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

LIST OF TABLES

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
NONDUAL 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
All	**303,826**	**522**	**71,711**	**56,967**	**174,429**	**197**	**2,148,556**	**4,756**	**750,865**	**268,320**	**1,122,598**	**2,017**
Age												
5 and younger	66,947	0	2,135	0	64,812	0	424,305	0	19,226	0	405,079	0
6-14	82,402	0	6,469	32	75,901	0	571,101	0	68,964	230	501,907	0
15-20	43,221	0	5,064	4,505	33,651	1	290,754	0	53,957	21,565	215,231	1
21-44	75,553	0	26,284	49,181	60	28	506,073	0	275,080	230,336	370	287
45-64	35,012	0	31,594	3,247	3	168	350,538	0	332,627	16,175	7	1,729
65-74	337	201	134	2	0	0	2,723	1,945	764	14	0	0
75-84	191	177	14	0	0	0	1,618	1,517	101	0	0	0
85 and older	161	144	17	0	0	0	1,440	1,294	146	0	0	0
Unknown	2	0	0	0	2	0	4	0	0	0	4	0
Gender												
Female	172,406	327	37,757	47,101	87,024	197	1,189,362	2,939	399,350	225,472	559,584	2,017
Male	131,420	195	33,954	9,866	87,405	0	959,194	1,817	351,515	42,848	563,014	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	286,706	485	68,806	53,672	163,553	190	2,035,968	4,438	721,140	253,090	1,055,353	1,947
African American	16,761	32	2,855	3,245	10,622	7	109,964	282	29,204	15,005	65,403	70
Other/unknown	359	5	50	50	254	0	2,624	36	521	225	1,842	0
Use of Nursing Facilities[c]												
Entire year	488	140	348	0	0	0	4,991	1,354	3,637	0	0	0
Part year	527	40	480	7	0	0	5,347	403	4,895	49	0	0
None	302,811	342	70,883	56,960	174,429	197	2,138,218	2,999	742,333	268,271	1,122,598	2,017
Maintenance Assistance Status												
Cash	81,130	276	59,937	20,608	309	0	763,062	2,669	659,692	98,739	1,962	0
Medically needy	23,275	55	9,398	12,978	844	0	135,655	373	68,537	61,579	5,166	0
Poverty-related	11,227	3	16	2,933	8,078	197	63,095	35	77	12,986	47,980	2,017
Other/unknown	188,194	188	2,360	20,448	165,198	0	1,186,744	1,679	22,559	95,016	1,067,490	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	138,106	522	67,850	23,172	46,370	192	1,229,181	4,756	725,997	113,700	382,733	1,995
FFS part year, with Rx claims	90,462	0	2,908	24,626	62,923	5	313,137	0	14,972	92,958	205,185	22
FFS part year, no Rx claims	25,893	0	183	3,775	21,935	0	83,976	0	912	12,603	70,461	0

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.
a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**79.4**	**15.6**	**$962**	**$62**	**$3,702**	**26.0**	**303,826**
Age							
5 and younger	78.5	5.6	267	48	1,724	15.5	66,947
6-14	77.0	7.4	508	68	2,039	24.9	82,402
15-20	76.1	8.7	545	63	3,136	17.4	43,221
21-44	81.1	19.9	1,210	61	4,468	27.1	75,553
45-64	87.5	53.2	3,322	62	10,214	32.5	35,012
65-74	68.0	32.5	1,690	52	10,951	15.4	337
75-84	59.2	38.9	1,830	47	17,167	10.7	191
85 and older	73.3	46.6	1,906	41	23,133	8.2	161
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility[e]							
Aged	65.9	40.9	1,921	47	17,411	11.0	522
Disabled	86.1	41.0	2,782	68	9,867	28.2	71,711
Adults	79.3	12.3	572	47	2,222	25.7	56,967
Children	76.7	6.2	336	54	1,600	21.0	174,429
Unknown	95.4	40.2	3,248	81	12,763	25.5	197
Gender							
Female	81.4	17.6	1,031	59	3,668	28.1	172,406
Male	76.7	13.0	872	67	3,747	23.3	131,420
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	80.0	16.0	985	62	3,745	26.3	286,706
African American	69.9	9.4	582	62	2,950	19.7	16,761
Other/unknown	66.9	11.4	805	71	4,399	18.3	359
Use of Nursing Facilities[f]							
Entire year	98.8	106.6	5,559	52	59,730	9.3	488
Part year	98.9	95.3	5,636	59	51,989	10.8	527
None	79.3	15.4	947	62	3,528	26.8	302,811
Maintenance Assistance Status							
Cash	84.6	35.5	2,327	66	7,704	30.2	81,130
Medically needy	79.5	20.1	1,219	61	4,985	24.5	23,275
Poverty related	75.8	6.2	286	46	1,624	17.6	11,227
Other/unknown	77.3	7.1	382	54	1,942	19.7	188,194

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 ND.3 includes beneficiaries represented by Cell K of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. 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 fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**2.2**	**$136**	**26.0**	**20.6**	**40.3**	**10.9**	**14.6**	**8.7**	**5.0**	**$524**	**303,826**	**2,148,556**
Age												
5 and younger	0.9	42	15.5	21.5	54.0	9.4	8.6	3.9	2.5	272	66,947	424,305
6-14	1.1	73	24.9	23.0	48.8	10.2	10.3	4.2	3.4	294	82,402	571,101
15-20	1.3	81	17.4	23.9	44.0	11.7	12.1	4.6	3.7	466	43,221	290,754
21-44	3.0	181	27.1	18.9	29.5	13.5	20.5	11.3	6.4	667	75,553	506,073
45-64	5.3	332	32.5	12.5	13.5	8.8	26.0	27.2	12.0	1,020	35,012	350,538
65-74	4.0	209	15.4	32.0	9.8	7.4	20.2	19.0	11.6	1,355	337	2,723
75-84	4.6	216	10.7	40.8	5.8	4.7	16.2	21.5	11.0	2,027	191	1,618
85 and older	5.2	213	8.2	26.7	8.1	5.0	23.6	24.2	12.4	2,586	161	1,440
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
Basis of Eligibility[e]												
Aged	4.5	211	11.0	34.1	9.0	6.1	19.7	19.0	12.1	1,911	522	4,756
Disabled	3.9	266	28.2	13.9	23.5	11.3	24.2	19.5	7.6	942	71,711	750,865
Adults	2.6	121	25.7	20.7	31.1	13.9	18.2	9.0	7.1	472	56,967	268,320
Children	1.0	52	21.0	23.3	50.3	9.7	9.4	4.1	3.2	249	174,429	1,122,598
Unknown	3.9	317	25.5	4.6	15.2	18.3	38.6	21.3	2.0	1,247	197	2,017
Gender												
Female	2.6	149	28.1	18.6	38.7	11.4	15.5	9.9	6.0	532	172,406	1,189,362
Male	1.8	119	23.3	23.3	42.4	10.2	13.3	7.1	3.7	513	131,420	959,194
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.3	139	26.3	20.0	40.3	11.0	14.8	8.8	5.1	527	286,706	2,035,968
African American	1.4	89	19.7	30.1	41.1	9.4	10.9	5.5	2.9	450	16,761	109,964
Other/unknown	1.6	110	18.3	33.1	39.0	7.8	12.3	4.2	3.6	602	359	2,624
Use of Nursing Facilities[f]												
Entire year	10.4	544	9.3	1.2	3.3	3.5	17.0	31.6	43.4	5,840	488	4,991
Part year	9.4	555	10.8	1.1	2.5	3.8	21.1	36.6	34.9	5,124	527	5,347
None	2.2	134	26.8	20.7	40.4	10.9	14.5	8.6	4.9	500	302,811	2,138,218
Maintenance Assistance Status												
Cash	3.8	247	30.2	15.4	25.2	11.4	22.4	17.2	8.3	819	81,130	763,062
Medically needy	3.5	209	24.5	20.5	23.8	12.4	22.4	13.9	6.9	855	23,275	135,655
Poverty related	1.1	51	17.6	24.2	48.3	10.7	9.9	4.3	2.5	289	11,227	63,095
Other/unknown	1.1	61	19.7	22.7	48.4	10.4	10.5	4.6	3.5	308	188,194	1,186,744

