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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
WEST VIRGINIA**

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	50,261	22,914	26,800	541	5	1	540,791	241,457	295,832	3,449	41	12
Age												
5 and younger	3	0	3	0	0	0	32	0	32	0	0	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	150	0	144	3	3	0	1,734	0	1,699	14	21	0
21-44	11,068	0	10,682	385	1	0	122,491	0	119,971	2,512	8	0
45-64	13,549	0	13,408	139	1	1	148,320	0	147,443	853	12	12
65-74	11,181	9,801	1,370	10	0	0	122,776	108,083	14,648	45	0	0
75-84	8,098	7,396	699	3	0	0	85,003	77,855	7,126	22	0	0
85 and older	6,209	5,717	491	1	0	0	60,399	55,519	4,877	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	29,904	16,072	13,575	255	1	1	322,471	170,353	150,444	1,650	12	12
Male	20,357	6,842	13,225	286	4	0	218,320	71,104	145,388	1,799	29	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	48,432	22,153	25,754	520	4	1	521,099	233,355	284,385	3,318	29	12
African American	1,807	751	1,034	21	1	0	19,428	7,982	11,303	131	12	0
Other/unknown	22	10	12	0	0	0	264	120	144	0	0	0
Use of Nursing Facilities^c												
Entire year	6,481	5,980	501	0	0	0	64,886	59,295	5,591	0	0	0
Part year	3,253	2,883	370	0	0	0	31,384	27,757	3,627	0	0	0
None	40,527	14,051	25,929	541	5	1	444,521	154,405	286,614	3,449	41	12
Maintenance Assistance Status												
Cash	30,195	12,696	17,350	149	0	0	344,244	144,731	198,562	951	0	0
Medically needy	3,269	1,284	1,723	262	0	0	25,467	10,505	13,235	1,727	0	0
Poverty-related	2,163	611	1,529	22	0	1	22,178	6,361	15,654	151	0	12
Other/unknown	14,634	8,323	6,198	108	5	0	148,902	79,860	68,381	620	41	0
Dual Medicare Status^d												
Full dual, all year	47,004	21,817	24,704	477	5	1	506,842	229,928	274,085	2,776	41	12
Full dual, part year	3,257	1,097	2,096	64	0	0	33,949	11,529	21,747	673	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	49,804	22,913	26,552	334	4	1	538,074	241,452	294,248	2,326	36	12
FFS part year, with Rx claims	335	0	210	124	1	0	1,573	0	1,183	385	5	0
FFS part year, no Rx claims	20	1	12	7	0	0	129	5	93	31	0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx		FFS \$ ^d		
All	43.6	6.4	\$270	\$42	\$12,720	2.1	50,261	
Age								
5 and younger	33.3	16.3	351	22	11,516	3.0	3	
6-14	66.7	13.3	2,868	215	12,543	22.9	3	
15-20	70.7	15.7	1,141	73	6,008	19.0	150	
21-44	47.6	8.0	461	58	7,579	6.1	11,068	
45-64	51.5	9.1	422	46	10,418	4.1	13,549	
65-74	40.9	5.7	194	34	8,497	2.3	11,181	
75-84	36.3	3.1	32	10	18,112	0.2	8,098	
85 and older	32.9	2.6	22	9	27,643	0.1	6,209	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	37.0	3.9	85	22	16,686	0.5	22,914	
Disabled	48.8	8.1	400	49	9,523	4.2	26,800	
Adults	66.9	23.9	1,682	71	3,262	51.6	541	
Children	40.0	2.6	111	43	385	28.7	5	
Unknown	0.0	0.0	0	0	315	0.0	1	
Gender								
Female	46.4	6.7	261	39	13,958	1.9	29,904	
Male	39.5	5.9	283	48	10,902	2.6	20,357	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	44.0	6.4	272	42	12,783	2.1	48,432	
African American	34.0	4.5	215	48	11,122	1.9	1,807	
Other/unknown	27.3	3.4	177	53	5,707	3.1	22	
Use of Nursing Facilities^f								
Entire year	37.0	4.8	62	13	44,042	0.1	6,481	
Part year	46.2	4.7	73	16	27,601	0.3	3,253	
None	44.4	6.8	319	47	6,517	4.9	40,527	
Maintenance Assistance Status								
Cash	43.9	6.2	262	42	4,670	5.6	30,195	
Medically needy	49.1	14.0	926	66	11,123	8.3	3,269	
Poverty related	48.7	7.9	479	61	2,785	17.2	2,163	
Other/unknown	41.0	4.8	110	23	31,156	0.4	14,634	

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescriber(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		More than 0, but 1 or Less		More than 1, but 2, but 5 or Less		More than 5, but 10 or Less		Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			None	None	0, but 1 or Less	1, but 2, but 5 or Less	5, but 10 or Less	More than 10					
All	0.6	\$25	2.1	56.4	33.4	4.4	3.5	1.5	0.7	\$1,182	50,261	540,791	
Age													
5 and younger	1.5	33	3.0	66.7	0.0	0.0	0.0	33.3	0.0	1,080	3	32	
6-14	1.1	239	22.9	33.3	33.3	0.0	33.3	0.0	0.0	1,045	3	36	
15-20	1.4	99	19.0	29.3	46.7	7.3	10.0	4.7	2.0	520	150	1,734	
21-44	0.7	42	6.1	52.4	34.0	5.1	4.5	2.5	1.4	685	11,068	122,491	
45-64	0.8	39	4.1	48.5	37.3	5.2	5.2	2.6	1.2	952	13,549	148,320	
65-74	0.5	18	2.3	59.1	32.6	3.7	3.1	1.2	0.4	774	11,181	122,776	
75-84	0.3	3	0.2	63.7	31.2	3.7	1.4	0.0	0.0	1,725	8,098	85,003	
85 and older	0.3	2	0.1	67.1	28.0	3.4	1.4	0.1	0.0	2,842	6,209	60,399	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	0.4	8	0.5	63.0	30.6	3.7	2.2	0.4	0.1	1,584	22,914	241,457	
Disabled	0.7	36	4.2	51.2	36.2	4.9	4.4	2.2	1.0	863	26,800	295,832	
Adults	3.7	264	51.6	33.1	18.1	6.3	13.3	14.6	14.6	512	541	3,449	
Children	0.3	14	28.7	60.0	40.0	0.0	0.0	0.0	0.0	47	5	41	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	26	1	12	
Gender													
Female	0.6	24	1.9	53.6	36.0	4.6	3.4	1.6	0.7	1,294	29,904	322,471	
Male	0.5	26	2.6	60.5	29.6	4.1	3.6	1.5	0.7	1,017	20,357	218,320	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	0.6	25	2.1	56.0	33.7	4.4	3.5	1.6	0.7	1,188	48,432	521,099	
African American	0.4	20	1.9	66.0	25.9	3.3	3.4	1.2	0.2	1,034	1,807	19,428	
Other/unknown	0.3	15	3.1	72.7	18.2	9.1	0.0	0.0	0.0	476	22	264	
Use of Nursing Facilities^f													
Entire year	0.5	6	0.1	63.0	26.0	6.5	4.2	0.2	0.2	4,399	6,481	64,886	
Part year	0.5	8	0.3	53.8	37.0	6.0	2.7	0.3	0.3	2,861	3,253	31,384	
None	0.6	29	4.9	55.6	34.3	3.9	3.5	1.9	0.8	594	40,527	444,521	
Maintenance Assistance Status													
Cash	0.5	23	5.6	56.1	35.4	3.7	2.8	1.4	0.6	410	30,195	344,244	
Medically needy	1.8	119	8.3	50.9	22.4	6.0	10.8	6.9	3.1	1,428	3,269	25,467	
Poverty related	0.8	47	17.2	51.3	31.9	6.1	7.0	2.6	1.0	272	2,163	22,178	
Other/unknown	0.5	11	0.4	59.0	32.0	5.3	2.9	0.5	0.3	3,062	14,634	148,902	

