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

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

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
WEST VIRGINIA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

- TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

FOR ALL NONDUAL BENEFICIARIES

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

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY

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

SUPPLEMENTAL TABLES

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

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WEST VIRGINIA, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	396873 (A)	77708 (E)	319165 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	369743 (B)	50733 (F)	319010 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	344041 (C)	50730 (G)	293311 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	6947 (D)	6470 (H)	477 (L)

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for West Virginia in 2007 was $354,441,824, of which $697,234 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

All Medicaid Beneficiaries

TABLE 2

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

WEST VIRGINIA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**344,041**	**23,217**	**99,670**	**55,051**	**165,748**	**355**	**2,734,227**	**243,118**	**1,060,365**	**251,392**	**1,175,864**	**3,488**
Age												
5 and younger	64,810	0	1,765	0	63,045	0	446,332	0	16,935	0	429,397	0
6-14	76,301	0	6,161	12	70,128	0	582,320	0	67,105	83	515,132	0
15-20	42,316	0	5,306	4,493	32,517	0	307,890	0	57,233	19,653	231,004	0
21-44	83,289	0	36,246	46,921	56	66	599,938	0	386,758	212,330	328	522
45-64	51,124	0	47,223	3,611	2	288	524,782	0	502,564	19,259	3	2,956
65-74	11,581	10,001	1,566	13	0	1	126,006	109,995	15,939	62	0	10
75-84	8,261	7,433	827	1	0	0	85,344	77,007	8,332	5	0	0
85 and older	6,359	5,783	576	0	0	0	61,615	56,116	5,499	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	197,255	16,222	51,854	45,992	82,832	355	1,529,653	171,173	554,948	212,421	587,623	3,488
Male	146,786	6,995	47,816	9,059	82,916	0	1,204,574	71,945	505,417	38,971	588,241	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	326,221	22,431	95,612	52,033	155,804	341	2,599,939	234,842	1,018,290	237,414	1,106,059	3,334
African American	17,576	774	4,005	2,981	9,802	14	132,397	8,145	41,497	13,817	68,784	154
Other/unknown	244	12	53	37	142	0	1,891	131	578	161	1,021	0
Use of Nursing Facilities[c]												
Entire year	6,947	6,067	880	0	0	0	69,229	59,778	9,451	0	0	0
Part year	3,823	2,885	922	14	1	1	37,034	27,603	9,324	83	12	12
None	333,271	14,265	97,868	55,037	165,747	354	2,627,964	155,737	1,041,590	251,309	1,175,852	3,476
Maintenance Assistance Status												
Cash	112,053	12,852	77,108	21,921	172	0	1,112,407	145,920	860,381	105,203	903	0
Medically needy	25,683	1,426	11,650	12,417	190	0	156,062	11,040	85,527	58,038	1,457	0
Poverty-related	12,261	542	1,439	2,811	7,114	355	80,907	5,627	14,657	11,027	46,108	3,488
Other/unknown	194,044	8,397	9,473	17,902	158,272	0	1,384,851	80,531	99,800	77,124	1,127,396	0
Dual Medicare Status[d]												
Full dual, all year	47,378	21,770	25,140	458	6	4	507,506	228,295	276,391	2,720	64	36
Full dual, part year	3,352	991	2,291	70	0	0	34,965	10,408	23,861	696	0	0
Non-dual, all year	293,311	456	72,239	54,523	165,742	351	2,191,756	4,415	760,113	247,976	1,175,800	3,452
Managed Care (MC) Status												
Fee-for-service (FFS) all year	175,245	23,214	97,070	16,920	37,694	347	1,687,799	243,095	1,042,988	84,632	313,651	3,433
FFS part year, with Rx claims	68,421	2	2,135	23,149	43,127	8	164,528	17	12,586	60,367	91,503	55
FFS part year, no Rx claims	18,639	1	92	3,201	15,345	0	43,075	6	491	8,040	34,538	0