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. 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.

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

NONDUAL 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
All	**2.2**	**$136**	**$62**	**0.8**	**$99**	**$120**	**0.1**	**$7**	**$73**	**1.3**	**$30**	**$24**
Age												
5 and younger	0.9	42	48	0.3	31	95	0.1	2	35	0.5	9	18
6-14	1.1	73	68	0.5	58	108	0.1	4	60	0.5	12	24
15-20	1.3	81	63	0.5	61	118	0.1	4	58	0.7	16	23
21-44	3.0	181	61	1.0	127	132	0.1	10	86	1.9	44	23
45-64	5.3	332	62	2.0	237	121	0.2	15	94	3.2	80	25
65-74	4.0	209	52	1.5	151	99	0.1	6	46	2.3	52	22
75-84	4.6	216	47	1.6	153	98	0.2	11	57	2.8	52	18
85 and older	5.2	213	41	1.6	138	89	0.3	13	53	3.4	61	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.5	211	47	1.5	147	95	0.2	10	54	2.7	53	19
Disabled	3.9	266	68	1.5	195	132	0.1	12	93	2.3	59	25
Adults	2.6	121	47	0.8	80	105	0.1	7	68	1.7	35	20
Children	1.0	52	54	0.4	39	95	0.1	3	48	0.5	10	21
Unknown	3.9	317	81	1.6	258	160	0.1	8	75	2.2	51	23
Gender												
Female	2.6	149	59	0.9	107	117	0.1	8	71	1.5	35	23
Male	1.8	119	67	0.7	89	124	0.1	6	77	1.0	25	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.3	139	62	0.8	101	119	0.1	7	73	1.3	31	24
African American	1.4	89	62	0.5	66	123	0.1	4	68	0.8	19	23
Other/unknown	1.6	110	71	0.7	88	129	0.1	4	73	0.8	17	22
Use of Nursing Facilities[e]												
Entire year	10.4	544	52	3.5	370	104	0.4	32	74	6.4	141	22
Part year	9.4	555	59	2.9	376	127	0.3	33	105	6.1	147	24
None	2.2	134	62	0.8	97	120	0.1	7	73	1.3	30	24
Maintenance Assistance Status												
Cash	3.8	247	66	1.4	180	130	0.1	12	89	2.3	56	25
Medically needy	3.5	209	61	1.2	148	127	0.1	11	97	2.2	50	23
Poverty related	1.1	51	46	0.4	37	92	0.1	3	39	0.6	12	18
Other/unknown	1.1	61	54	0.5	44	98	0.1	4	51	0.6	13	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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	$19	$10	$3	$6	$48	$102	$66	$23	543,113	$26,175,937	176,518	58.1	1,383,617
Biologicals	0.5	0.5	0.0	0.0	551	516	11	24	1124	1,088	1,955	2,296	2,634	2,960,400	791	0.3	5,374
Antineoplastic Agents	0.6	0.2	0.0	0.4	179	154	2	23	281	683	315	57	11,256	3,158,659	1,778	0.6	17,672
Endocrine/Metabolic Drugs	0.7	0.2	0.1	0.4	39	27	4	9	58	116	57	23	390,298	22,557,121	69,171	22.8	578,122
Cardiovascular Agents	1.5	0.6	0.0	0.8	66	53	0	14	45	83	36	16	613,914	27,688,012	42,829	14.1	416,408
Respiratory Agents	0.6	0.3	0.0	0.3	34	28	1	4	55	89	33	17	618,420	33,810,154	121,982	40.1	985,847
Gastrointestinal Agents	0.6	0.4	0.0	0.3	57	52	0	5	88	141	40	18	274,001	24,133,964	46,639	15.4	425,622
Genitourinary Agents	0.3	0.2	0.0	0.2	19	13	1	4	55	83	58	27	49,266	2,726,662	17,757	5.8	144,189
CNS Drugs	1.2	0.5	0.0	0.7	91	72	1	17	75	146	88	25	745,750	55,797,375	68,945	22.7	614,299
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	94	84	0	9	92	105	93	45	155,928	14,420,498	18,079	6.0	153,985
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.1	159	155	0	4	281	318	106	55	7,554	2,120,757	1,319	0.4	13,334
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	28	9	5	14	37	178	232	21	619,279	22,954,490	99,165	32.6	816,748
Neuromuscular Agents	0.8	0.3	0.0	0.5	78	52	3	23	95	172	106	47	339,750	32,146,203	44,965	14.8	413,221
Nutritional Products	0.5	0.1	0.0	0.3	9	3	0	6	18	25	14	16	68,681	1,248,109	17,957	5.9	138,536
Hematological Agents	0.7	0.3	0.0	0.4	68	59	1	7	99	196	45	21	66,123	6,549,110	10,202	3.4	96,646
Topical Products	0.3	0.1	0.0	0.2	16	10	0	5	51	87	50	28	234,616	11,924,647	91,615	30.2	742,168
Miscellaneous Products	0.6	0.2	0.0	0.3	161	121	11	29	263	507	266	87	6,411	1,687,292	1,061	0.3	10,476
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	36	0	0	0	6,601	239,731	3,227	1.1	30,319
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,753,595	292,299,121	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTICONVULSANT	$28,716,165	34,291	11.3	334,155	0.7	$120	$86
ANTIPSYCHOTICS	27,543,622	21,917	7.2	218,445	0.6	198	126
ANTIASTHMATIC	23,371,140	94,327	31.0	820,223	0.4	70	28
ANTIDEPRESSANTS	22,146,200	65,135	21.4	599,973	0.6	66	37
ULCER DRUGS	20,275,477	46,064	15.2	434,589	0.5	94	47
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	14,420,981	22,494	7.4	192,727	0.8	92	75
ANTIHYPERLIPIDEMIC	14,290,845	22,265	7.3	238,371	0.6	102	60
ANALGESICS - Narcotic	13,333,178	118,870	39.1	1,002,194	0.4	32	13
ANTIDIABETIC	12,141,782	22,655	7.5	233,665	0.7	76	52
DERMATOLOGICAL	8,543,704	85,957	28.3	712,141	0.2	54	12
Total	184,783,094	533,975		4,786,483	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Nondual Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**2,300,283**	**$184,783,094**	**34,291**	**11.3**	**334,155**	**0.7**	**$86**	**21,917**	**7.2**	**218,445**	**0.6**	**$126**
Female												
All Females	1,413,802	110,171,818	21,690	12.6	207,101	0.7	86	12,388	7.2	121,149	0.6	119
Female, Disabled												
All Ages	944,510	80,829,280	14,638	38.8	162,239	0.7	86	8,582	22.7	95,318	0.6	128
5 and younger	4,653	404,390	141	17.6	1,480	0.9	115	23	2.9	273	0.5	81
6-14	22,037	2,217,001	470	22.1	5,124	0.9	143	300	14.1	3,232	0.6	103
15-20	21,249	2,082,463	590	30.4	6,389	0.8	119	414	21.4	4,398	0.6	109
45-64	299,786	26,711,472	6,159	44.0	67,362	0.7	91	3,861	27.6	42,457	0.6	123
45-64	595,482	49,324,335	7,265	38.7	81,804	0.7	76	3,979	21.2	44,914	0.7	136
65-74	885	66,691	12	14.3	71	0.9	59	4	4.8	42	0.5	84
75-84	234	12,434	1	10.0	9	0.8	3	1	10.0	2	1.0	13
85 and older	184	10,494	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	469,292	29,342,538	7,052	5.2	44,862	0.7	85	3,806	2.8	25,831	0.6	87
5 and younger	45,620	2,468,065	166	0.5	1,193	0.7	117	46	0.1	317	0.6	89
6-14	98,520	7,231,253	767	2.0	5,932	0.7	95	629	1.7	5,122	0.7	99
15-20	69,135	4,504,292	1,113	5.1	8,331	0.6	88	847	3.9	6,599	0.6	89
21-44	227,305	13,205,977	4,622	11.3	26,828	0.8	83	2,110	5.2	12,410	0.6	82
45-64	23,648	1,618,758	331	15.2	2,082	0.8	67	117	5.4	821	0.5	59
65-74	1,994	125,239	23	20.2	199	0.9	63	19	16.7	176	1.2	127
75-84	1,388	105,303	11	11.1	124	1.0	84	18	18.2	191	0.8	112
85 and older	1,682	83,651	19	16.5	173	0.7	23	20	17.4	195	0.7	89
Male												
All Males	886,481	74,611,276	12,601	9.6	127,054	0.7	86	9,529	7.3	97,296	0.7	135
Male, Disabled												
All Ages	575,927	51,631,488	9,429	27.8	103,951	0.7	86	6,820	20.1	75,313	0.7	142
5 and younger	7,418	729,855	165	12.4	1,655	0.9	157	65	4.9	639	0.6	94
6-14	59,099	6,100,944	1,029	23.7	11,333	0.8	112	1,049	24.1	11,261	0.7	130
15-20	32,282	3,363,932	712	22.8	7,912	0.8	105	737	23.6	8,122	0.6	126
21-44	182,974	17,277,826	3,978	32.4	43,743	0.7	86	3,001	24.4	33,308	0.6	148
45-64	293,659	24,131,504	3,538	27.6	39,262	0.7	71	1,967	15.4	21,982	0.7	148
65-74	412	23,080	7	14.0	46	0.8	58	1	2.0	1	2.0	8
75-84	52	3,024	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	31	1,323	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups			ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles												
All Ages	310,554	22,979,788	3,172	3.3	23,103	0.7	86	2,709	2.8	21,983	0.7	110
5 and younger	55,764	3,338,354	214	0.6	1,715	0.6	101	75	0.2	597	0.5	78
6-14	143,255	11,527,013	1,165	3.1	9,461	0.7	81	1,347	3.6	11,354	0.7	113
15-20	53,546	4,361,818	703	4.3	5,635	0.7	84	785	4.8	6,887	0.6	109
21-44	43,710	2,701,088	899	10.7	5,018	0.7	92	412	4.9	2,489	0.6	100
45-64	10,824	830,662	156	12.5	940	0.7	98	66	5.3	411	0.6	123
65-74	1,563	117,978	18	20.2	179	0.9	62	6	6.7	61	1.0	221
75-84	1,264	64,365	12	15.4	97	1.4	64	11	14.1	104	0.6	47
85 and older	628	38,510	5	17.2	58	0.7	15	7	24.1	80	0.9	115
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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan. com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; $ = Medicaid reimbursement.