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

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	0.6	\$25	\$42	0.1	\$16	\$141	0.0	\$2	\$117	0.5	\$7	\$16
Age												
5 and younger	1.5	33	22	0.3	17	59	0.1	2	17	1.1	14	13
6-14	1.1	239	215	0.4	211	475	0.1	13	114	0.6	15	28
15-20	1.4	99	73	0.5	70	144	0.1	9	102	0.8	20	26
21-44	0.7	42	58	0.2	28	164	0.0	3	126	0.5	10	19
45-64	0.8	39	46	0.2	25	133	0.0	4	112	0.6	10	17
65-74	0.5	18	34	0.1	10	117	0.0	2	119	0.4	6	14
75-84	0.3	3	10	0.0	0	82	0.0	0	84	0.3	3	9
85 and older	0.3	2	9	0.0	0	75	0.0	0	70	0.3	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	8	22	0.0	4	108	0.0	1	113	0.3	4	11
Disabled	0.7	36	49	0.2	24	146	0.0	3	114	0.5	10	17
Adults	3.7	264	71	1.2	173	143	0.2	32	171	2.3	59	25
Children	0.3	14	43	0.2	13	53	0.0	0	0	0.1	1	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.6	24	39	0.1	15	133	0.0	2	113	0.5	7	15
Male	0.5	26	48	0.1	17	152	0.0	2	123	0.4	7	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	25	42	0.1	16	140	0.0	2	117	0.5	7	16
African American	0.4	20	48	0.1	13	163	0.0	2	113	0.3	5	16
Other/unknown	0.3	15	53	0.0	12	283	0.0	0	0	0.2	3	12
Use of Nursing Facilities^e												
Entire year	0.5	6	13	0.0	2	109	0.0	0	99	0.5	4	8
Part year	0.5	8	16	0.0	3	100	0.0	1	151	0.4	4	9
None	0.6	29	47	0.1	19	142	0.0	3	117	0.5	8	17
Maintenance Assistance Status												
Cash	0.5	23	42	0.1	14	139	0.0	2	114	0.4	7	16
Medically needy	1.8	119	66	0.6	84	147	0.1	11	125	1.1	24	21
Poverty related	0.8	47	61	0.2	32	142	0.0	4	120	0.5	11	21
Other/unknown	0.5	11	23	0.0	5	132	0.0	1	122	0.4	5	11

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users						\$ per Rx			Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Total Number of Rx	Total Rx \$	Number of Dual Benes	As a Percentage of Benefit Months			
														Number of Dual Benes	Number of Benefit Months		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$14	\$1	\$7	\$73	\$254	\$184	\$30	8,525	\$619,380	2,660	5.3	27,607
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	0.5	0.2	0.0	0.3	122	107	1	15	261	597	142	52	655	170,866	144	0.3	1,395
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	40	32	1	8	59	121	31	20	15,648	921,666	2,188	4.4	22,933
Cardiovascular Agents	1.1	0.4	0.1	0.6	51	27	15	9	47	73	116	15	34,910	1,636,411	3,065	6.1	31,995
Respiratory Agents	0.3	0.1	0.0	0.2	14	11	1	3	46	113	65	15	21,186	972,188	5,964	11.9	67,091
Gastrointestinal Agents	0.5	0.3	0.0	0.2	55	50	2	3	103	148	239	15	12,123	1,250,993	2,209	4.4	22,917
Genitourinary Agents	0.3	0.1	0.1	0.1	18	9	7	3	63	75	94	30	1,503	95,060	492	1.0	5,203
CNS Drugs	0.8	0.1	0.0	0.7	22	12	2	8	27	149	105	12	137,329	3,746,438	15,362	30.6	168,209
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	58	49	0	9	101	128	0	47	591	59,484	104	0.2	1,020
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	80	78	0	2	226	234	142	89	379	85,481	103	0.2	1,066
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	32	12	5	16	47	269	300	25	25,246	1,197,510	3,593	7.1	36,905
Neuromuscular Agents	0.7	0.1	0.0	0.6	34	21	1	12	48	191	130	21	37,784	1,825,689	4,942	9.8	53,584
Nutritional Products	0.4	0.0	0.0	0.3	6	1	0	5	15	20	16	15	3,262	49,970	784	1.6	8,381
Hematological Agents	0.5	0.1	0.0	0.5	15	12	0	4	29	176	36	8	16,118	464,233	2,830	5.6	30,615
Topical Products	0.3	0.1	0.0	0.2	21	15	0	5	67	128	62	27	4,328	288,278	1,331	2.6	13,984
Miscellaneous Products	0.5	0.3	0.0	0.2	204	183	8	13	417	663	258	71	434	181,159	87	0.2	889
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	28	0	0	0	240	6,687	100	0.2	1,069
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.	320,261	13,571,493	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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.medi-span.com/master-drug-database.aspx>.

