>												
All Ages	858	6.4	9,545	0.5	135	5,465	40.7	61,246	0.7	24	13,437	146,735
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	3
15-20	0	0.0	0	0.0	0	5	11.6	58	0.6	25	43	502
21-44	162	3.7	1,840	0.3	167	875	20.1	10,076	0.6	21	4,344	48,386
45-64	437	6.2	5,010	0.4	146	3,360	47.5	37,845	0.7	24	7,081	77,536
65-74	62	6.9	696	0.6	76	581	65.1	6,432	0.7	28	893	9,641
75-84	108	17.0	1,119	0.8	99	409	64.4	4,323	0.7	24	635	6,336
85 and older	89	20.2	880	0.7	100	235	53.4	2,512	0.7	26	440	4,331
<b>Female, Other Eligibles</b>												
All Ages	3,805	22.7	39,350	0.8	94	9,974	59.5	108,904	0.8	27	16,761	174,481
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	1	12
21-44	10	4.1	65	0.6	674	45	18.7	305	0.7	29	241	1,539
45-64	3	6.1	26	0.5	56	19	38.8	135	0.7	23	49	331
65-74	598	9.9	6,554	0.8	84	3,902	64.9	44,280	0.7	27	6,012	66,138
75-84	1,525	27.0	15,887	0.8	95	3,600	63.7	39,513	0.8	27	5,655	59,576
85 and older	1,669	34.7	16,818	0.8	96	2,408	50.1	24,671	0.8	25	4,803	46,885
<b>Male</b>												
All Males	1,669	8.2	17,313	0.7	96	8,477	41.7	92,293	0.7	23	20,322	214,164
<b>Male, Disabled</b>												
All Ages	520	4.0	5,662	0.5	99	4,557	34.9	50,110	0.7	23	13,074	141,310
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.1	1	2	24
6-14	0	0.0	0	0.0	0	1	50.0	12	0.2	8	2	24
15-20	0	0.0	0	0.0	0	24	25.8	268	0.5	14	93	1,082
21-44	191	3.1	2,156	0.3	113	1,400	22.6	15,670	0.6	21	6,203	69,094
45-64	269	4.4	2,894	0.5	91	2,735	45.2	29,783	0.7	24	6,045	63,522
65-74	21	4.3	223	0.7	79	293	60.3	3,267	0.7	25	486	5,151
75-84	25	15.9	255	0.7	90	75	47.8	803	0.7	22	157	1,592
85 and older	14	16.3	134	0.7	96	27	31.4	283	0.6	14	86	821

Dual Eligible Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	1,149	15.9	11,651	0.8	94	3,920	54.1	42,183	0.8	23	7,248	72,854
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	3	31
21-44	6	3.1	40	0.6	33	52	26.5	399	0.7	21	196	1,277
45-64	4	2.7	42	0.4	45	66	44.9	461	0.7	24	147	896
65-74	329	8.5	3,549	0.8	90	2,266	58.7	25,330	0.7	24	3,861	40,999
75-84	497	23.2	5,040	0.9	97	1,159	54.0	12,357	0.8	23	2,145	21,527
85 and older	313	34.9	2,980	0.8	94	377	42.1	3,636	0.7	19	896	8,124
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 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

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
<b>All</b>	<b>\$414</b>	<b>8.7</b>	<b>6,611</b>	<b>65,593</b>
<b>Age</b>				
0-64	549	10.0	466	5,212
65-74	532	10.7	909	9,619
75-84	435	9.1	2,223	22,048
85 and older	333	7.5	3,013	28,714
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	400	8.5	4,948	49,085
Male	454	9.1	1,663	16,508
Unknown	0	0.0	0	0
<b>Race</b>				
White	414	8.7	6,408	63,574
African American	413	8.8	202	2,007
Other/unknown	640	16.4	1	12
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	402	8.6	6,138	60,330
Disabled	548	10.0	473	5,263
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 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 3,231 beneficiaries who were in nursing facilities for part of their enrollment and their 31,016 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.