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

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

WEST VIRGINIA, 2007

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	**77.1**	**15.9**	**$1,028**	**$65**	**$5,418**	**19.0**	**344,041**
Age							
5 and younger	82.7	5.9	307	52	1,452	21.1	64,810
6-14	81.3	8.3	609	73	2,057	29.6	76,301
15-20	81.2	9.8	680	69	3,481	19.5	42,316
21-44	78.8	20.2	1,325	66	5,428	24.4	83,289
45-64	77.7	43.4	2,832	65	11,001	25.7	51,124
65-74	42.3	6.9	262	38	9,228	2.8	11,581
75-84	35.1	3.4	39	11	18,971	0.2	8,261
85 and older	32.4	2.9	27	10	29,473	0.1	6,359
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	37.3	4.5	112	25	17,851	0.6	23,217
Disabled	75.4	34.1	2,422	71	10,630	22.8	99,670
Adults	83.4	14.6	760	52	2,458	30.9	55,051
Children	81.5	6.9	400	58	1,502	26.7	165,748
Unknown	94.1	45.3	4,220	93	15,814	26.7	355
Gender							
Female	78.9	17.7	1,094	62	5,610	19.5	197,255
Male	74.7	13.4	939	70	5,158	18.2	146,786
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	77.4	16.2	1,047	65	5,484	19.1	326,221
African American	70.9	10.3	688	67	4,195	16.4	17,576
Other/unknown	63.1	12.3	1,057	86	4,099	25.8	244
Use of Nursing Facilities[f]							
Entire year	41.2	11.4	452	40	47,661	0.9	6,947
Part year	52.3	17.6	950	54	34,258	2.8	3,823
None	78.1	15.9	1,041	65	4,206	24.8	333,271
Maintenance Assistance Status							
Cash	74.6	29.9	2,055	69	7,579	27.1	112,053
Medically needy	77.2	21.5	1,388	65	6,242	22.2	25,683
Poverty related	75.6	7.9	463	59	1,985	23.3	12,261
Other/unknown	78.6	7.5	423	57	4,277	9.9	194,044

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

All Medicaid Beneficiaries

TABLE 4

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

WEST VIRGINIA, 2007

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**2.0**	**$129**	**19.0**	**22.9**	**40.2**	**9.9**	**13.3**	**8.2**	**5.5**	**$682**	**344,041**	**2,734,227**
Age												
5 and younger	0.9	45	21.1	17.3	57.7	9.4	8.5	4.2	2.9	211	64,810	446,332
6-14	1.1	80	29.6	18.7	52.6	10.3	10.6	4.2	3.7	270	76,301	582,320
15-20	1.3	93	19.5	18.8	47.6	12.1	12.3	5.1	4.1	478	42,316	307,890
21-44	2.8	184	24.4	21.2	27.7	11.9	19.5	11.3	8.5	754	83,289	599,938
45-64	4.2	276	25.7	22.3	19.2	7.6	19.5	21.0	10.5	1,072	51,124	524,782
65-74	0.6	24	2.8	57.7	31.8	4.1	4.0	1.7	0.7	848	11,581	126,006
75-84	0.3	4	0.2	64.9	29.1	3.9	1.8	0.1	0.0	1,836	8,261	85,344
85 and older	0.3	3	0.1	67.6	26.6	4.2	1.5	0.0	0.0	3,042	6,359	61,615
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	11	0.6	62.7	29.6	4.2	2.7	0.6	0.2	1,705	23,217	243,118
Disabled	3.2	228	22.8	24.6	25.6	9.2	18.7	15.4	6.5	999	99,670	1,060,365
Adults	3.2	167	30.9	16.6	28.0	13.2	19.6	10.8	11.8	538	55,051	251,392
Children	1.0	56	26.7	18.5	54.5	9.9	9.4	4.2	3.5	212	165,748	1,175,864
Unknown	4.6	429	26.7	5.9	13.8	15.2	34.9	25.6	4.5	1,610	355	3,488
Gender												
Female	2.3	141	19.5	21.1	38.8	10.1	13.9	9.4	6.7	724	197,255	1,529,653
Male	1.6	115	18.2	25.3	42.1	9.5	12.5	6.7	3.8	629	146,786	1,204,574
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.0	131	19.1	22.6	40.1	9.9	13.4	8.4	5.6	688	326,221	2,599,939
African American	1.4	91	16.4	29.1	42.5	8.7	10.5	5.7	3.5	557	17,576	132,397
Other/unknown	1.6	136	25.8	36.9	36.5	9.0	8.6	4.9	4.1	529	244	1,891
Use of Nursing Facilities[f]												
Entire year	1.1	45	0.9	58.8	23.8	7.1	5.5	1.9	2.9	4,783	6,947	69,229
Part year	1.8	98	2.8	47.7	30.8	6.2	4.3	5.5	5.7	3,537	3,823	37,034
None	2.0	132	24.8	21.9	40.6	10.0	13.6	8.4	5.5	533	333,271	2,627,964
Maintenance Assistance Status												
Cash	3.0	207	27.1	25.4	26.4	9.1	17.2	13.8	8.0	763	112,053	1,112,407
Medically needy	3.5	229	22.2	22.8	21.2	11.2	22.1	14.0	8.8	1,027	25,683	156,062
Poverty related	1.2	70	23.3	24.4	46.0	9.8	11.0	5.6	3.4	301	12,261	80,907
Other/unknown	1.0	59	9.9	21.4	50.3	10.1	10.0	4.5	3.7	599	194,044	1,384,851