Nondual Beneficiaries

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean $ per Benefit Month
All	**94,327**	**31.0**	**820,223**	**0.4**	**$29**	**65,135**	**21.4**	**599,973**	**0.6**	**$37**	**46,064**	**15.2**	**434,589**	**0.5**	**$47**
Female															
All Females	53,969	31.3	476,227	0.4	28	46,784	27.1	419,589	0.6	38	30,470	17.7	284,381	0.5	47
Female, Disabled															
All Ages	23,680	62.7	265,301	0.4	31	26,537	70.3	293,641	0.6	38	18,314	48.5	205,372	0.5	51
5 and younger	402	50.3	4,074	0.3	28	12	1.5	128	0.4	13	134	16.8	1,297	0.5	35
6-14	793	37.4	8,773	0.3	23	327	15.4	3,506	0.5	27	195	9.2	2,159	0.4	30
15-20	582	30.0	6,454	0.3	18	708	36.5	7,328	0.5	31	362	18.7	3,816	0.3	29
21-44	7,342	52.5	81,655	0.4	25	10,670	76.2	116,224	0.5	36	6,124	43.8	68,253	0.4	45
45-64	14,499	77.2	163,911	0.5	35	14,785	78.7	166,227	0.6	39	11,461	61.0	129,552	0.6	55
65-74	46	54.8	276	0.6	54	27	32.1	153	0.6	42	26	31.0	179	0.7	73
75-84	12	120.0	116	0.7	51	3	30.0	24	1.0	37	5	50.0	50	0.6	13
85 and older	4	26.7	42	0.5	26	5	33.3	51	0.6	40	7	46.7	66	0.5	41
Female, Other Eligibles															
All Ages	30,289	22.5	210,926	0.4	25	20,247	15.0	125,948	0.6	39	12,156	9.0	79,009	0.4	37
5 and younger	8,239	26.1	59,375	0.3	23	42	0.1	301	0.3	8	1,161	3.7	7,420	0.4	21
6-14	9,640	25.3	72,700	0.4	27	1,516	4.0	11,981	0.6	29	1,686	4.4	13,013	0.3	23
15-20	4,162	19.2	29,920	0.4	21	3,600	16.6	25,572	0.5	31	2,236	10.3	15,815	0.3	22
21-44	7,387	18.1	42,925	0.4	26	13,884	34.0	80,052	0.6	42	6,304	15.4	37,333	0.5	48
45-64	748	34.4	4,884	0.6	37	1,104	50.8	7,089	0.7	46	664	30.5	4,371	0.7	72
65-74	49	43.0	441	0.7	40	31	27.2	289	0.6	32	42	36.8	415	0.7	48
75-84	31	31.3	337	0.4	25	27	27.3	276	0.7	41	24	24.2	245	0.7	68
85 and older	33	28.7	344	0.3	12	43	37.4	388	0.7	33	39	33.9	397	0.7	37
Male															
All Males	40,358	30.7	343,996	0.4	29	18,351	14.0	180,384	0.5	34	15,594	11.9	150,208	0.5	46
Male, Disabled															
All Ages	13,016	38.3	144,356	0.4	32	12,960	38.2	142,444	0.5	34	10,277	30.3	113,611	0.5	49
5 and younger	722	54.0	6,917	0.3	30	28	2.1	262	0.4	17	228	17.1	2,135	0.5	35
6-14	1,683	38.7	18,874	0.3	26	865	19.9	9,434	0.6	27	351	8.1	3,882	0.4	35
15-20	729	23.3	8,217	0.3	19	783	25.1	8,714	0.5	32	336	10.8	3,753	0.4	30
21-44	2,878	23.4	32,402	0.4	25	5,423	44.1	59,189	0.5	33	3,588	29.2	39,793	0.5	47
45-64	6,981	54.5	77,773	0.5	37	5,852	45.7	64,777	0.6	36	5,760	45.0	63,956	0.6	53
65-74	19	38.0	125	0.4	22	8	16.0	56	0.5	31	13	26.0	80	0.7	41
75-84	3	75.0	36	0.5	35	0	0.0	0	0.0	0	1	25.0	12	1.0	14
85 and older	1	50.0	12	1.0	90	1	50.0	12	1.1	9	0	0.0	0	0.0	0

Nondual Beneficiaries

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	27,342	28.1	199,640	0.4	27	5,391	5.5	37,940	0.6	35	5,317	5.5	36,597	0.4	36
5 and younger	11,422	34.4	81,548	0.3	25	65	0.2	551	0.3	13	1,352	4.1	8,650	0.4	24
6-14	11,743	31.0	88,128	0.4	29	1,797	4.7	13,965	0.6	30	1,375	3.6	10,672	0.3	25
15-20	2,833	17.2	21,968	0.4	24	1,444	8.8	11,509	0.5	33	1,092	6.6	8,310	0.3	27
21-44	942	11.2	5,212	0.5	30	1,676	19.9	9,309	0.6	43	1,162	13.8	6,631	0.6	66
45-64	303	24.4	1,818	0.6	45	360	28.9	2,095	0.7	48	269	21.6	1,624	0.7	82
65-74	46	51.7	449	0.6	39	16	18.0	145	0.8	39	28	31.5	302	0.6	45
75-84	35	44.9	330	0.7	29	20	25.6	227	0.7	48	21	26.9	204	0.9	68
85 and older	18	62.1	187	0.4	16	13	44.8	139	0.7	56	18	62.1	204	0.7	47
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.
a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan. com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; $ = Medicaid reimbursement.

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**22,494**	**7.4**	**192,727**	**0.8**	**$75**	**22,265**	**7.3**	**238,371**	**0.6**	**$60**	**118,870**	**39.1**	**1,002,194**	**0.4**	**$13**
Female															
All Females	7,081	4.1	60,446	0.8	70	14,027	8.1	150,861	0.6	60	81,125	47.1	662,684	0.4	13
Female, Disabled															
All Ages	1,921	5.1	20,566	0.7	64	12,264	32.5	138,888	0.6	60	34,211	90.6	378,598	0.4	16
5 and younger	72	9.0	639	0.5	38	2	0.3	24	0.1	1	66	8.3	727	0.1	2
6-14	889	41.9	9,303	0.8	69	3	0.1	33	0.4	29	284	13.4	3,133	0.1	2
15-20	329	17.0	3,673	0.7	61	22	1.1	183	0.6	61	859	44.3	8,919	0.2	3
21-44	429	3.1	4,646	0.6	62	2,423	17.3	27,306	0.5	50	14,661	104.8	159,962	0.4	14
45-64	202	1.1	2,305	0.5	59	9,784	52.1	111,116	0.6	62	18,291	97.3	205,477	0.5	19
65-74	0	0.0	0	0.0	0	25	29.8	176	0.6	69	37	44.0	246	0.4	9
75-84	0	0.0	0	0.0	0	3	30.0	26	1.0	104	5	50.0	47	0.6	13
85 and older	0	0.0	0	0.0	0	2	13.3	24	1.0	107	8	53.3	87	0.3	4
Female, Other Eligibles															
All Ages	5,160	3.8	39,880	0.8	74	1,763	1.3	11,973	0.6	60	46,914	34.8	284,086	0.4	8
5 and younger	281	0.9	1,929	0.6	51	19	0.1	146	0.1	5	1,156	3.7	8,626	0.2	2
6-14	3,562	9.4	28,520	0.8	74	25	0.1	244	0.5	40	3,458	9.1	26,410	0.2	2
15-20	824	3.8	6,540	0.8	76	40	0.2	294	0.4	36	8,668	40.0	57,568	0.3	2
21-44	478	1.2	2,792	0.8	78	1,182	2.9	7,576	0.6	58	31,997	78.4	180,250	0.5	10
45-64	14	0.6	87	0.9	87	435	20.0	3,103	0.7	71	1,524	70.1	10,187	0.6	18
65-74	1	0.9	12	0.4	5	31	27.2	294	0.8	68	55	48.2	503	0.6	16
75-84	0	0.0	0	0.0	0	22	22.2	221	0.7	68	25	25.3	249	0.7	29
85 and older	0	0.0	0	0.0	0	9	7.8	95	0.8	89	31	27.0	293	1.2	30
Male															
All Males	15,413	11.7	132,281	0.8	77	8,238	6.3	87,510	0.6	61	37,745	28.7	339,510	0.4	15
Male, Disabled															
All Ages	4,282	12.6	45,814	0.8	72	7,313	21.5	81,575	0.6	60	21,615	63.7	235,517	0.4	18
5 and younger	185	13.8	1,634	0.5	45	3	0.2	21	0.1	5	135	10.1	1,340	0.1	1
6-14	2,840	65.3	30,050	0.8	76	7	0.2	67	0.7	69	520	12.0	5,719	0.1	1
15-20	905	29.0	10,250	0.7	72	21	0.7	240	0.4	31	1,009	32.3	11,217	0.2	4
21-44	278	2.3	3,074	0.6	55	1,790	14.6	20,029	0.5	50	9,711	79.0	105,089	0.4	16
45-64	74	0.6	806	0.6	50	5,476	42.8	61,115	0.6	64	10,218	79.8	111,982	0.5	22
65-74	0	0.0	0	0.0	0	14	28.0	79	0.8	73	21	42.0	158	0.5	7
75-84	0	0.0	0	0.0	0	2	50.0	24	0.5	39	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.4	8