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

US PATENTED AND OFF-PATENT DRUGS, NEW APPROVAL, 2005																	
	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$3,253,388	2,508	37.9	26,424	1.0	\$126	\$123
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,077,686	2,707	40.9	27,798	1.0	113	111
ANTIDEPRESSANTS	2,525,234	4,837	73.2	50,111	0.9	56	50
ULCER DRUGS	2,307,960	3,742	56.6	38,955	0.9	68	59
ANTICONVULSANT	1,505,133	2,117	32.0	22,568	1.2	58	67
ANTIDIABETIC	1,304,917	2,801	42.4	29,264	1.0	46	45
ANALGESICS - Narcotic	1,303,911	3,771	57.0	37,429	1.0	36	35
ANTIHYPERTENSIVE	1,102,809	1,300	19.7	13,825	0.9	87	80
ANTIASTHMATIC	913,097	3,510	53.1	35,787	0.5	47	26
MISC. HEMATOLOGICAL	859,050	970	14.7	9,982	0.9	94	86
Total	18,153,185	28,263		292,143	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 3,231 beneficiaries who were in nursing facilities for part of their enrollment and their 31,016 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
<b>All</b>	<b>263,843</b>	<b>\$18,153,185</b>	<b>2,508</b>	<b>37.9</b>	<b>26,424</b>	<b>1.0</b>	<b>\$123</b>	<b>2,707</b>	<b>40.9</b>	<b>27,798</b>	<b>1.0</b>	<b>\$111</b>
<b>Female</b>												
All Females	192,493	13,113,786	1,785	36.1	18,887	0.9	115	2,078	42.0	21,288	1.0	110
<b>Female, Disabled</b>												
All Ages	13,563	1,027,115	122	52.8	1,391	1.2	175	33	14.3	373	0.9	352
64 or younger	13,525	1,023,575	122	53.5	1,391	1.2	175	31	13.6	349	0.9	367
65-74	36	3,393	0	0.0	0	0.0	0	2	100.0	24	1.2	128
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	147	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	178,930	12,086,671	1,663	35.3	17,496	0.9	111	2,045	43.4	20,915	1.0	105
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	33,014	2,276,774	303	54.7	3,389	1.1	155	200	36.1	2,177	1.2	112
75-84	69,684	4,733,418	655	40.9	6,911	0.9	107	781	48.8	8,103	1.0	105
85 and older	76,232	5,076,479	705	27.5	7,196	0.8	94	1,064	41.5	10,635	0.9	104
<b>Male</b>												
All Males	71,350	5,039,399	723	43.5	7,537	1.1	142	629	37.8	6,510	1.0	115
<b>Male, Disabled</b>												
All Ages	13,111	1,079,916	129	53.3	1,387	1.4	222	37	15.3	392	1.3	230
64 or younger	12,833	1,068,331	127	53.4	1,374	1.3	222	37	15.5	392	1.3	230
65-74	278	11,585	2	50.0	13	3.8	258	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	58,239	3,959,483	594	41.8	6,150	1.0	124	592	41.7	6,118	1.0	107
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19,459	1,347,534	191	54.7	2,071	1.2	161	121	34.7	1,323	1.2	114
75-84	25,588	1,745,851	250	40.1	2,554	0.9	112	273	43.8	2,843	1.0	108
85 and older	13,192	866,098	153	34.1	1,525	0.8	95	198	44.1	1,952	0.9	102
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 3,231 beneficiaries who were in nursing facilities for part of their enrollment and their 31,016 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 2005. 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 2005 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					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 \$
<b>All</b>	<b>4,837</b>	<b>73.2</b>	<b>50,111</b>	<b>0.9</b>	<b>\$50</b>	<b>3,742</b>	<b>56.6</b>	<b>38,955</b>	<b>0.9</b>	<b>\$59</b>	<b>2,117</b>	<b>32.0</b>	<b>22,568</b>	<b>1.2</b>	<b>\$67</b>
<b>Female</b>															
All Females	3,718	75.1	38,440	0.9	51	2,770	56.0	28,732	0.9	59	1,436	29.0	15,315	1.1	61
<b>Female, Disabled</b>															
All Ages	188	81.4	2,137	1.0	60	133	57.6	1,492	1.0	59	198	85.7	2,240	1.3	90
64 or younger	187	82.0	2,136	1.0	60	132	57.9	1,491	1.0	59	198	86.8	2,240	1.3	90
65-74	1	50.0	1	1.0	78	1	50.0	1	2.0	29	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
<b>Female, Other Eligibles</b>															
All Ages	3,530	74.8	36,303	0.9	50	2,637	55.9	27,240	0.8	59	1,238	26.2	13,075	1.0	56
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	472	85.2	5,157	1.0	52	352	63.5	3,918	0.9	64	287	51.8	3,248	1.3	83
75-84	1,291	80.7	13,293	0.9	53	933	58.3	9,695	0.8	61	519	32.4	5,424	1.0	49
85 and older	1,767	68.9	17,853	0.9	48	1,352	52.8	13,627	0.8	56	432	16.9	4,403	0.9	45
<b>Male</b>															
All Males	1,119	67.3	11,671	0.9	50	972	58.4	10,223	0.9	60	681	41.0	7,253	1.3	79
<b>Male, Disabled</b>															
All Ages	169	69.8	1,861	1.0	59	151	62.4	1,695	1.0	64	186	76.9	2,079	1.5	112
64 or younger	168	70.6	1,849	1.0	59	146	61.3	1,635	1.0	65	184	77.3	2,055	1.5	112
65-74	1	25.0	12	1.3	60	5	125.0	60	1.4	35	2	50.0	24	1.0	150