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-

term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

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

WEST VIRGINIA, 2007

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	**2.0**	**$129**	**$65**	**0.6**	**$90**	**$146**	**0.1**	**$10**	**$103**	**1.3**	**$29**	**$23**
Age												
5 and younger	0.9	45	52	0.2	27	139	0.1	6	71	0.6	11	20
6-14	1.1	80	73	0.5	59	126	0.1	8	96	0.5	14	25
15-20	1.3	93	69	0.5	68	142	0.1	7	108	0.8	18	23
21-44	2.8	184	66	0.8	130	161	0.1	12	122	1.9	41	22
45-64	4.2	276	65	1.3	191	145	0.2	20	106	2.7	65	24
65-74	0.6	24	38	0.1	15	130	0.0	2	89	0.5	8	16
75-84	0.3	4	11	0.0	1	104	0.0	0	100	0.3	3	9
85 and older	0.3	3	10	0.0	0	90	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	11	25	0.0	5	125	0.0	1	90	0.4	5	12
Disabled	3.2	228	71	1.0	163	158	0.1	16	112	2.0	49	24
Adults	3.2	167	52	0.8	110	132	0.1	12	118	2.2	44	20
Children	1.0	56	58	0.3	38	117	0.1	6	83	0.6	12	22
Unknown	4.6	429	93	1.6	348	219	0.2	21	101	2.8	61	22
Gender												
Female	2.3	141	62	0.7	97	142	0.1	11	105	1.5	33	22
Male	1.6	115	70	0.5	81	152	0.1	9	100	1.0	24	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.0	131	65	0.6	92	145	0.1	10	103	1.3	29	23
African American	1.4	91	67	0.4	65	153	0.1	7	96	0.9	19	22
Other/unknown	1.6	136	86	0.5	99	187	0.1	12	144	1.0	26	26
Use of Nursing Facilities[e]												
Entire year	1.1	45	40	0.2	29	139	0.0	3	120	0.9	13	15
Part year	1.8	98	54	0.4	66	160	0.1	7	120	1.4	26	19
None	2.0	132	65	0.6	92	146	0.1	10	103	1.3	29	23
Maintenance Assistance Status												
Cash	3.0	207	69	0.9	147	156	0.1	14	111	1.9	46	24
Medically needy	3.5	229	65	1.0	159	155	0.1	16	118	2.4	53	22
Poverty related	1.2	70	59	0.3	47	139	0.1	8	91	0.8	16	20
Other/unknown	1.0	59	57	0.3	40	120	0.1	6	89	0.6	13	21