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	11,131	11.4	86,467	0.9	79	925	0.9	5,935	0.7	63	16,130	16.5	103,993	0.4	8
5 and younger	640	1.9	4,315	0.6	52	25	0.1	180	0.2	6	1,459	4.4	10,768	0.2	2
6-14	8,510	22.5	66,061	0.9	81	21	0.1	180	0.4	38	3,368	8.9	24,930	0.2	2
15-20	1,882	11.4	15,533	0.8	79	44	0.3	394	0.4	46	4,323	26.3	30,724	0.2	2
21-44	86	1.0	457	0.8	89	482	5.7	2,839	0.6	59	6,111	72.4	32,162	0.7	18
45-64	13	1.0	101	0.9	97	308	24.8	1,864	0.8	78	782	62.9	4,534	0.7	27
65-74	0	0.0	0	0.0	0	24	27.0	260	0.9	94	30	33.7	295	0.4	22
75-84	0	0.0	0	0.0	0	16	20.5	167	0.7	68	45	57.7	449	0.3	5
85 and older	0	0.0	0	0.0	0	5	17.2	51	0.6	51	12	41.4	131	0.6	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.
a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan. com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; $ = Medicaid reimbursement.

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	**22,655**	**7.5**	**233,665**	**0.7**	**$52**	**85,957**	**28.3**	**712,141**	**0.2**	**$12**	**303,826**	**2,148,556**
Female												
All Females	15,370	8.9	158,465	0.7	51	52,385	30.4	433,452	0.2	12	172,406	1,189,362
Female, Disabled												
All Ages	12,550	33.2	140,794	0.7	50	14,436	38.2	163,159	0.2	12	37,757	399,350
5 and younger	1	0.1	12	0.1	3	399	49.9	4,048	0.2	7	799	7,449
6-14	41	1.9	474	0.8	88	997	47.0	10,793	0.2	10	2,122	22,805
15-20	80	4.1	882	0.6	47	882	45.5	9,634	0.2	10	1,939	20,140
21-44	2,866	20.5	31,911	0.6	44	4,960	35.4	55,934	0.2	13	13,995	147,747
45-64	9,531	50.7	107,230	0.7	52	7,177	38.2	82,564	0.2	13	18,793	200,543
65-74	21	25.0	176	1.0	54	12	14.3	83	0.2	9	84	469
75-84	5	50.0	58	0.6	27	3	30.0	34	0.1	3	10	75
85 and older	5	33.3	51	0.7	24	6	40.0	69	0.2	9	15	122
Female, Other Eligibles												
All Ages	2,820	2.1	17,671	0.8	57	37,949	28.2	270,293	0.2	13	134,649	790,012
5 and younger	11	0.0	42	1.7	82	12,682	40.2	90,871	0.2	8	31,575	197,565
6-14	204	0.5	1,568	0.9	81	12,565	33.0	94,725	0.2	13	38,047	251,161
15-20	281	1.3	1,899	0.8	64	5,698	26.3	42,260	0.2	15	21,691	131,537
21-44	1,824	4.5	10,485	0.8	54	6,452	15.8	38,104	0.3	19	40,834	194,790
45-64	411	18.9	2,838	0.8	54	448	20.6	3,250	0.2	15	2,174	12,014
65-74	43	37.7	386	0.7	32	20	17.5	203	0.4	17	114	1,084
75-84	21	21.2	219	0.7	37	30	30.3	329	0.3	22	99	843
85 and older	25	21.7	234	0.7	30	54	47.0	551	0.4	12	115	1,018
Male												
All Males	7,285	5.5	75,200	0.7	54	33,572	25.5	278,689	0.2	11	131,418	959,190
Male, Disabled												
All Ages	6,280	18.5	68,877	0.7	52	8,388	24.7	93,445	0.2	12	33,954	351,515
5 and younger	7	0.5	84	0.9	118	514	38.5	4,893	0.2	7	1,336	11,777
6-14	62	1.4	704	0.8	61	1,536	35.3	16,547	0.2	8	4,347	46,159
15-20	71	2.3	783	0.7	59	1,012	32.4	11,542	0.2	12	3,125	33,817
21-44	1,391	11.3	15,307	0.6	49	2,428	19.8	27,531	0.2	13	12,289	127,333
45-64	4,727	36.9	51,857	0.7	53	2,891	22.6	32,874	0.2	13	12,801	132,084
65-74	21	42.0	130	0.7	42	5	10.0	34	0.1	8	50	295
75-84	1	25.0	12	0.7	40	1	25.0	12	0.3	15	4	26
85 and older	0	0.0	0	0.0	0	1	50.0	12	0.1	4	2	24

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

	ANTIDIABETIC					DERMATOLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	1,005	1.0	6,323	1.0	78	25,184	25.8	185,244	0.2	11	97,464	607,675
5 and younger	26	0.1	165	1.2	83	11,232	33.8	79,942	0.2	8	33,237	207,514
6-14	184	0.5	1,254	1.2	108	8,827	23.3	66,966	0.2	11	37,886	250,976
15-20	138	0.8	986	1.0	106	4,126	25.1	32,260	0.3	19	16,466	105,260
21-44	379	4.5	2,009	0.9	66	791	9.4	4,602	0.3	20	8,435	36,203
45-64	217	17.4	1,239	0.8	60	158	12.7	967	0.3	21	1,244	5,897
65-74	41	46.1	472	0.8	49	14	15.7	146	0.3	19	89	875
75-84	13	16.7	118	1.0	27	25	32.1	251	0.3	7	78	674
85 and older	7	24.1	80	0.8	42	11	37.9	110	0.2	11	29	276
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	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. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; $ = Medicaid reimbursement.