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	950	66.9	9,810	0.9	48	821	57.8	8,528	0.9	59	495	34.8	5,174	1.2	65
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	250	71.6	2,763	1.0	49	216	61.9	2,446	1.0	61	188	53.9	2,068	1.3	77
75-84	434	69.7	4,475	0.9	48	359	57.6	3,666	1.0	59	232	37.2	2,388	1.1	65
85 and older	266	59.2	2,572	0.8	46	246	54.8	2,416	0.8	57	75	16.7	718	1.0	33
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 3,231 beneficiaries who were in nursing facilities for part of their enrollment and their 31,016 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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 \$
<b>All</b>	<b>2,801</b>	<b>42.4</b>	<b>29,264</b>	<b>1.0</b>	<b>\$45</b>	<b>3,771</b>	<b>57.0</b>	<b>37,429</b>	<b>1.0</b>	<b>\$35</b>	<b>1,300</b>	<b>19.7</b>	<b>13,825</b>	<b>0.9</b>	<b>\$80</b>
<b>Female</b>															
All Females	2,046	41.4	21,450	1.0	45	2,927	59.2	29,064	1.0	37	919	18.6	9,808	0.9	79
<b>Female, Disabled</b>															
All Ages	141	61.0	1,537	1.1	55	150	64.9	1,667	1.0	27	61	26.4	698	1.0	84
64 or younger	139	61.0	1,535	1.1	55	148	64.9	1,665	1.0	27	61	26.8	698	1.0	84
65-74	1	50.0	1	1.0	110	2	100.0	2	1.5	45	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	1	100.0	1	1.0	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,905	40.4	19,913	0.9	44	2,777	58.9	27,397	1.0	37	858	18.2	9,110	0.9	78
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	414	74.7	4,449	1.0	50	375	67.7	3,869	1.1	43	188	33.9	2,009	0.9	80
75-84	779	48.7	8,243	1.0	45	984	61.5	9,825	1.1	40	398	24.9	4,264	0.9	79
85 and older	712	27.8	7,221	0.9	39	1,418	55.3	13,703	0.9	33	272	10.6	2,837	0.9	77
<b>Male</b>															
All Males	755	45.4	7,814	1.0	45	844	50.8	8,365	0.9	29	381	22.9	4,017	1.0	82
<b>Male, Disabled</b>															
All Ages	112	46.3	1,199	1.0	46	131	54.1	1,442	0.9	35	64	26.4	707	1.0	88
64 or younger	108	45.4	1,162	1.0	46	127	53.4	1,416	0.9	35	64	26.9	707	1.0	88
65-74	4	100.0	37	2.4	43	4	100.0	26	0.7	9	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
<b>Male, Other Eligibles</b>															
All Ages	643	45.2	6,615	1.0	44	713	50.2	6,923	0.9	28	317	22.3	3,310	1.0	81
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	198	56.7	2,254	1.0	46	180	51.6	1,931	0.9	35	107	30.7	1,160	1.0	81
75-84	295	47.4	2,870	1.0	49	310	49.8	2,922	0.9	28	157	25.2	1,641	0.9	86
85 and older	150	33.4	1,491	0.8	34	223	49.7	2,070	0.8	22	53	11.8	509	0.9	68
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 3,231 beneficiaries who were in nursing facilities for part of their enrollment and their 31,016 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIASTHMATIC						MISC. HEMATOLOGICAL					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>3,510</b>	<b>53.1</b>	<b>35,787</b>	<b>0.5</b>	<b>\$26</b>	<b>970</b>	<b>14.7</b>	<b>9,982</b>	<b>0.9</b>	<b>\$86</b>	<b>6,611</b>	<b>65,593</b>
<b>Female</b>												
All Females	2,505	50.6	25,514	0.5	25	694	14.0	7,134	0.9	86	4,948	49,085
<b>Female, Disabled</b>												
All Ages	106	45.9	1,168	0.6	25	16	6.9	191	0.9	99	231	2,593
64 or younger	104	45.6	1,166	0.6	25	16	7.0	191	0.9	99	228	2,579
65-74	1	50.0	1	1.0	15	0	0.0	0	0.0	0	2	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	1	1.0	121	0	0.0	0	0.0	0	1	1
<b>Female, Other Eligibles</b>												
All Ages	2,399	50.9	24,346	0.5	25	678	14.4	6,943	0.9	85	4,717	46,492
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	319	57.6	3,379	0.7	29	81	14.6	868	1.0	86	554	5,830
75-84	903	56.4	9,213	0.6	29	237	14.8	2,453	0.9	87	1,600	15,994
85 and older	1,177	45.9	11,754	0.4	20	360	14.0	3,622	0.9	84	2,563	24,668
<b>Male</b>												
All Males	1,005	60.4	10,273	0.5	28	276	16.6	2,848	1.0	88	1,663	16,508
<b>Male, Disabled</b>												
All Ages	104	43.0	1,117	0.5	38	24	9.9	261	0.9	84	242	2,670
64 or younger	102	42.9	1,104	0.5	39	24	10.1	261	0.9	84	238	2,633
65-74	2	50.0	13	0.2	2	0	0.0	0	0.0	0	4	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	901	63.4	9,156	0.5	26	252	17.7	2,587	1.0	88	1,421	13,838
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	225	64.5	2,498	0.6	36	67	19.2	733	1.2	92	349	3,739
75-84	367	58.9	3,743	0.5	24	112	18.0	1,184	1.0	91	623	6,054
85 and older	309	68.8	2,915	0.5	21	73	16.3	670	0.9	79	449	4,045
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 3,231 beneficiaries who were in nursing facilities for part of their enrollment and their 31,016 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
DELAWARE, 2005