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, http://www.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 6

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

WEST VIRGINIA, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.0	0.0	0.3	$18	$6	$4	$8	$48	$254	$97	$25	550,260	$26,151,651	178,816	52.0	1,485,656
Biologicals	0.5	0.5	0.0	0.0	641	641	0	0	1275	1,275	0	0	3,089	3,939,494	879	0.3	6,144
Antineoplastic Agents	0.6	0.3	0.0	0.4	203	186	1	16	320	743	869	41	12,482	4,000,184	1,977	0.6	19,685
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	42	32	1	9	62	132	45	21	438,853	27,019,252	74,594	21.7	647,627
Cardiovascular Agents	1.5	0.4	0.1	1.0	62	31	8	23	42	82	69	23	715,869	29,930,487	49,536	14.4	484,156
Respiratory Agents	0.6	0.3	0.0	0.3	37	30	2	5	62	101	59	18	642,006	39,622,489	122,237	35.5	1,069,548
Gastrointestinal Agents	0.7	0.4	0.0	0.2	70	62	3	5	105	152	245	19	338,354	35,622,706	54,894	16.0	508,523
Genitourinary Agents	0.4	0.1	0.0	0.2	21	12	2	7	58	91	94	33	54,845	3,196,000	18,816	5.5	152,142
CNS Drugs	1.2	0.3	0.1	0.8	83	64	6	14	71	186	110	17	958,102	67,620,286	86,984	25.3	811,940
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	108	98	1	8	105	123	49	42	178,463	18,783,342	19,310	5.6	173,775
Miscellaneous Psychological/ Neurological Agents	0.5	0.4	0.0	0.1	162	155	0	6	355	406	132	88	8,825	3,129,210	1,933	0.6	19,322
Analgesics and Anesthetics	0.8	0.0	0.0	0.7	28	9	4	15	37	234	368	21	672,519	24,945,390	104,409	30.3	879,630
Neuromuscular Agents	0.9	0.3	0.0	0.5	86	59	7	20	98	183	178	38	449,206	43,997,402	54,388	15.8	512,076
Nutritional Products	0.5	0.1	0.0	0.4	11	5	0	6	21	35	13	15	77,247	1,598,911	19,263	5.6	150,843
Hematological Agents	0.7	0.3	0.0	0.4	57	51	0	5	86	186	37	14	92,019	7,911,125	14,767	4.3	139,742
Topical Products	0.3	0.1	0.0	0.2	16	11	1	5	54	108	66	26	247,032	13,458,667	96,583	28.1	835,594
Miscellaneous Products	0.6	0.3	0.0	0.3	158	130	4	24	261	506	216	72	7,991	2,083,682	1,327	0.4	13,225
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	81	0	0	0	9,090	734,312	4,244	1.2	41,353
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.	5,456,252	353,744,590	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.
a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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, 0.3 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.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 2007.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 7

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

WEST VIRGINIA, 2007

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTICONVULSANT	$39,563,667	45,571	13.2	448,133	0.7	$119	$88
ANTIPSYCHOTICS	35,414,926	24,902	7.2	246,833	0.6	225	143
ULCER DRUGS	31,027,371	54,151	15.7	515,874	0.5	115	60
ANTIASTHMATIC	28,281,895	98,499	28.6	909,698	0.4	79	31
ANTIDEPRESSANTS	25,319,708	69,759	20.3	646,347	0.6	69	39
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	18,783,901	23,581	6.9	213,951	0.8	105	88
ANALGESICS - Narcotic	16,112,611	123,638	35.9	1,046,181	0.5	34	15
ANTIDIABETIC	15,868,099	26,684	7.8	276,178	0.7	84	57
ANTIHYPERLIPIDEMIC	14,741,142	26,321	7.7	281,897	0.6	84	52
DERMATOLOGICAL	9,668,337	91,432	26.6	812,881	0.2	57	12
Total	234,781,657	584,538	n.a.	5,397,973	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.