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

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**DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>50,730</b>	<b>22,761</b>	<b>27,431</b>	<b>528</b>	<b>6</b>	<b>4</b>	<b>542,471</b>	<b>238,703</b>	<b>300,252</b>	<b>3,416</b>	<b>64</b>	<b>36</b>
<b>Age</b>												
5 and younger	3	0	3	0	0	0	30	0	30	0	0	0
6-14	6	0	6	0	0	0	58	0	58	0	0	0
15-20	135	0	129	2	4	0	1,490	0	1,429	13	48	0
21-44	10,952	0	10,579	371	2	0	120,217	0	117,768	2,433	16	0
45-64	14,054	0	13,906	145	0	3	153,363	0	152,407	930	0	26
65-74	11,213	9,763	1,440	9	0	1	122,792	107,696	15,051	35	0	10
75-84	8,127	7,317	809	1	0	0	84,072	75,907	8,160	5	0	0
85 and older	6,240	5,681	559	0	0	0	60,449	55,100	5,349	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	30,360	15,948	14,149	257	2	4	325,366	168,466	155,109	1,731	24	36
Male	20,370	6,813	13,282	271	4	0	217,105	70,237	145,143	1,685	40	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	48,850	21,999	26,333	509	5	4	522,549	230,691	288,467	3,295	60	36
African American	1,856	752	1,084	19	1	0	19,660	7,905	11,630	121	4	0
Other/unknown	24	10	14	0	0	0	262	107	155	0	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,470	5,951	519	0	0	0	64,387	58,666	5,721	0	0	0
Part year	3,253	2,851	402	0	0	0	31,389	27,285	4,104	0	0	0
None	41,007	13,959	26,510	528	6	4	446,695	152,752	290,427	3,416	64	36
<b>Maintenance Assistance Status</b>												
Cash	30,364	12,613	17,599	152	0	0	343,970	143,298	199,742	930	0	0
Medically needy	3,179	1,347	1,562	270	0	0	23,934	10,521	11,618	1,795	0	0
Poverty-related	1,987	535	1,433	15	0	4	20,332	5,569	14,615	112	0	36
Other/unknown	15,200	8,266	6,837	91	6	0	154,235	79,315	74,277	579	64	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	50,290	22,760	27,198	322	6	4	539,928	238,697	298,830	2,301	64	36
FFS part year, with Rx claims	340	1	210	129	0	0	1,602	6	1,184	412	0	0
FFS part year, no Rx claims	11	0	4	7	0	0	35	0	21	14	0	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 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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

**TABLE D.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	Percentage with at		Mean Rx \$		Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
	Least One Rx	Mean Number of Rx	\$ per Rx	\$ per Rx			
<b>All</b>	<b>42.6</b>	<b>6.3</b>	<b>\$261</b>	<b>\$41</b>	<b>\$13,511</b>	<b>1.9</b>	<b>50,730</b>
<b>Age</b>							
5 and younger	33.3	3.3	734	220	2,901	25.3	3
6-14	66.7	22.3	2,677	120	18,661	14.3	6
15-20	65.2	12.9	1,072	83	8,691	12.3	135
21-44	45.5	7.7	440	57	8,058	5.5	10,952
45-64	49.9	8.7	392	45	11,047	3.6	14,054
65-74	41.6	6.1	211	35	9,094	2.3	11,213
75-84	35.1	3.3	31	9	19,002	0.2	8,127
85 and older	32.5	2.8	22	8	29,525	0.1	6,240
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	37.1	4.2	92	22	17,848	0.5	22,761
Disabled	46.7	7.7	369	48	10,101	3.7	27,431
Adults	67.4	25.2	1,897	75	3,904	48.6	528
Children	33.3	5.3	617	116	1,439	42.9	6
Unknown	75.0	86.5	4,340	50	8,141	53.3	4
<b>Gender</b>							
Female	45.8	6.9	275	40	14,797	1.9	30,360
Male	38.0	5.5	240	44	11,595	2.1	20,370
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	43.0	6.4	264	41	13,583	1.9	48,850
African American	33.9	4.5	181	41	11,756	1.5	1,856
Other/unknown	37.5	3.6	121	34	3,618	3.4	24
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	37.9	5.1	59	12	46,448	0.1	6,470
Part year	44.6	4.7	77	16	29,928	0.3	3,253
None	43.2	6.6	308	46	7,012	4.4	41,007
<b>Maintenance Assistance Status</b>							
Cash	43.3	6.2	249	40	4,920	5.1	30,364
Medically needy	45.9	12.3	832	68	11,679	7.1	3,179
Poverty related	52.1	10.8	738	69	3,334	22.1	1,987
Other/unknown	39.4	4.7	103	22	32,388	0.3	15,200