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
<b>All</b>	<b>29,323</b>	<b>58.0</b>	<b>5.9</b>	<b>296,606</b>	<b>\$92</b>	<b>\$4,669,405</b>	<b>\$16</b>	<b>2.7</b>	<b>50,520</b>
<b>Age</b>									
5 and younger	2	100.0	27.0	54	1,608	3,216	60	13.7	2
6-14	2	66.7	5.0	15	123	368	25	3.5	3
15-20	50	35.7	2.4	336	61	8,490	25	2.8	140
21-44	5,758	52.4	4.7	51,299	80	874,346	17	2.7	10,984
45-64	8,267	62.1	6.5	86,884	112	1,493,381	17	2.7	13,322
65-74	6,645	59.1	6.3	70,869	93	1,042,103	15	2.6	11,252
75-84	5,060	58.9	6.2	53,220	88	753,956	14	2.6	8,592
85 and older	3,539	56.9	5.5	33,929	79	493,545	15	2.8	6,225
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	13,523	57.9	6.0	138,950	86	1,997,899	14	2.6	23,347
Disabled	15,446	58.3	5.8	155,058	99	2,633,802	17	2.7	26,511
Adults	351	53.8	4.0	2,581	57	37,412	14	2.7	653
Children	1	14.3	1.3	9	22	156	17	0.7	7
Unknown	2	100.0	4.0	8	68	136	17	2.3	2
<b>Gender</b>									
Female	19,160	63.4	6.7	201,455	102	3,074,540	15	2.7	30,198
Male	10,163	50.0	4.7	95,151	78	1,594,865	17	2.6	20,322
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	28,460	58.5	5.9	289,397	91	4,411,828	15	2.6	48,689
African American	851	47.0	3.9	7,068	141	255,282	36	4.7	1,809
Other/unknown	12	54.5	6.4	141	104	2,295	16	2.8	22
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	3,812	57.7	7.0	46,018	98	649,546	14	2.4	6,611
Part year	2,223	68.8	6.8	21,957	97	313,459	14	2.6	3,231
None	23,288	57.2	5.6	228,631	91	3,706,400	16	2.7	40,678
<b>Maintenance Assistance Status</b>									
Cash	17,355	57.7	5.8	173,710	89	2,688,164	15	2.6	30,096
Medically needy	1,890	53.7	3.9	13,665	62	216,296	16	2.4	3,517
Poverty related	654	53.7	3.2	3,854	52	62,898	16	2.7	1,218
Other/unknown	9,424	60.1	6.7	105,377	108	1,702,047	16	2.8	15,689