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, 0.2 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

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
ANTICONVULSANT	\$1,652,258	4,758	9.5	51,685	0.6	\$50	\$32
ANTIPSYCHOTICS	1,218,581	1,121	2.2	11,560	0.5	223	105
ANTIANKXIETY AGENTS	1,109,276	12,969	25.8	142,566	0.7	11	8
ANTIDEPRESSANTS	1,108,971	3,320	6.6	33,754	0.4	75	33
ULCER DRUGS	1,078,253	2,246	4.5	23,474	0.4	115	46
ANTHYPERLIPIDEMIC	866,681	1,977	3.9	20,986	0.4	100	41
ANTIDIABETIC	711,442	1,834	3.6	19,281	0.5	78	37
ANALGESICS - Narcotic	699,304	4,116	8.2	41,677	0.4	41	17
ANTIASTHMATIC	682,863	2,450	4.9	26,101	0.3	76	26
ANTHYPERTENSIVE	332,061	2,039	4.1	21,501	0.5	34	15
Total	9,459,690	36,830	n.a.	392,585	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTICONVULSANT				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of 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 Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	216,039	\$9,459,690	4,758	9.5	51,685	0.6	\$32	1,121	2.2	11,560	0.5	\$105
Female												
All Females	135,424	5,388,381	2,871	9.6	31,310	0.6	29	568	1.9	5,790	0.5	96
Female, Disabled												
All Ages	84,592	4,108,905	2,153	15.9	23,897	0.6	31	496	3.7	5,144	0.5	97
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	742	57,598	29	43.3	348	0.6	63	10	14.9	114	0.5	92
21-44	25,664	1,387,191	884	19.8	9,664	0.6	36	276	6.2	2,786	0.4	96
45-64	50,590	2,370,359	1,129	15.7	12,639	0.6	27	198	2.8	2,108	0.5	100
65-74	5,647	268,759	81	9.1	910	0.6	23	12	1.4	136	0.5	59
75-84	1,239	16,106	25	4.6	287	0.5	5	0	0.0	0	0.0	0
85 and older	710	8,892	5	1.2	49	0.5	13	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	50,832	1,279,476	718	4.4	7,413	0.7	24	72	0.4	646	0.5	85
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	44	2,542	3	150.0	3	4.7	65	2	100.0	2	3.0	575
21-44	3,366	276,984	90	43.1	570	1.0	149	29	13.9	182	0.9	151
45-64	695	47,686	19	45.2	126	0.7	47	2	4.8	14	0.1	19
65-74	23,612	751,774	348	5.9	3,995	0.7	17	34	0.6	396	0.4	64
75-84	13,478	126,163	173	3.2	1,887	0.7	8	2	0.0	24	0.1	12
85 and older	9,637	74,327	85	1.8	832	0.8	5	3	0.1	28	0.3	23
Male												
All Males	80,615	4,071,309	1,887	9.3	20,375	0.6	36	553	2.7	5,770	0.5	115
Male, Disabled												
All Ages	60,250	3,312,235	1,561	11.8	17,117	0.6	39	486	3.7	5,162	0.5	117
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	49	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	520	49,615	14	18.2	168	0.6	81	12	15.6	144	0.4	94
21-44	27,600	1,712,919	846	13.6	9,391	0.6	42	341	5.5	3,617	0.5	126
45-64	29,945	1,462,959	669	10.8	7,214	0.7	35	133	2.1	1,401	0.4	99
65-74	1,734	77,269	25	5.2	265	0.5	15	0	0.0	0	0.0	0
75-84	291	3,441	6	4.0	67	0.6	5	0	0.0	0	0.0	0
85 and older	154	5,983	1	1.2	12	0.1	1	0	0.0	0	0.0	0

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	20,365	759,074	326	4.6	3,258	0.7	25	67	0.9	608	0.5	98
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	7	334	0	0.0	0	0.0	0	3	75.0	36	0.2	9
21-44	2,919	232,272	58	32.8	375	0.7	99	29	16.4	221	0.6	124
45-64	1,227	92,007	20	20.2	127	0.7	76	8	8.1	39	0.8	103
65-74	11,127	370,747	164	4.2	1,863	0.7	15	22	0.6	252	0.4	94
75-84	3,948	53,980	65	3.1	713	0.8	9	5	0.2	60	0.4	70
85 and older	1,137	9,734	19	2.1	180	0.7	6	0	0.0	0	0.0	0
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
					\$					\$					\$
All	12,969	25.8	142,566	0.7	\$8	3,320	6.6	33,754	0.4	\$33	2,246	4.5	23,474	0.4	\$46
Female															
All Females	8,673	29.0	95,806	0.7	8	2,055	6.9	21,242	0.4	32	1,359	4.5	14,441	0.4	44
Female, Disabled															
All Ages	4,451	32.8	50,218	0.7	8	1,691	12.5	17,852	0.4	32	1,071	7.9	11,390	0.4	44
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	9	13.4	108	0.6	8	34	50.7	401	0.4	25	19	28.4	226	0.3	26
21-44	1,373	30.8	15,483	0.6	8	647	14.5	6,602	0.4	32	339	7.6	3,459	0.4	43
45-64	2,515	34.9	28,514	0.7	8	954	13.3	10,265	0.4	33	654	9.1	7,049	0.4	43
65-74	284	32.0	3,162	0.7	10	56	6.3	584	0.6	30	59	6.7	656	0.5	59
75-84	156	28.4	1,724	0.6	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	114	27.8	1,227	0.6	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,222	25.9	45,588	0.8	7	364	2.2	3,390	0.5	34	288	1.8	3,051	0.4	43
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	3	150.0	3	4.0	303	0	0.0	0	0.0	0
21-44	84	40.2	543	0.9	10	128	61.2	836	0.7	61	63	30.1	464	0.6	64
45-64	19	45.2	158	0.6	7	29	69.0	226	0.6	42	11	26.2	101	0.3	50
65-74	1,667	28.1	18,885	0.7	8	198	3.3	2,276	0.4	23	208	3.5	2,432	0.4	40
75-84	1,347	25.3	14,718	0.8	7	2	0.0	24	0.2	18	4	0.1	41	0.2	19
85 and older	1,105	22.9	11,284	0.8	6	4	0.1	25	0.4	20	2	0.0	13	0.2	6
Male															
All Males	4,296	21.1	46,760	0.7	8	1,265	6.2	12,512	0.4	34	887	4.4	9,033	0.4	50
Male, Disabled															
All Ages	2,903	22.0	32,235	0.7	8	1,066	8.1	10,832	0.4	33	700	5.3	7,236	0.4	50
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	1	50.0	12	0.4	3
15-20	11	14.3	132	0.6	15	18	23.4	216	0.4	26	12	15.6	144	0.3	38
21-44	1,262	20.3	14,210	0.7	8	593	9.5	6,082	0.4	31	326	5.2	3,468	0.4	48
45-64	1,476	23.8	16,246	0.7	8	446	7.2	4,439	0.5	37	341	5.5	3,395	0.4	51
65-74	100	20.7	1,069	0.6	8	9	1.9	95	0.5	25	19	3.9	205	0.5	60
75-84	34	22.7	363	0.7	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	20	24.7	215	0.5	6	0	0.0	0	0.0	0	1	1.2	12	0.9	124