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

**TABLE D.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	More than						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
				None	0, but 1 or Less	1, but 2 or Less	2, but 5 or Less	5, but 10 or Less	More than 10			
<b>All</b>	<b>0.6</b>	<b>\$24</b>	<b>1.9</b>	<b>57.4</b>	<b>32.5</b>	<b>4.5</b>	<b>3.5</b>	<b>1.5</b>	<b>0.7</b>	<b>\$1,264</b>	<b>50,730</b>	<b>542,471</b>
<b>Age</b>												
5 and younger	0.3	73	25.3	66.7	33.3	0.0	0.0	0.0	0.0	290	3	30
6-14	2.3	277	14.3	33.3	0.0	16.7	50.0	0.0	0.0	1,930	6	58
15-20	1.2	97	12.3	34.8	38.5	14.1	9.6	1.5	1.5	788	135	1,490
21-44	0.7	40	5.5	54.5	32.8	4.7	4.4	2.1	1.5	734	10,952	120,217
45-64	0.8	36	3.6	50.1	36.5	5.2	4.6	2.7	0.9	1,012	14,054	153,363
65-74	0.6	19	2.3	58.4	32.4	4.0	3.5	1.3	0.4	831	11,213	122,792
75-84	0.3	3	0.2	64.9	29.4	3.9	1.7	0.0	0.0	1,837	8,127	84,072
85 and older	0.3	2	0.1	67.5	26.8	4.1	1.5	0.0	0.0	3,048	6,240	60,449
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.4	9	0.5	62.9	29.9	4.2	2.5	0.5	0.1	1,702	22,761	238,703
Disabled	0.7	34	3.7	53.3	34.9	4.8	4.1	2.2	0.8	923	27,431	300,252
Adults	3.9	293	48.6	32.6	19.1	5.7	15.5	11.4	15.7	604	528	3,416
Children	0.5	58	42.9	66.7	16.7	16.7	0.0	0.0	0.0	135	6	64
Unknown	9.6	482	53.3	25.0	0.0	0.0	0.0	50.0	25.0	905	4	36
<b>Gender</b>												
Female	0.6	26	1.9	54.2	34.9	4.9	3.6	1.6	0.7	1,381	30,360	325,366
Male	0.5	23	2.1	62.0	28.8	4.0	3.3	1.4	0.5	1,088	20,370	217,105
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.6	25	1.9	57.0	32.7	4.6	3.5	1.5	0.7	1,270	48,850	522,549
African American	0.4	17	1.5	66.1	25.9	3.7	2.9	1.0	0.5	1,110	1,856	19,660
Other/unknown	0.3	11	3.4	62.5	33.3	0.0	4.2	0.0	0.0	332	24	262
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	6	0.1	62.1	25.2	7.3	5.0	0.3	0.1	4,667	6,470	64,387
Part year	0.5	8	0.3	55.4	35.4	6.3	2.2	0.5	0.3	3,102	3,253	31,389
None	0.6	28	4.4	56.8	33.4	4.0	3.3	1.8	0.8	644	41,007	446,695
<b>Maintenance Assistance Status</b>												
Cash	0.5	22	5.1	56.7	34.8	3.9	2.7	1.3	0.6	434	30,364	343,970
Medically needy	1.6	111	7.1	54.1	22.0	5.4	9.8	6.2	2.5	1,551	3,179	23,934
Poverty related	1.1	72	22.1	47.9	30.1	5.8	9.5	4.8	1.8	326	1,987	20,332
Other/unknown	0.5	10	0.3	60.6	30.3	5.4	2.9	0.5	0.2	3,192	15,200	154,235

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In eight states (DE, IA, IL, NE, NY, 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.