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$544**	**10.4**	**488**	**4,991**
Age				
0-64	620	11.4	344	3,620
65-74	443	10.6	24	217
75-84	368	7.8	52	503
85 and older	289	7.0	68	651
Unknown	0	0.0	0	0
Gender				
Female	552	10.5	270	2,763
Male	533	10.3	218	2,228
Unknown	0	0.0	0	0
Race				
White	552	10.5	462	4,729
African American	393	9.6	26	262
Other/unknown	0	0	0	0
Basis of Eligibility[c]				
Aged	340	7.8	140	1,354
Disabled	619	11.4	348	3,637
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 527 beneficiaries who were
in nursing facilities for part of their enrollment and their 5,347 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d, e]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	0.5	0.1	0.1	0.3	$26	$14	$4	$9	$48	$99	$62	$25	2,077	$100,203	355	72.7	3,799
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.6	0.1	0.0	0.4	81	43	0	38	146	312	0	92	157	22,987	28	5.7	285
Endocrine/Metabolic Drugs	1.4	0.5	0.2	0.7	62	42	9	12	44	86	37	17	3,930	172,403	266	54.5	2,781
Cardiovascular Agents	2.6	0.8	0.0	1.9	89	56	0	32	33	74	64	17	9,934	331,984	363	74.4	3,751
Respiratory Agents	1.1	0.4	0.0	0.7	48	37	0	11	44	92	22	15	2,687	117,121	235	48.2	2,438
Gastrointestinal Agents	1.5	0.6	0.0	0.8	78	63	1	14	52	100	25	17	4,684	244,985	300	61.5	3,135
Genitourinary Agents	0.8	0.5	0.0	0.2	46	37	1	8	59	70	42	35	935	54,875	110	22.5	1,186
CNS Drugs	2.4	1.1	0.1	1.3	173	140	5	28	71	128	64	22	9,953	708,182	394	80.7	4,082
Stimulants/Anti-obesity/Anorexia	1.0	1.0	0.0	0.0	212	212	0	0	212	212	0	0	12	2,538	1	0.2	12
Miscellaneous Psychological/ Neurological Agents	1.3	1.3	0.0	0.0	185	185	0	0	146	146	0	0	1,133	165,196	81	16.6	893
Analgesics and Anesthetics	1.7	0.3	0.2	1.2	71	25	28	18	42	90	143	15	4,932	206,668	280	57.4	2,902
Neuromuscular Agents	1.8	0.5	0.0	1.3	118	58	2	58	64	112	75	45	5,455	351,759	276	56.6	2,979
Nutritional Products	0.9	0.0	0.0	0.9	18	0	0	18	21	33	20	21	1,426	30,005	168	34.4	1,659
Hematological Agents	1.3	0.4	0.0	0.9	55	43	1	12	42	116	38	13	2,501	106,089	186	38.1	1,915
Topical Products	0.7	0.2	0.0	0.4	31	18	3	9	47	82	72	24	1,893	88,422	267	54.7	2,896
Miscellaneous Products	0.3	0.0	0.0	0.3	19	2	0	18	68	101	0	66	93	6,335	32	6.6	327
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	15	0	0	0	201	2,971	46	9.4	483
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	52,003	2,712,723	n.a.	n.a.	n.a.

TABLE ND.10
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP[a, b, c, d]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

		Users					Among Users
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$445,515	233	47.7	2,533	1.2	$152	$176
ANTICONVULSANT	300,346	306	62.7	3,289	1.3	72	91
ANTIDEPRESSANTS	216,683	375	76.8	3,933	0.9	60	55
ULCER DRUGS	199,017	312	63.9	3,314	0.9	65	60
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	165,196	101	20.7	1,111	1.0	146	149
ANTIHYPERLIPIDEMIC	143,650	148	30.3	1,652	1.0	88	87
ANTIDIABETIC	142,704	255	52.3	2,715	1.0	51	53
ANALGESICS - Narcotic	131,088	309	63.3	3,110	1.2	36	42
ANTIASTHMATIC	95,254	312	63.9	3,217	0.7	45	30
MISC. HEMATOLOGICAL	70,345	77	15.8	800	0.9	101	88
Total	1,909,798	2,428		25,674	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 527 beneficiaries who were in nursing facilities for part of their enrollment and their 5,347 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.

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**25,835**	**$1,909,798**	**233**	**47.7**	**2,533**	**1.2**	**$176**	**306**	**62.7**	**3,289**	**1.3**	**$91**
Female												
All Females	14,380	1,059,901	129	47.8	1,390	1.2	190	157	58.1	1,640	1.2	87
Female, Disabled												
All Ages	11,717	885,151	98	55.1	1,087	1.3	209	134	75.3	1,408	1.3	94
64 or younger	11,625	878,361	96	54.9	1,063	1.3	211	133	76.0	1,396	1.3	95
65-74	92	6,790	2	100.0	24	0.7	127	1	50.0	12	0.8	70
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
Female, Other Eligibles												
All Ages	2,663	174,750	31	33.7	303	1.1	122	23	25.0	232	0.9	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	630	31,905	5	41.7	60	2.2	143	5	41.7	60	1.2	46
75-84	825	68,992	12	42.9	119	0.9	127	6	21.4	69	1.0	83
85 and older	1,208	73,853	14	26.9	124	0.7	107	12	23.1	103	0.7	19
Male												
All Males	11,455	849,897	104	47.7	1,143	1.1	159	149	68.3	1,649	1.3	95
Male, Disabled												
All Ages	9,636	734,800	84	49.4	946	1.1	172	128	75.3	1,451	1.3	101
64 or younger	9,627	734,218	84	49.7	946	1.1	172	127	75.1	1,448	1.3	101