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,393	19.5	14,525	0.7	8	199	2.8	1,680	0.5	37	187	2.6	1,797	0.4	49
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	60	33.9	449	1.0	12	88	49.7	577	0.7	58	53	29.9	354	0.7	93
45-64	25	25.3	213	0.5	8	32	32.3	231	0.7	51	23	23.2	165	0.8	87
65-74	735	18.9	8,163	0.7	8	71	1.8	792	0.4	20	103	2.7	1,196	0.3	31
75-84	406	19.6	4,154	0.8	7	8	0.4	80	0.2	13	7	0.3	71	0.4	39
85 and older	167	18.5	1,546	0.6	5	0	0.0	0	0.0	0	1	0.1	11	0.1	12
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,977	3.9	20,986	0.4	\$41	1,834	3.6	19,281	0.5	\$37	4,116	8.2	41,677	0.4	\$17
Female															
All Females	1,100	3.7	11,963	0.4	41	1,150	3.8	12,399	0.5	33	2,245	7.5	23,081	0.4	16
Female, Disabled															
All Ages	770	5.7	8,335	0.4	40	833	6.1	9,010	0.5	34	1,810	13.3	19,044	0.4	15
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	2	3.0	24	0.5	43	3	4.5	35	1.0	95	24	35.8	288	0.2	3
21-44	142	3.2	1,487	0.3	34	171	3.8	1,861	0.4	26	717	16.1	7,295	0.4	15
45-64	546	7.6	5,991	0.4	41	583	8.1	6,306	0.5	34	995	13.8	10,649	0.4	15
65-74	77	8.7	799	0.6	53	75	8.5	796	0.6	48	73	8.2	800	0.5	21
75-84	3	0.5	34	0.2	11	1	0.2	12	0.1	1	1	0.2	12	0.1	1
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	330	2.0	3,628	0.4	41	317	1.9	3,389	0.5	33	435	2.7	4,037	0.4	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	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	150.0	3	4.0	96
21-44	20	9.6	100	1.0	97	31	14.8	159	1.0	66	151	72.2	989	0.7	39
45-64	8	19.0	51	0.7	60	8	19.0	56	0.5	31	31	73.8	281	0.6	42
65-74	275	4.6	3,185	0.4	41	272	4.6	3,132	0.4	31	240	4.0	2,700	0.3	8
75-84	21	0.4	236	0.3	23	4	0.1	18	0.3	2	4	0.1	38	0.4	3
85 and older	6	0.1	56	0.1	5	2	0.0	24	0.1	2	6	0.1	26	0.7	11
Male															
All Males	877	4.3	9,023	0.4	42	684	3.4	6,882	0.5	43	1,871	9.2	18,596	0.4	18
Male, Disabled															
All Ages	659	5.0	6,782	0.4	42	507	3.8	5,080	0.5	46	1,529	11.6	15,568	0.4	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	2.6	16	0.3	38	1	1.3	4	0.3	3	17	22.1	204	0.5	18
21-44	219	3.5	2,303	0.4	36	187	3.0	1,917	0.5	49	806	13.0	8,360	0.4	14
45-64	410	6.6	4,137	0.4	45	303	4.9	2,975	0.5	44	677	10.9	6,699	0.4	18
65-74	25	5.2	290	0.5	44	16	3.3	184	0.5	41	29	6.0	305	0.4	16
75-84	1	0.7	12	0.9	50	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	2.5	24	0.6	90	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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^a, b, c
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIDIABETIC					ANALGESICS - Narcotic				
	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 Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	218	3.1	2,241	0.4	43	177	2.5	1,802	0.5	37	342	4.8	3,028	0.5	31
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	31	17.5	255	0.7	60	24	13.6	152	1.1	93	143	80.8	946	0.8	50
45-64	27	27.3	158	0.8	69	21	21.2	107	0.9	58	56	56.6	414	0.7	48
65-74	147	3.8	1,684	0.4	38	130	3.3	1,527	0.4	30	139	3.6	1,628	0.3	17
75-84	11	0.5	120	0.4	42	2	0.1	16	0.5	31	4	0.2	40	0.4	4
85 and older	2	0.2	24	0.1	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					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		
All	2,450	4.9	26,101	0.3	\$26	2,039	4.1	21,501	0.5	\$15	50,261	540,791
Female												
All Females	1,530	5.1	16,469	0.3	26	1,106	3.7	11,916	0.4	16	29,904	322,471
Female, Disabled												
All Ages	1,174	8.6	12,787	0.3	26	817	6.0	8,765	0.5	16	13,575	150,444
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	12
15-20	13	19.4	156	0.4	19	7	10.4	83	0.4	4	67	783
21-44	315	7.1	3,303	0.3	21	150	3.4	1,597	0.4	15	4,461	50,051
45-64	768	10.7	8,490	0.3	28	590	8.2	6,340	0.4	15	7,200	80,204
65-74	78	8.8	838	0.3	41	70	7.9	745	0.6	26	887	9,558
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	549	5,680
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	410	4,156
Female, Other Eligibles												
All Ages	356	2.2	3,682	0.4	25	289	1.8	3,151	0.4	14	16,329	172,027
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2
21-44	60	28.7	442	0.5	32	27	12.9	179	0.8	35	209	1,365
45-64	23	54.8	215	0.4	39	9	21.4	63	0.5	18	42	287
65-74	270	4.6	3,016	0.3	23	245	4.1	2,850	0.4	13	5,930	66,091
75-84	3	0.1	9	0.7	5	3	0.1	19	0.3	4	5,331	56,786
85 and older	0	0.0	0	0.0	0	5	0.1	40	0.2	3	4,815	47,496
Male												
All Males	920	4.5	9,632	0.3	26	933	4.6	9,585	0.5	15	20,357	218,320
Male, Disabled												
All Ages	700	5.3	7,331	0.3	25	733	5.5	7,545	0.5	15	13,225	145,388
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	32
6-14	1	50.0	12	0.1	1	0	0.0	0	0.0	0	2	24
15-20	7	9.1	84	0.4	19	6	7.8	72	0.5	47	77	916
21-44	263	4.2	2,849	0.3	22	289	4.6	3,027	0.4	13	6,221	69,920
45-64	373	6.0	3,738	0.4	27	412	6.6	4,143	0.5	17	6,208	67,239
65-74	55	11.4	636	0.4	30	25	5.2	291	0.6	20	483	5,090
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	150	1,446
85 and older	1	1.2	12	1.0	83	1	1.2	12	0.9	9	81	721