Dual Eligible Beneficiaries

**TABLE D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 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
<b>All</b>	<b>0.6</b>	<b>\$24</b>	<b>\$41</b>	<b>0.1</b>	<b>\$15</b>	<b>\$154</b>	<b>0.0</b>	<b>\$2</b>	<b>\$110</b>	<b>0.5</b>	<b>\$7</b>	<b>\$16</b>
<b>Age</b>												
5 and younger	0.3	73	220	0.1	70	1,052	0.0	1	30	0.2	2	10
6-14	2.3	277	120	0.9	245	279	0.1	6	44	1.3	26	20
15-20	1.2	97	83	0.5	74	147	0.1	10	148	0.6	13	21
21-44	0.7	40	57	0.2	27	179	0.0	3	126	0.5	10	19
45-64	0.8	36	45	0.2	23	146	0.0	3	109	0.6	11	17
65-74	0.6	19	35	0.1	11	130	0.0	1	87	0.5	7	15
75-84	0.3	3	9	0.0	0	55	0.0	0	55	0.3	3	9
85 and older	0.3	2	8	0.0	0	59	0.0	0	25	0.3	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.4	9	22	0.0	4	126	0.0	1	84	0.4	4	12
Disabled	0.7	34	48	0.1	22	158	0.0	2	111	0.5	9	17
Adults	3.9	293	75	1.2	204	166	0.2	27	160	2.5	62	25
Children	0.5	58	116	0.4	55	152	0.0	0	0	0.1	3	24
Unknown	9.6	482	50	2.6	365	141	0.2	6	32	6.8	111	16
<b>Gender</b>												
Female	0.6	26	40	0.1	16	151	0.0	2	110	0.5	8	15
Male	0.5	23	44	0.1	14	160	0.0	2	110	0.4	7	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.6	25	41	0.1	15	154	0.0	2	110	0.5	8	16
African American	0.4	17	41	0.1	11	153	0.0	1	103	0.3	5	16
Other/unknown	0.3	11	34	0.1	7	98	0.0	0	26	0.2	4	15
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	6	12	0.0	2	121	0.0	0	75	0.5	4	8
Part year	0.5	8	16	0.0	3	121	0.0	1	127	0.5	5	10
None	0.6	28	46	0.1	18	155	0.0	2	110	0.5	8	17
<b>Maintenance Assistance Status</b>												
Cash	0.5	22	40	0.1	13	150	0.0	1	101	0.4	7	16
Medically needy	1.6	111	68	0.5	77	162	0.1	9	134	1.1	24	22
Poverty related	1.1	72	69	0.3	50	156	0.1	7	115	0.7	15	23
Other/unknown	0.5	10	22	0.0	5	154	0.0	1	110	0.4	5	11

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 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	\$25	\$15	\$2	\$7	\$76	\$304	\$162	\$28	7,831	\$593,663	2,341	4.6	24,107
Biologicals	0.7	0.7	0.0	0.0	1,102	1,102	0	0	1542	1,542	0	0	25	38,562	3	0.0	35
Antineoplastic Agents	0.5	0.2	0.0	0.3	149	139	0	10	328	739	0	38	600	196,502	130	0.3	1,320
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	45	37	1	8	64	127	34	19	13,671	875,738	1,864	3.7	19,367
Cardiovascular Agents	1.2	0.3	0.1	0.8	51	25	8	18	43	82	69	23	31,699	1,361,810	2,577	5.1	26,582
Respiratory Agents	0.3	0.1	0.0	0.2	16	12	1	3	48	119	70	16	21,198	1,027,945	5,836	11.5	65,518
Gastrointestinal Agents	0.6	0.4	0.0	0.2	61	57	2	3	110	150	285	16	11,433	1,260,269	1,982	3.9	20,537
Genitourinary Agents	0.3	0.2	0.0	0.2	21	15	3	4	63	89	98	28	1,575	99,032	445	0.9	4,631
CNS Drugs	0.9	0.1	0.0	0.8	23	12	1	9	26	166	116	12	142,900	3,752,598	15,176	29.9	166,134
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.2	73	63	0	9	115	140	118	51	706	80,994	112	0.2	1,111
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	135	131	0	4	312	336	0	91	527	164,495	122	0.2	1,217
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	29	9	5	16	43	282	342	25	23,044	987,220	3,299	6.5	33,860
Neuromuscular Agents	0.8	0.1	0.0	0.6	36	21	2	13	46	191	164	19	40,674	1,882,609	4,853	9.6	52,865
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	14	25	15	13	4,131	59,142	1,010	2.0	11,040
Hematological Agents	0.5	0.1	0.0	0.5	14	10	0	4	26	188	32	8	16,640	440,135	2,861	5.6	31,020
Topical Products	0.3	0.1	0.0	0.2	21	15	0	5	70	146	67	27	3,548	248,116	1,147	2.3	11,977
Miscellaneous Products	0.5	0.2	0.0	0.2	179	164	6	8	388	681	218	44	360	139,752	81	0.2	782
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	22	0	0	0	102	0	0	0	320	32,485	133	0.3	1,468
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>320,882</b>	<b>13,241,067</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 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, 0.3 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.
  - e. 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 D.7**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