65-74	9	582	0	0.0	0	0.0	0	1	100.0	3	1.0	26
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
Male, Other Eligibles												
All Ages	1,819	115,097	20	41.7	197	0.9	94	21	43.8	198	1.2	51
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	404	27,049	4	44.4	37	1.2	156	8	88.9	79	1.0	45
75-84	867	51,884	10	41.7	92	0.7	47	8	33.3	61	1.8	93
85 and older	548	36,164	6	40.0	68	1.0	123	5	33.3	58	0.7	15
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 527 beneficiaries who were in nursing facilities for part of their enrollment and their 5,347 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 ND.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**375**	**76.8**	**3,933**	**0.9**	**$55**	**312**	**63.9**	**3,314**	**0.9**	**$60**	**101**	**20.7**	**1,111**	**1.0**	**$149**
Female															
All Females	217	80.4	2,233	0.9	55	164	60.7	1,740	0.9	57	62	23.0	697	1.0	150
Female, Disabled															
All Ages	164	92.1	1,731	1.0	60	123	69.1	1,333	0.8	55	33	18.5	378	1.1	200
64 or younger	162	92.6	1,729	1.0	60	121	69.1	1,320	0.8	55	33	18.9	378	1.1	200
65-74	2	100.0	2	2.0	66	2	100.0	13	1.2	30	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
Female, Other Eligibles															
All Ages	53	57.6	502	0.7	39	41	44.6	407	0.9	63	29	31.5	319	0.9	90
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	41.7	60	0.5	28	5	41.7	55	1.4	79	3	25.0	36	1.8	106
75-84	17	60.7	174	0.8	47	9	32.1	91	0.9	102	9	32.1	108	0.8	99
85 and older	31	59.6	268	0.8	35	27	51.9	261	0.8	47	17	32.7	175	0.8	80
Male															
All Males	158	72.5	1,700	0.9	55	148	67.9	1,574	1.0	64	39	17.9	414	1.0	147
Male, Disabled															
All Ages	131	77.1	1,422	0.9	55	119	70.0	1,279	1.0	66	22	12.9	247	1.2	180
64 or younger	131	77.5	1,422	0.9	55	119	70.4	1,279	1.0	66	22	13.0	247	1.2	180
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	27	56.3	278	0.8	56	29	60.4	295	1.0	53	17	35.4	167	0.8	99
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	4	44.4	28	0.9	50	6	66.7	60	0.9	43	3	33.3	17	0.9	63
75-84	13	54.2	143	0.8	52	12	50.0	107	1.2	84	7	29.2	70	0.9	121
85 and older	10	66.7	107	0.8	62	11	73.3	128	0.8	32	7	46.7	80	0.7	87
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.
a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 527 beneficiaries who were in nursing facilities for part of their enrollment and their 5,347 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 ND.10C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**148**	**30.3**	**1,652**	**1.0**	**$87**	**255**	**52.3**	**2,715**	**1.0**	**$53**	**309**	**63.3**	**3,110**	**1.2**	**$42**
Female															
All Females	84	31.1	932	1.1	85	154	57.0	1,673	1.0	50	180	66.7	1,842	1.2	45
Female, Disabled															
All Ages	69	38.8	780	1.0	87	122	68.5	1,363	1.1	52	139	78.1	1,459	1.2	46
64 or younger	67	38.3	767	1.1	88	121	69.1	1,351	1.1	52	136	77.7	1,434	1.2	47
65-74	2	100.0	13	0.2	30	1	50.0	12	2.6	150	3	150.0	25	0.4	4
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
Female, Other Eligibles															
All Ages	15	16.3	152	1.1	74	32	34.8	310	0.8	38	41	44.6	383	1.0	39
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	3	25.0	36	1.8	60	4	33.3	36	0.7	23	7	58.3	59	1.1	54
75-84	11	39.3	108	0.8	72	11	39.3	126	0.7	40	15	53.6	140	0.7	30
85 and older	1	1.9	8	1.5	155	17	32.7	148	0.8	39	19	36.5	184	1.1	40
Male															
All Males	64	29.4	720	0.9	90	101	46.3	1,042	1.1	57	129	59.2	1,268	1.2	38
Male, Disabled															
All Ages	52	30.6	613	0.9	91	80	47.1	830	1.1	59	102	60.0	1,027	1.3	45
64 or younger	52	30.8	613	0.9	91	79	46.7	827	1.1	59	102	60.4	1,027	1.3	45
65-74	0	0.0	0	0.0	0	1	100.0	3	1.0	103	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
Male, Other Eligibles															
All Ages	12	25.0	107	0.9	85	21	43.8	212	1.1	48	27	56.3	241	0.6	11
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	4	44.4	40	0.9	83	6	66.7	72	1.2	75	3	33.3	25	1.0	44
75-84	6	25.0	52	1.0	87	10	41.7	84	1.2	31	17	70.8	141	0.4	7
85 and older	2	13.3	15	0.9	82	5	33.3	56	0.9	39	7	46.7	75	0.8	10
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for West Virginia, released by CMS in 1/2009. This table was produced on 04/23/2009.
a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 527 beneficiaries who were in nursing facilities for part of their enrollment and their 5,347 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