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTHYPERTENSIVE						
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of 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	220	3.1	2,301	0.4	30	200	2.8	2,040	0.5	15	7,132	72,932
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	4	33
21-44	36	20.3	305	0.5	45	31	17.5	215	0.8	26	177	1,155
45-64	22	22.2	199	0.4	43	22	22.2	179	0.7	28	99	590
65-74	154	4.0	1,744	0.3	26	139	3.6	1,561	0.4	12	3,881	42,037
75-84	8	0.4	53	0.6	36	7	0.3	74	0.4	16	2,068	21,091
85 and older	0	0.0	0	0.0	0	1	0.1	11	0.1	1	903	8,026
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

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	\$6	0.5	6,481	64,886
Age				
0-64	20	1.0	486	5,453
65-74	16	0.8	908	9,554
75-84	3	0.4	2,104	21,219
85 and older	2	0.3	2,983	28,660
Unknown	0	0.0	0	0
Gender				
Female	5	0.5	4,815	48,436
Male	8	0.5	1,666	16,450
Unknown	0	0.0	0	0
Race				
White	6	0.5	6,297	63,037
African American	3	0.4	183	1,837
Other/unknown	0	0	1	12
Basis of Eligibility^c				
Aged	4	0.4	5,980	59,295
Disabled	26	1.1	501	5,591
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
^a Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
^b Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
^c Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx		Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.7	0.2	0.0	0.5	\$80	\$69	\$0	\$11	\$115	\$283	\$0	\$24	190	\$21,920	26	0.4	273
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	0.2	0.1	0.0	0.1	149	139	0	10	780	1,167	0	134	8	6,239	4	0.1	42
Endocrine/Metabolic Drugs	1.1	0.6	0.0	0.5	71	60	4	7	62	101	88	13	310	19,204	26	0.4	271
Cardiovascular Agents	1.2	0.4	0.1	0.8	49	25	10	15	41	70	114	19	703	28,561	55	0.8	580
Respiratory Agents	0.3	0.0	0.0	0.2	7	4	0	4	29	107	51	16	404	11,844	146	2.3	1,601
Gastrointestinal Agents	1.0	0.5	0.0	0.5	56	48	0	8	58	103	0	16	322	18,807	31	0.5	338
Genitourinary Agents	0.2	0.0	0.0	0.1	6	0	3	3	37	26	96	24	11	407	6	0.1	68
CNS Drugs	1.1	0.0	0.0	1.1	11	3	0	8	9	88	75	7	20,154	191,215	1,742	26.9	17,959
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	52	52	0	0	112	112	0	0	30	3,349	6	0.1	64
Analgesics and Anesthetics	1.0	0.1	0.1	0.8	25	7	11	8	26	89	146	9	355	9,171	37	0.6	362
Neuromuscular Agents	1.2	0.0	0.0	1.2	15	3	0	11	12	136	44	10	3,265	40,261	261	4.0	2,750
Nutritional Products	0.4	0.0	0.0	0.4	7	0	0	7	18	0	9	18	160	2,876	40	0.6	393
Hematological Agents	0.7	0.0	0.0	0.7	5	1	0	5	7	190	0	6	4,878	35,133	624	9.6	6,612
Topical Products	0.9	0.2	0.0	0.7	48	29	1	17	53	126	78	27	182	9,664	19	0.3	201
Miscellaneous Products	0.4	0.0	0.0	0.4	6	0	0	6	16	0	0	16	11	172	4	0.1	29
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	5	0	0	0	9	0	0	0	45	403	7	0.1	84
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.	31,028	399,226	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In West Virginia, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP-10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^a, b, c, d
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	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
ANTIANXIETY AGENTS	\$124,135	1,579	24.4	16,194	1.1	\$7	\$8
ANTICONVULSANT	38,696	258	4.0	2,714	1.2	12	14
ANTIPSYCHOTICS	34,119	28	0.4	308	0.6	182	111
HEMATOPOIETIC AGENTS	32,291	662	10.2	7,051	0.7	7	5
ANTIDIABETIC	17,432	38	0.6	385	0.7	69	45
ANTIDEPRESSANTS	17,210	49	0.8	503	0.6	56	34
HYPNOTICS	15,751	203	3.1	2,196	1.1	6	7
ULCER DRUGS	15,014	32	0.5	354	0.5	88	42
ANTIVIRAL	14,296	2	0.0	24	1.1	550	596
ANTHYPERLIPIDEMIC	13,190	31	0.5	335	0.5	85	39
Total	322,134	2,882	n.a.	30,064	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIANXIETY AGENTS					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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	28,750	\$322,134	1,579	24.4	16,194	1.1	\$8	258	4.0	2,714	1.2	\$14						
Female																		
All Females	21,293	212,260	1,218	25.3	12,651	1.1	7	171	3.6	1,776	1.1	16						
Female, Disabled																		
All Ages	2,599	47,082	88	34.9	1,005	1.1	8	37	14.7	409	1.2	23						
64 or younger	2,325	31,428	83	34.2	955	1.2	8	33	13.6	363	1.2	13						
65-74	274	15,654	5	62.5	50	0.9	12	4	50.0	46	1.1	105						
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	18,694	165,178	1,130	24.8	11,646	1.1	7	134	2.9	1,367	1.1	14						
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
65-74	3,740	64,211	160	30.8	1,646	1.3	10	40	7.7	462	1.2	24						
75-84	7,193	49,560	406	26.9	4,311	1.1	8	52	3.4	526	1.0	10						
85 and older	7,761	51,407	564	22.3	5,689	1.0	6	42	1.7	379	1.0	6						
Male																		
All Males	7,457	109,874	361	21.7	3,543	1.0	9	87	5.2	938	1.3	11						
Male, Disabled																		
All Ages	2,331	55,723	63	25.3	700	1.4	12	26	10.4	308	1.7	16						
64 or younger	2,307	55,229	60	24.7	677	1.4	12	25	10.3	296	1.7	15						
65-74	24	494	3	50.0	23	0.5	5	1	16.7	12	1.0	32						
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	5,126	54,151	298	21.0	2,843	1.0	8	61	4.3	630	1.1	9						
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
65-74	2,288	29,368	93	24.9	970	1.1	10	22	5.9	228	1.5	10						
75-84	1,921	17,961	129	21.8	1,163	1.0	7	30	5.1	323	0.9	8						
85 and older	917	6,822	76	16.9	710	0.7	6	9	2.0	79	1.0	6						
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS					ANTIDIABETIC							
	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	28	0.4	308	0.6	\$111	662	10.2	7,051	0.7	\$5	38	0.6	385	0.7	\$45			
Female																		
All Females	15	0.3	174	0.7	107	501	10.4	5,410	0.7	5	19	0.4	181	1.0	77			
Female, Disabled																		
All Ages	9	3.6	106	0.6	76	25	9.9	294	0.7	15	7	2.8	76	0.6	35			
64 or younger	5	2.1	60	0.6	95	23	9.5	270	0.7	16	4	1.6	44	0.5	34			