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 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 2005.

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<sup>a,b</sup>  
DELAWARE, 2005

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
<b>All</b>	<b>0.6</b>	<b>\$9</b>	<b>\$16</b>	<b>\$0</b>	<b>\$4</b>	<b>535,380</b>
<b>Age</b>						
5 and younger	2.3	134	60	0	0	24
6-14	0.6	14	25	0	0	27
15-20	0.2	5	25	0	1	1,627
21-44	0.4	7	17	0	4	120,296
45-64	0.6	10	17	0	5	142,285
65-74	0.6	9	15	0	3	121,929
75-84	0.6	8	14	0	3	89,031
85 and older	0.6	8	15	0	2	60,161
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	8	14	0	3	243,116
Disabled	0.5	9	17	0	4	288,045
Adults	0.6	9	14	0	5	4,129
Children	0.1	2	17	0	0	66
Unknown	0.3	6	17	0	0	24
<b>Gender</b>						
Female	0.6	10	15	0	4	321,216
Male	0.4	7	17	0	3	214,164
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	9	15	0	4	516,237
African American	0.4	14	36	0	2	18,891
Other/unknown	0.6	9	16	0	3	252
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	10	14	0	3	65,593
Part year	0.7	10	14	0	4	31,016
None	0.5	8	16	0	4	438,771
<b>Maintenance Assistance Status</b>						
Cash	0.5	8	15	0	3	341,422
Medically needy	0.6	9	16	0	5	24,160
Poverty related	0.3	5	16	0	3	12,504
Other/unknown	0.7	11	16	0	4	157,294

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 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 2005.

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<sup>a,b,c</sup>  
DELAWARE, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>46,611</b>	<b>\$100</b>	<b>\$4,669,405</b>	<b>100.0</b>	<b>296,606</b>	<b>\$16</b>	<b>100.0</b>	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	5	60	300	0.0	8	38	0.0	
Drugs for cosmetic purposes	16	29	462	0.0	39	12	0.0	
Cough and cold medications	7,990	42	333,775	7.1	18,025	19	6.1	
Vitamins and minerals	9,934	128	1,269,445	27.2	70,664	18	23.8	
Non-prescription drugs	10,405	80	830,058	17.8	53,337	16	18.0	
Barbiturates	850	67	56,843	1.2	10,662	5	3.6	
Benzodiazepines	16,212	117	1,890,555	40.5	139,426	14	47.0	
Other Part D Excl Rx Drugs	1,199	240	287,967	6.2	4,445	65	1.5	