	ANTIASTHMATIC					MISC. HEMATOLOGICAL						
Beneficiary Characteristics	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
All	**312**	**63.9**	**3,217**	**0.7**	**$30**	**77**	**15.8**	**800**	**0.9**	**$88**	**488**	**4,991**
Female												
All Females	168	62.2	1,767	0.7	32	34	12.6	336	0.7	76	270	2,763
Female, Disabled												
All Ages	126	70.8	1,314	0.8	37	22	12.4	227	0.7	79	178	1,878
64 or younger	126	72.0	1,314	0.8	37	21	12.0	226	0.7	79	175	1,864
65-74	0	0.0	0	0.0	0	1	50.0	1	1.0	124	2	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Female, Other Eligibles												
All Ages	42	45.7	453	0.5	19	12	13.0	109	0.8	68	92	885
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	9	75.0	108	0.9	34	1	8.3	7	1.0	119	12	122
75-84	12	42.9	132	0.4	18	2	7.1	24	0.6	26	28	277
85 and older	21	40.4	213	0.4	12	9	17.3	78	0.9	77	52	486
Male												
All Males	144	66.1	1,450	0.6	26	43	19.7	464	1.0	97	218	2,228
Male, Disabled												
All Ages	103	60.6	1,093	0.5	25	36	21.2	397	1.0	97	170	1,759
64 or younger	103	60.9	1,093	0.5	25	35	20.7	394	1.0	98	169	1,756
65-74	0	0.0	0	0.0	0	1	100.0	3	1.0	66	1	3
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
Male, Other Eligibles												
All Ages	41	85.4	357	0.6	29	7	14.6	67	0.9	95	48	469
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	77.8	52	0.5	28	2	22.2	21	0.6	65	9	79
75-84	22	91.7	184	0.8	36	3	12.5	26	1.0	93	24	226
85 and older	12	80.0	121	0.4	20	2	13.3	20	1.2	128	15	164
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 527 beneficiaries who were in nursing facilities for part of their enrollment and their 5,347 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.

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 $	Part D Excluded Rx $ per Excluded Rx	Part D Excluded Rx $ as a Percentage of All Nondual Rx $	Total Number of Beneficiaries
All	**112,632**	**37.1**	**1.8**	**555,518**	**$29**	**$8,911,666**	**$16**	**3.0**	**303,826**
Age									
5 and younger	20,781	31.0	0.7	50,198	12	774,427	15	4.3	66,947
6-14	27,972	33.9	0.9	71,989	15	1,207,737	17	2.9	82,402
15-20	12,832	29.7	0.8	35,458	16	673,552	19	2.9	43,221
21-44	30,227	40.0	2.5	192,039	40	3,036,090	16	3.3	75,553
45-64	20,556	58.7	5.8	203,587	91	3,185,706	16	2.7	35,012
65-74	125	37.1	2.8	953	41	13,977	15	2.5	337
75-84	67	35.1	3.5	676	54	10,344	15	3.0	191
85 and older	72	44.7	3.8	618	61	9,833	16	3.2	161
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Basis of Eligibility[c]									
Aged	192	36.8	3.5	1,804	51	26,776	15	2.7	522
Disabled	38,556	53.8	4.7	336,280	79	5,645,820	17	2.8	71,711
Adults	18,823	33.0	1.5	83,190	21	1,188,124	14	3.6	56,967
Children	54,956	31.5	0.8	133,677	12	2,041,835	15	3.5	174,429
Unknown	105	53.3	2.9	567	46	9,111	16	1.4	197
Gender									
Female	69,029	40.0	2.1	367,638	34	5,828,150	16	3.3	172,406
Male	43,603	33.2	1.4	187,880	23	3,083,516	16	2.7	131,420
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	108,267	37.8	1.9	539,543	30	8,662,737	16	3.1	286,706
African American	4,266	25.5	0.9	15,506	14	238,439	15	2.4	16,761
Other/unknown	99	27.6	1.3	469	29	10,490	22	3.6	359
Use of Nursing Facilities[d]									
Entire year	313	64.1	11.3	5,529	149	72,651	13	2.7	488
Part year	430	81.6	10.2	5,356	165	87,142	16	2.9	527
None	111,889	37.0	1.8	544,633	29	8,751,873	16	3.1	302,811
Maintenance Assistance Status									
Cash	40,830	50.3	4.2	338,092	69	5,576,286	16	3.0	81,130
Medically needy	9,559	41.1	2.3	53,815	35	826,199	15	2.9	23,275
Poverty related	2,977	26.5	0.6	7,152	9	96,318	13	3.0	11,227
Other/unknown	59,266	31.5	0.8	156,459	13	2,412,863	15	3.4	188,194