65-74	4	50.0	46	0.7	52	2	25.0	24	0.6	4	3	37.5	32	0.8	37			
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	6	0.1	68	0.8	154	476	10.4	5,116	0.7	4	12	0.3	105	1.2	108			
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	0.8	48	1.1	214	52	10.0	540	0.7	4	9	1.7	99	1.3	114			
75-84	1	0.1	12	0.1	0	165	10.9	1,884	0.7	4	3	0.2	6	0.8	7			
85 and older	1	0.0	8	0.5	26	259	10.2	2,692	0.6	4	0	0.0	0	0.0	0			
Male																		
All Males	13	0.8	134	0.5	116	161	9.7	1,641	0.7	4	19	1.1	204	0.3	17			
Male, Disabled																		
All Ages	5	2.0	40	0.6	183	16	6.4	182	0.8	5	12	4.8	120	0.4	20			
64 or younger	5	2.1	40	0.6	183	16	6.6	182	0.8	5	12	4.9	120	0.4	20			
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	8	0.6	94	0.5	88	145	10.2	1,459	0.7	4	7	0.5	84	0.3	12			
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	6	1.6	70	0.4	87	51	13.6	549	0.7	5	7	1.9	84	0.3	12			
75-84	2	0.3	24	0.6	91	51	8.6	510	0.7	4	0	0.0	0	0.0	0			
85 and older	0	0.0	0	0.0	0	43	9.6	400	0.7	4	0	0.0	0	0.0	0			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					HYPNOTICS					ULCER DRUGS				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year					of All-Year					of All-Year			
		Nursing Facility Residents	Benefit Months Among Users	Rx			Nursing Facility Residents	Benefit Months Among Users	Rx			Nursing Facility Residents	Benefit Months Among Users	Rx	
All	49	0.8	503	0.6	\$34	203	3.1	2,196	1.1	\$7	32	0.5	354	0.5	\$42
Female															
All Females	23	0.5	246	0.7	38	129	2.7	1,405	1.1	7	10	0.2	110	0.7	72
Female, Disabled															
All Ages	15	6.0	170	0.6	36	27	10.7	297	1.5	8	6	2.4	66	0.6	63
64 or younger	8	3.3	90	0.5	41	26	10.7	287	1.6	8	3	1.2	32	0.3	25
65-74	7	87.5	80	0.8	30	1	12.5	10	0.2	11	3	37.5	34	0.9	99
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	8	0.2	76	0.9	45	102	2.2	1,108	1.0	7	4	0.1	44	0.9	86
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	6	1.2	63	1.0	49	26	5.0	285	1.4	10	3	0.6	36	1.1	105
75-84	0	0.0	0	0.0	0	49	3.2	540	1.0	6	0	0.0	0	0.0	0
85 and older	2	0.1	13	0.5	25	27	1.1	283	0.6	6	1	0.0	8	0.1	1
Male															
All Males	26	1.6	257	0.5	30	74	4.4	791	1.1	7	22	1.3	244	0.4	29
Male, Disabled															
All Ages	18	7.2	172	0.5	31	25	10.0	295	1.5	8	13	5.2	148	0.4	33
64 or younger	18	7.4	172	0.5	31	25	10.3	295	1.5	8	13	5.3	148	0.4	33
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	8	0.6	85	0.5	29	49	3.5	496	0.9	6	9	0.6	96	0.4	23
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7	1.9	77	0.5	32	22	5.9	251	1.2	6	6	1.6	64	0.5	27
75-84	1	0.2	8	0.1	8	19	3.2	170	0.7	7	3	0.5	32	0.3	15
85 and older	0	0.0	0	0.0	0	8	1.8	75	0.7	5	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTHYPERLIPIDEMIC					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	2	0.0	24	1.1	\$596	31	0.5	335	0.5	\$39	6,481	64,886
Female												
All Females	0	0.0	0	0.0	0	14	0.3	150	0.5	32	4,815	48,436
Female, Disabled												
All Ages	0	0.0	0	0.0	0	6	2.4	70	0.3	23	252	2,799
64 or younger	0	0.0	0	0.0	0	4	1.6	46	0.3	19	243	2,707
65-74	0	0.0	0	0.0	0	2	25.0	24	0.4	31	8	86
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	0	0.0	0	0.0	0	8	0.2	80	0.6	39	4,563	45,637
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	5	1.0	51	0.9	60	520	5,492
75-84	0	0.0	0	0.0	0	1	0.1	12	0.1	2	1,510	15,413
85 and older	0	0.0	0	0.0	0	2	0.1	17	0.1	4	2,533	24,732
Male												
All Males	2	0.1	24	1.1	596	17	1.0	185	0.5	46	1,666	16,450
Male, Disabled												
All Ages	2	0.8	24	1.1	596	11	4.4	116	0.4	42	249	2,792
64 or younger	2	0.8	24	1.1	596	11	4.5	116	0.4	42	243	2,746
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	46
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	0	0.0	0	0.0	0	6	0.4	69	0.5	51	1,417	13,658
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	5	1.3	57	0.4	40	374	3,930
75-84	0	0.0	0	0.0	0	1	0.2	12	1.0	106	593	5,800
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	450	3,928
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,384 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medicspan.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	20,756	41.3	3.5	174,739	\$40	\$1,991,554	\$11	14.7	50,261
Age									
5 and younger	1	33.3	1.7	5	22	66	13	6.3	3
6-14	2	66.7	2.0	6	26	77	13	0.9	3
15-20	50	33.3	1.9	291	35	5,218	18	3.0	150
21-44	4,714	42.6	3.4	38,012	44	487,368	13	9.5	11,068
45-64	6,661	49.2	4.3	58,656	52	703,273	12	12.3	13,549
65-74	4,614	41.3	3.5	39,131	39	441,337	11	20.4	11,181
75-84	2,906	35.9	3.1	24,736	29	237,327	10	90.6	8,098
85 and older	1,808	29.1	2.2	13,902	19	116,888	8	84.1	6,209
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	8,234	35.9	3.0	68,858	30	687,784	10	35.4	22,914
Disabled	12,259	45.7	3.9	104,092	48	1,280,470	12	11.9	26,800
Adults	263	48.6	3.3	1,789	43	23,300	13	2.6	541
Children	0	0.0	0.0	0	0	0	0	0.0	5
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Gender									
Female	13,371	44.7	3.8	114,349	43	1,300,183	11	16.7	29,904
Male	7,385	36.3	3.0	60,390	34	691,371	11	12.0	20,357
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	20,204	41.7	3.5	170,986	40	1,948,923	11	14.8	48,432
African American	549	30.4	2.1	3,713	23	42,114	11	10.8	1,807
Other/unknown	3	13.6	1.8	40	24	517	13	13.3	22
Use of Nursing Facilities^d									
Entire year	1,952	30.1	3.6	23,037	26	166,779	7	41.8	6,481
Part year	1,299	39.9	3.4	10,938	26	84,884	8	36.0	3,253
None	17,505	43.2	3.5	140,764	43	1,739,891	12	13.4	40,527
Maintenance Assistance Status									
Cash	13,178	43.6	3.6	109,227	44	1,336,166	12	16.9	30,195
Medically needy	1,242	38.0	2.7	8,709	31	100,469	12	3.3	3,269
Poverty related	840	38.8	1.8	3,979	22	48,199	12	4.6	2,163
Other/unknown	5,496	37.6	3.6	52,824	35	506,720	10	31.5	14,634