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 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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries: 50,520  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$175,731,176  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,478

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,135	10.2	\$0	0.0
1-500	7,200	14.3	1,503,314	0.9
501-1,000	4,408	8.7	3,262,518	1.9
1,001-1,500	3,730	7.4	4,654,238	2.6
1,501-2,000	3,198	6.3	5,582,039	3.2
2,001-2,500	2,937	5.8	6,589,098	3.7
2,501-3,000	2,689	5.3	7,379,833	4.2
3,001-3,500	2,564	5.1	8,334,339	4.7
3,501-4,000	2,254	4.5	8,451,017	4.8
4,001-4,500	2,038	4.0	8,655,422	4.9
4,501-5,000	1,777	3.5	8,439,566	4.8
5,001-5,500	1,677	3.3	8,798,548	5.0
5,501-6,000	1,454	2.9	8,349,619	4.8
6,001-6,500	1,185	2.3	7,406,648	4.2
6,501-7,000	1,092	2.2	7,361,620	4.2
7,001-7,500	960	1.9	6,959,157	4.0
7,501-8,000	788	1.6	6,105,386	3.5
8,001-8,500	680	1.3	5,608,105	3.2
8,501-9,000	611	1.2	5,345,480	3.0
9,001-9,500	511	1.0	4,723,008	2.7
9,501-10,000	417	0.8	4,065,136	2.3
10,001+	3,215	6.4	48,157,085	27.4

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. 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 2005.

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<sup>a, b, c</sup>  
 DELAWARE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 23,814  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$86,169,495  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,618

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	2,789	11.7	0	0.0
1-500	4,042	17.0	803,065	0.9
501-1,000	2,185	9.2	1,600,981	1.9
1,001-1,500	1,635	6.9	2,038,168	2.4
1,501-2,000	1,396	5.9	2,433,953	2.8
2,001-2,500	1,197	5.0	2,681,704	3.1
2,501-3,000	1,113	4.7	3,054,102	3.5
3,001-3,500	1,008	4.2	3,274,921	3.8
3,501-4,000	849	3.6	3,185,913	3.7
4,001-4,500	810	3.4	3,441,160	4.0
4,501-5,000	707	3.0	3,362,118	3.9
5,001-5,500	674	2.8	3,537,483	4.1
5,501-6,000	606	2.5	3,485,319	4.0
6,001-6,500	502	2.1	3,139,731	3.6
6,501-7,000	467	2.0	3,152,848	3.7
7,001-7,500	406	1.7	2,943,242	3.4
7,501-8,000	351	1.5	2,719,543	3.2
8,001-8,500	335	1.4	2,767,085	3.2
8,501-9,000	283	1.2	2,476,043	2.9
9,001-9,500	241	1.0	2,226,711	2.6
9,501-10,000	208	0.9	2,029,048	2.4
10,001+	2,010	8.4	31,816,357	36.9

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. 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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 26,069  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$88,161,963  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,381

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	2,277	8.7	0	0.0
1-500	2,975	11.4	663,855	0.8
501-1,000	2,133	8.2	1,594,407	1.8
1,001-1,500	2,057	7.9	2,567,594	2.9
1,501-2,000	1,770	6.8	3,090,742	3.5
2,001-2,500	1,700	6.5	3,818,518	4.3
2,501-3,000	1,550	5.9	4,254,286	4.8
3,001-3,500	1,533	5.9	4,984,862	5.7
3,501-4,000	1,385	5.3	5,189,861	5.9
4,001-4,500	1,202	4.6	5,104,028	5.8
4,501-5,000	1,060	4.1	5,029,932	5.7
5,001-5,500	992	3.8	5,203,285	5.9
5,501-6,000	839	3.2	4,812,500	5.5
6,001-6,500	677	2.6	4,229,075	4.8
6,501-7,000	620	2.4	4,175,312	4.7
7,001-7,500	547	2.1	3,965,187	4.5
7,501-8,000	434	1.7	3,362,227	3.8
8,001-8,500	343	1.3	2,824,716	3.2
8,501-9,000	324	1.2	2,834,237	3.2
9,001-9,500	264	1.0	2,441,344	2.8
9,501-10,000	202	0.8	1,967,736	2.2
10,001+	1,185	4.5	16,048,259	18.2