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
WEST VIRGINIA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.3**	**$4**	**$16**	**$0**	**$2**	**2,148,556**
Age						
5 and younger	0.1	2	15	0	0	424,305
6-14	0.1	2	17	0	0	571,101
15-20	0.1	2	19	0	1	290,754
21-44	0.4	6	16	0	3	506,073
45-64	0.6	9	16	0	4	350,538
65-74	0.4	5	15	0	2	2,723
75-84	0.4	6	15	0	2	1,618
85 and older	0.4	7	16	0	1	1,440
Unknown	0.0	0	0	0	0	4
Basis of Eligibility[c]						
Aged	0.4	6	15	0	1	4,756
Disabled	0.4	8	17	0	4	750,865
Adults	0.3	4	14	0	2	268,320
Children	0.1	2	15	0	0	1,122,598
Unknown	0.3	5	16	0	2	2,017
Gender						
Female	0.3	5	16	0	2	1,189,362
Male	0.2	3	16	0	1	959,194
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	16	0	2	2,035,968
African American	0.1	2	15	0	1	109,964
Other/unknown	0.2	4	22	0	3	2,624
Use of Nursing Facilities[d]						
Entire year	1.1	15	13	1	6	4,991
Part year	1.0	16	16	0	7	5,347
None	0.3	4	16	0	2	2,138,218
Maintenance Assistance Status						
Cash	0.4	7	16	0	4	763,062
Medically needy	0.4	6	15	0	3	135,655
Poverty related	0.1	2	13	0	0	63,095
Other/unknown	0.1	2	15	0	0	1,186,744

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]
WEST VIRGINIA, 2005

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**154,269**	**$58**	**$8,911,666**	**100.0**	**555,518**	**$16**	**100.0**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	33	90	2,978	0.0	83	36	0.0
Drugs for cosmetic purposes	156	23	3,628	0.0	285	13	0.1
Cough and cold medications	58,986	31	1,853,843	20.8	113,583	16	20.4
Vitamins and minerals	7,966	87	695,581	7.8	40,527	17	7.3
Non-prescription drugs	49,944	45	2,244,054	25.2	141,906	16	25.5
Barbiturates	947	58	55,227	0.6	8,950	6	1.6
Benzodiazepines	31,750	110	3,497,940	39.3	233,767	15	42.1
Other Part D Excl Rx Drugs	4,487	124	558,415	6.3	16,417	34	3.0

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 ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
b. Includes OTC drugs as well as prescription drugs.
c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Nondual Beneficiaries

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]
NONDUAL BENEFICIARIES, WEST VIRGINIA, 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
All	**319,073**	**522**	**71,771**	**58,300**	**188,283**	**197**	**3,001,798**	**4,756**	**769,678**	**416,315**	**1,809,006**	**2,043**
Age												
5 and younger	72,273	0	2,167	0	70,106	0	683,267	0	23,020	0	660,247	0
6-14	88,184	0	6,488	36	81,660	0	887,187	0	74,263	398	812,526	0
15-20	46,110	0	5,068	4,589	36,452	1	426,200	0	56,087	34,289	335,822	2
21-44	76,698	0	26,286	50,324	60	28	638,742	0	280,781	357,266	390	305
45-64	35,117	0	31,597	3,349	3	168	360,610	0	334,516	24,348	10	1,736
65-74	337	201	134	2	0	0	2,723	1,945	764	14	0	0
75-84	191	177	14	0	0	0	1,618	1,517	101	0	0	0
85 and older	161	144	17	0	0	0	1,440	1,294	146	0	0	0
Unknown	2	0	0	0	2	0	11	0	0	0	11	0
Gender												
Female	179,842	327	37,781	48,123	93,414	197	1,664,245	2,939	409,285	351,617	898,361	2,043
Male	139,231	195	33,990	10,177	94,869	0	1,337,553	1,817	360,393	64,698	910,645	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	300,696	485	68,862	54,877	176,282	190	2,828,815	4,438	738,991	391,203	1,692,210	1,973
African American	18,002	32	2,859	3,370	11,734	7	169,668	282	30,141	24,769	114,406	70
Other/unknown	375	5	50	53	267	0	3,315	36	546	343	2,390	0
Use of Nursing Facilities[c]												
Entire year	488	140	348	0	0	0	4,991	1,354	3,637	0	0	0
Part year	527	40	480	7	0	0	5,366	403	4,907	56	0	0
None	318,058	342	70,943	58,293	188,283	197	2,991,441	2,999	761,134	416,259	1,809,006	2,043
Maintenance Assistance Status												
Cash	81,668	276	59,994	21,083	315	0	838,646	2,669	676,856	155,986	3,135	0
Medically needy	23,552	55	9,400	13,185	912	0	169,483	373	69,942	90,262	8,906	0
Poverty related	12,025	3	16	3,000	8,809	197	99,844	35	77	19,090	78,599	2,043
Other/unknown	201,828	188	2,361	21,032	178,247	0	1,893,825	1,679	22,803	150,977	1,718,366	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	138,106	522	67,850	23,172	46,370	192	1,229,499	4,756	726,027	113,842	382,879	1,995
FFS part year, with Rx claims	90,462	0	2,908	24,626	62,923	5	910,269	0	32,286	220,221	657,714	48
FFS part year, no Rx claims	25,893	0	183	3,775	21,935	0	225,216	0	1,863	26,587	196,766	0
MC all year, with Rx claims	49,365	0	770	5,394	43,201	0	522,396	0	8,985	49,076	464,335	0
MC all year, no Rx claims	14,947	0	55	1,223	13,669	0	114,000	0	501	6,470	107,029	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, WEST VIRGINIA, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**319,073**	**3,001,798**	**303,826**	**2,148,556**	**0**	**853,242**
Fee-for-service (FFS) all year	138,106	1,229,499	138,106	1,229,181	0	318
FFS part year, with Rx claims	90,462	910,269	90,462	313,137	0	597,132
FFS part year, with no Rx claims	25,893	225,216	25,893	83,976	0	141,240
Managed care (MC) all year, with Rx claims	49,365	522,396	49,365	522,262	0	134
MC all year, with no Rx claims	14,947	114,000	0	0	0	114,000

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Nondual Beneficiaries