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006.
 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.
 Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$4	\$11	\$0	\$3	540,791
Age						
5 and younger	0.2	2	13	0	0	32
6-14	0.2	2	13	0	0	36
15-20	0.2	3	18	0	2	1,734
21-44	0.3	4	13	0	3	122,491
45-64	0.4	5	12	0	3	148,320
65-74	0.3	4	11	0	2	122,776
75-84	0.3	3	10	0	2	85,003
85 and older	0.2	2	8	0	2	60,399
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	3	10	0	2	241,457
Disabled	0.4	4	12	0	3	295,832
Adults	0.5	7	13	0	5	3,449
Children	0.0	0	0	0	0	41
Unknown	0.0	0	0	0	0	12
Gender						
Female	0.4	4	11	0	3	322,471
Male	0.3	3	11	0	2	218,320
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	11	0	3	521,099
African American	0.2	2	11	0	1	19,428
Other/unknown	0.2	2	13	0	1	264
Use of Nursing Facilities^d						
Entire year	0.4	3	7	0	2	64,886
Part year	0.3	3	8	0	2	31,384
None	0.3	4	12	0	3	444,521
Maintenance Assistance Status						
Cash	0.3	4	12	0	3	344,244
Medically needy	0.3	4	12	0	3	25,467
Poverty related	0.2	2	12	0	1	22,178
Other/unknown	0.4	3	10	0	3	148,902

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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 2006.

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.

Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 WEST VIRGINIA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx, \$ per Rx	Excluded Rx	
All	27,183	\$73	\$1,991,554	100.0	174,739	\$11	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	14	43	0.0	5	9	0.0
Cough and cold medications	4,479	27	120,116	6.0	9,036	13	5.2
Vitamins and minerals	706	61	43,042	2.2	2,878	15	1.6
Non-prescription drugs	5,498	61	332,815	16.7	23,566	14	13.5
Barbiturates	788	64	50,799	2.6	8,402	6	4.8
Benzodiazepines	15,318	92	1,415,334	71.1	129,320	11	74.0
Other Part D Excl Rx Drugs	391	75	29,405	1.5	1,532	19	0.9

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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, non-prescription (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.
 Benef(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^{a, b}
 WEST VIRGINIA, 2006

Total Number of Dual Eligible Beneficiaries: 50,261
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$13,571,493
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$270

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,347	56.4	\$0	0.0
1-500	18,291	36.4	1,684,433	12.4
501-1,000	925	1.8	661,183	4.9
1,001-1,500	527	1.0	646,193	4.8
1,501-2,000	410	0.8	713,952	5.3
2,001-2,500	265	0.5	593,483	4.4
2,501-3,000	229	0.5	624,657	4.6
3,001-3,500	175	0.3	565,317	4.2
3,501-4,000	144	0.3	538,636	4.0
4,001-4,500	117	0.2	494,850	3.6
4,501-5,000	117	0.2	552,194	4.1
5,001-5,500	86	0.2	451,282	3.3
5,501-6,000	75	0.1	430,487	3.2
6,001-6,500	74	0.1	461,294	3.4
6,501-7,000	60	0.1	404,103	3.0
7,001-7,500	49	0.1	355,952	2.6
7,501-8,000	47	0.1	362,630	2.7
8,001-8,500	38	0.1	312,303	2.3
8,501-9,000	36	0.1	315,699	2.3
9,001-9,500	33	0.1	306,567	2.3
9,501-10,000	21	0.0	204,137	1.5
10,001+	195	0.4	2,892,141	21.3

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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 2006.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 WEST VIRGINIA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 24,240
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,095,990
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$416

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,248	50.5	\$0	0.0
1-500	9,281	38.3	978,747	9.7
501-1,000	668	2.8	482,520	4.8
1,001-1,500	408	1.7	498,483	4.9
1,501-2,000	303	1.3	524,844	5.2
2,001-2,500	209	0.9	467,858	4.6
2,501-3,000	172	0.7	470,872	4.7
3,001-3,500	121	0.5	392,077	3.9
3,501-4,000	104	0.4	389,506	3.9
4,001-4,500	86	0.4	363,785	3.6
4,501-5,000	82	0.3	386,427	3.8
5,001-5,500	59	0.2	309,002	3.1
5,501-6,000	65	0.3	372,387	3.7
6,001-6,500	55	0.2	342,562	3.4
6,501-7,000	42	0.2	283,417	2.8
7,001-7,500	37	0.2	268,478	2.7
7,501-8,000	37	0.2	285,734	2.8
8,001-8,500	28	0.1	230,168	2.3
8,501-9,000	31	0.1	271,639	2.7
9,001-9,500	28	0.1	260,240	2.6
9,501-10,000	18	0.1	175,077	1.7
10,001+	158	0.7	2,342,167	23.2

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 WEST VIRGINIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+, 25,488
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+, \$2,566,089
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+, \$100