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. 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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 11,252  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$40,867,187  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,632

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	1,161	10.3		0	0.0
1-500	1,149	10.2		248,252	0.6
501-1,000	835	7.4		623,681	1.5
1,001-1,500	822	7.3		1,023,676	2.5
1,501-2,000	725	6.4		1,271,614	3.1
2,001-2,500	663	5.9		1,486,822	3.6
2,501-3,000	615	5.5		1,688,151	4.1
3,001-3,500	610	5.4		1,985,976	4.9
3,501-4,000	592	5.3		2,219,586	5.4
4,001-4,500	516	4.6		2,192,466	5.4
4,501-5,000	478	4.2		2,268,958	5.6
5,001-5,500	424	3.8		2,224,900	5.4
5,501-6,000	374	3.3		2,146,146	5.3
6,001-6,500	303	2.7		1,893,031	4.6
6,501-7,000	325	2.9		2,187,818	5.4
7,001-7,500	245	2.2		1,776,256	4.3
7,501-8,000	206	1.8		1,596,839	3.9
8,001-8,500	162	1.4		1,334,128	3.3
8,501-9,000	144	1.3		1,261,077	3.1
9,001-9,500	137	1.2		1,264,881	3.1
9,501-10,000	105	0.9		1,022,834	2.5
10,001+	661	5.9		9,150,095	22.4

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. 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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,592  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$29,521,599  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,435

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	699	8.1	0	0.0
1-500	943	11.0	216,459	0.7
501-1,000	681	7.9	510,215	1.7
1,001-1,500	635	7.4	795,112	2.7
1,501-2,000	568	6.6	995,130	3.4
2,001-2,500	596	6.9	1,337,253	4.5
2,501-3,000	520	6.1	1,427,525	4.8
3,001-3,500	535	6.2	1,737,949	5.9
3,501-4,000	469	5.5	1,755,684	5.9
4,001-4,500	419	4.9	1,779,192	6.0
4,501-5,000	344	4.0	1,633,651	5.5
5,001-5,500	362	4.2	1,898,892	6.4
5,501-6,000	290	3.4	1,664,532	5.6
6,001-6,500	229	2.7	1,430,467	4.8
6,501-7,000	183	2.1	1,232,395	4.2
7,001-7,500	179	2.1	1,298,739	4.4
7,501-8,000	148	1.7	1,146,262	3.9
8,001-8,500	130	1.5	1,071,125	3.6
8,501-9,000	118	1.4	1,032,331	3.5
9,001-9,500	95	1.1	880,590	3.0
9,501-10,000	69	0.8	672,807	2.3
10,001+	380	4.4	5,005,289	17.0

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. 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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 6,225  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$17,773,177  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,855

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	417	6.7	0	0.0
1-500	883	14.2	199,144	1.1
501-1,000	617	9.9	460,511	2.6
1,001-1,500	600	9.6	748,806	4.2
1,501-2,000	477	7.7	823,998	4.6
2,001-2,500	441	7.1	994,443	5.6
2,501-3,000	415	6.7	1,138,610	6.4
3,001-3,500	388	6.2	1,260,937	7.1
3,501-4,000	324	5.2	1,214,591	6.8
4,001-4,500	267	4.3	1,132,370	6.4
4,501-5,000	238	3.8	1,127,323	6.3
5,001-5,500	206	3.3	1,079,493	6.1
5,501-6,000	175	2.8	1,001,822	5.6
6,001-6,500	145	2.3	905,577	5.1
6,501-7,000	112	1.8	755,099	4.2
7,001-7,500	123	2.0	890,192	5.0
7,501-8,000	80	1.3	619,126	3.5
8,001-8,500	51	0.8	419,463	2.4
8,501-9,000	62	1.0	540,829	3.0
9,001-9,500	32	0.5	295,873	1.7
9,501-10,000	28	0.4	272,095	1.5
10,001+	144	2.3	1,892,875	10.7

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. 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 2005.