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	15,928	62.5	0	0.0
1-500	8,879	34.8	689,273	26.9
501-1,000	213	0.8	146,649	5.7
1,001-1,500	91	0.4	113,817	4.4
1,501-2,000	84	0.3	148,911	5.8
2,001-2,500	42	0.2	94,138	3.7
2,501-3,000	44	0.2	117,944	4.6
3,001-3,500	37	0.1	118,560	4.6
3,501-4,000	26	0.1	97,212	3.8
4,001-4,500	26	0.1	109,871	4.3
4,501-5,000	25	0.1	117,426	4.6
5,001-5,500	18	0.1	95,498	3.7
5,501-6,000	7	0.0	40,359	1.6
6,001-6,500	9	0.0	55,936	2.2
6,501-7,000	8	0.0	53,583	2.1
7,001-7,500	9	0.0	65,826	2.6
7,501-8,000	1	0.0	7,674	0.3
8,001-8,500	9	0.0	74,127	2.9
8,501-9,000	1	0.0	8,738	0.3
9,001-9,500	4	0.0	37,238	1.5
9,501-10,000	2	0.0	19,308	0.8
10,001+	25	0.1	354,001	13.8

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 WEST VIRGINIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 11,181
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,165,239
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$193

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,603	59.1	\$0	0.0
1-500	3,937	35.2	345,721	16.0
501-1,000	185	1.7	128,879	6.0
1,001-1,500	87	0.8	108,885	5.0
1,501-2,000	83	0.7	147,297	6.8
2,001-2,500	41	0.4	91,977	4.2
2,501-3,000	43	0.4	115,255	5.3
3,001-3,500	37	0.3	118,560	5.5
3,501-4,000	25	0.2	93,588	4.3
4,001-4,500	25	0.2	105,448	4.9
4,501-5,000	25	0.2	117,426	5.4
5,001-5,500	17	0.2	90,173	4.2
5,501-6,000	7	0.1	40,359	1.9
6,001-6,500	9	0.1	55,936	2.6
6,501-7,000	8	0.1	53,583	2.5
7,001-7,500	7	0.1	51,066	2.4
7,501-8,000	1	0.0	7,674	0.4
8,001-8,500	9	0.1	74,127	3.4
8,501-9,000	1	0.0	8,738	0.4
9,001-9,500	4	0.0	37,238	1.7
9,501-10,000	2	0.0	19,308	0.9
10,001+	25	0.2	354,001	16.3

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 WEST VIRGINIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,098
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$261,811
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$32

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,157	63.7	\$0	0.0
1-500	2,910	35.9	219,091	83.7
501-1,000	22	0.3	13,626	5.2
1,001-1,500	3	0.0	3,480	1.3
1,501-2,000	0	0.0	0	0.0
2,001-2,500	1	0.0	2,161	0.8
2,501-3,000	1	0.0	2,689	1.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.0	3,624	1.4
4,001-4,500	1	0.0	4,423	1.7
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,325	2.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,392	2.8
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 WEST VIRGINIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+ 6,209
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$139,039
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$22

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,168	67.1	\$0	0.0
1-500	2,032	32.7	124,461	89.5
501-1,000	6	0.1	4,144	3.0
1,001-1,500	1	0.0	1,452	1.0
1,501-2,000	1	0.0	1,614	1.2
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,368	5.3
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL BENEFICIARIES, WEST VIRGINIA, 2006

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	50,270	22,914	26,800	550	5	1	542,737	241,458	296,986	4,234	47	12
Age												
5 and younger	3	0	3	0	0	0	35	0	35	0	0	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	150	0	144	3	3	0	1,754	0	1,701	26	27	0
21-44	11,073	0	10,682	390	1	0	124,052	0	120,889	3,155	8	0
45-64	13,553	0	13,408	143	1	1	148,681	0	147,674	983	12	12
65-74	11,181	9,801	1,370	10	0	0	122,777	108,094	14,648	45	0	0
75-84	8,098	7,396	699	3	0	0	85,003	77,855	7,126	22	0	0
85 and older	6,209	5,717	491	1	0	0	60,399	55,519	4,877	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	29,906	16,072	13,575	257	1	1	323,512	170,354	151,128	2,006	12	12
Male	20,364	6,842	13,225	293	4	0	219,225	71,104	145,858	2,228	35	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	48,441	22,153	25,754	529	4	1	522,982	233,356	285,511	4,068	35	12
African American	1,807	751	1,034	21	1	0	19,491	7,982	11,331	166	12	0
Other/unknown	22	10	12	0	0	0	264	120	144	0	0	0
Use of Nursing Facilities^c												
Entire year	6,481	5,980	501	0	0	0	64,886	59,295	5,591	0	0	0
Part year	3,253	2,883	370	0	0	0	31,384	27,757	3,627	0	0	0
None	40,536	14,051	25,929	550	5	1	446,467	154,406	287,768	4,234	47	12
Maintenance Assistance Status												
Cash	30,200	12,696	17,350	154	0	0	345,360	144,731	199,283	1,346	0	0
Medically needy	3,271	1,284	1,723	264	0	0	25,718	10,506	13,306	1,906	0	0
Poverty related	2,163	611	1,529	22	0	1	22,539	6,361	16,010	156	0	12
Other/unknown	14,636	8,323	6,198	110	5	0	149,120	79,860	68,387	826	47	0
Dual Status^d												
Full dual, all year	47,013	21,817	24,704	486	5	1	508,417	229,929	274,870	3,559	47	12
Full dual, part year	3,257	1,097	2,096	64	0	0	34,320	11,529	22,116	675	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	49,804	22,913	26,552	334	4	1	538,088	241,452	294,261	2,327	36	12
FFS part year, with Rx claims	335	0	210	124	1	0	3,420	0	2,288	1,121	11	0
FFS part year, no Rx claims	20	1	12	7	0	0	185	6	127	52	0	0
MC all year, with Rx claims	102	0	26	76	0	0	1,017	0	310	707	0	0
MC all year, no Rx claims	7	0	0	7	0	0	25	0	0	25	0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	Beneficiaries and					
	Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	50,268	542,735	50,261	540,791	0	1,944
Fee-for-service (FFS) all year	49,804	538,088	49,804	538,074	0	14
FFS part year, with Rx claims	335	3,420	335	1,573	0	1,847
FFS part year, with no Rx claims	20	185	20	129	0	56
Managed care (MC) all year, with Rx claims	102	1,017	102	1,015	0	2
MC all year, with no Rx claims	7	25	0	0	0	25

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

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.

All Medicaid Beneficiaries