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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months						
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown		All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>50,524</b>	<b>23,347</b>	<b>26,512</b>	<b>656</b>	<b>7</b>	<b>2</b>		<b>537,161</b>	<b>243,124</b>	<b>288,901</b>	<b>5,046</b>	<b>66</b>	<b>24</b>	
<b>Age</b>														
5 and younger	2	0	2	0	0	0		24	0	24	0	0	0	
6-14	3	0	3	0	0	0		27	0	27	0	0	0	
15-20	140	0	136	0	4	0		1,635	0	1,592	0	43	0	
21-44	10,985	0	10,548	436	1	0		121,653	0	118,157	3,492	4	0	
45-64	13,325	0	13,126	195	2	2		142,690	0	141,229	1,418	19	24	
65-74	11,252	9,852	1,379	21	0	0		121,936	107,024	14,792	120	0	0	
75-84	8,592	7,798	792	2	0	0		89,035	81,094	7,928	13	0	0	
85 and older	6,225	5,697	526	2	0	0		60,161	55,006	5,152	3	0	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
<b>Gender</b>														
Female	30,198	16,463	13,437	293	3	2		322,273	172,571	147,248	2,399	31	24	
Male	20,326	6,884	13,075	363	4	0		214,888	70,553	141,653	2,647	35	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
<b>Race</b>														
White	48,693	22,565	25,497	622	7	2		517,948	235,010	278,067	4,781	66	24	
African American	1,809	772	1,003	34	0	0		18,961	8,005	10,691	265	0	0	
Other/unknown	22	10	12	0	0	0		252	109	143	0	0	0	
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	6,611	6,138	473	0	0	0		65,593	60,330	5,263	0	0	0	
Part year	3,231	2,844	387	0	0	0		31,016	27,154	3,862	0	0	0	
None	40,682	14,365	25,652	656	7	2		440,552	155,640	279,776	5,046	66	24	
<b>Maintenance Assistance Status</b>														
Cash	30,100	12,799	17,154	147	0	0		342,499	145,673	195,593	1,233	0	0	
Medically needy	3,517	927	2,205	385	0	0		24,546	6,021	15,673	2,852	0	0	
Poverty related	1,218	341	848	26	1	2		12,674	3,574	8,861	208	7	24	
Other/unknown	15,689	9,280	6,305	98	6	0		157,442	87,856	68,774	753	59	0	
<b>Dual Status<sup>d</sup></b>														
Full dual, all year	48,764	22,812	25,342	601	7	2		518,678	237,501	276,615	4,472	66	24	
Full dual, part year	1,760	535	1,170	55	0	0		18,483	5,623	12,286	574	0	0	
<b>Managed Care (MC) Status</b>														
Fee-for-service (FFS) all year	50,125	23,344	26,327	445	7	2		533,116	243,093	286,893	3,040	66	24	
FFS part year, with Rx claims	318	3	163	152	0	0		3,292	31	1,765	1,496	0	0	
FFS part year, no Rx claims	10	0	4	6	0	0		74	0	32	42	0	0	
MC all year, with Rx claims	67	0	17	50	0	0		638	0	199	439	0	0	
MC all year, no Rx claims	3	0	0	3	0	0		29	0	0	29	0	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 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 2005. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

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
<b>All</b>	<b>50,524</b>	<b>537,161</b>	<b>50,520</b>	<b>535,380</b>	<b>0</b>	<b>1,781</b>
Fee-for-service (FFS) all year	50,125	533,116	50,125	533,116	0	0
FFS part year, with Rx claims	318	3,292	318	1,580	0	1,712
FFS part year, with no Rx claims	10	74	10	46	0	28
Managed care (MC) all year, with Rx claims	67	638	67	638	0	0
MC all year, with no Rx claims	3	29	0	0	0	29

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. 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.

Dual Eligible Beneficiaries