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	\$1,711,350	4,808	9.5	52,385	0.7	\$47	\$33	
ANTIANKXIETY AGENTS	1,233,132	13,052	25.7	143,421	0.7	12	9	
ANTIPSYCHOTICS	1,166,330	1,045	2.1	10,647	0.5	226	110	
ULCER DRUGS	1,131,615	2,073	4.1	21,588	0.4	122	52	
ANTIDEPRESSANTS	1,118,334	3,033	6.0	30,291	0.5	82	37	
ANTIDIABETIC	691,643	1,607	3.2	17,040	0.5	82	41	
ANTIASTHMATIC	684,676	2,224	4.4	23,163	0.4	80	30	
ANTIHYPERLIPIDEMIC	682,744	1,726	3.4	18,399	0.4	85	37	
ANALGESICS - Narcotic	650,980	3,541	7.0	35,405	0.4	43	18	
ANTIHYPERTENSIVE	308,070	1,803	3.6	18,862	0.5	35	16	
Total	9,378,874	34,912	n.a.	371,201	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 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 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; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTICONVULSANT				ANTIANSIETY AGENTS				
	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	
<b>All</b>	<b>219,881</b>	<b>\$9,378,874</b>	<b>4,808</b>	<b>9.5</b>	<b>52,385</b>	<b>0.7</b>	<b>\$33</b>	<b>13,052</b>	<b>25.7</b>	<b>143,421</b>	<b>0.7</b>	<b>\$9</b>	
<b>Female</b>													
All Females	142,817	5,828,252	2,969	9.8	32,518	0.7	32	8,823	29.1	97,190	0.7	9	
<b>Female, Disabled</b>													
All Ages	87,079	4,303,648	2,197	15.5	24,327	0.7	34	4,582	32.4	51,461	0.7	9	
5 and younger	1	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	26	1,012	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	347	43,764	16	35.6	183	0.6	112	5	11.1	60	0.5	8	
21-44	26,779	1,527,340	900	20.0	9,753	0.6	41	1,372	30.4	15,411	0.7	8	
45-64	51,211	2,357,671	1,154	15.3	13,017	0.7	30	2,643	35.1	29,994	0.7	9	
65-74	6,729	347,659	92	9.6	997	0.7	23	309	32.3	3,303	0.7	12	
75-84	1,314	17,122	27	4.2	303	0.7	6	150	23.6	1,645	0.7	9	
85 and older	672	9,050	8	1.7	74	0.5	5	103	22.1	1,048	0.6	8	
<b>Female, Other Eligibles</b>													
All Ages	55,738	1,524,604	772	4.8	8,191	0.8	25	4,241	26.2	45,729	0.8	8	
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	19	3,101	1	33.3	12	0.3	37	0	0.0	0	0.0	0	
21-44	4,092	367,826	111	52.4	756	1.0	124	95	44.8	711	0.7	9	
45-64	974	62,445	16	36.4	128	0.7	74	22	50.0	194	0.6	8	
65-74	25,902	877,664	389	6.6	4,463	0.7	17	1,664	28.1	18,963	0.8	9	
75-84	14,298	134,361	162	3.1	1,815	0.8	9	1,356	25.8	14,549	0.9	8	
85 and older	10,453	79,207	93	1.9	1,017	0.9	6	1,104	23.1	11,312	0.8	6	
<b>Male</b>													
All Males	77,064	3,550,622	1,839	9.0	19,867	0.7	34	4,229	20.8	46,231	0.7	9	
<b>Male, Disabled</b>													
All Ages	56,463	2,822,932	1,503	11.3	16,407	0.7	35	2,883	21.7	32,139	0.7	9	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	656	56,364	20	23.8	214	0.8	74	14	16.7	160	0.5	7	
21-44	24,983	1,414,825	780	12.9	8,610	0.6	37	1,230	20.3	13,877	0.7	10	
45-64	28,585	1,277,252	668	10.5	7,215	0.7	32	1,478	23.2	16,389	0.7	9	
65-74	1,842	69,461	28	5.8	297	0.5	16	114	23.6	1,228	0.7	9	
75-84	273	3,402	6	3.5	64	0.6	5	30	17.3	316	0.7	9	
85 and older	123	1,615	1	1.1	7	0.7	9	17	18.3	169	0.7	9	
<b>Male, Other Eligibles</b>													
All Ages	20,601	727,690	336	4.7	3,460	0.8	29	1,346	19.0	14,092	0.8	8	
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	5	469	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	2,454	212,717	62	38.5	461	0.8	102	60	37.3	425	0.6	7	
45-64	1,297	93,480	22	21.2	178	0.7	70	29	27.9	213	1.0	19	
65-74	11,723	370,396	179	4.6	2,056	0.8	16	721	18.7	7,987	0.8	9	
75-84	3,883	39,304	56	2.7	606	1.1	9	381	18.5	3,971	0.8	8	
85 and older	1,239	11,324	17	1.9	159	1.0	8	155	17.2	1,496	0.7	6	

Unknown

0 0 0 0.0 0 0.0 0 0 0.0 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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,045</b>	<b>2.1</b>	<b>10,647</b>	<b>0.5</b>	<b>\$110</b>	<b>2,073</b>	<b>4.1</b>	<b>21,588</b>	<b>0.4</b>	<b>\$52</b>	<b>3,033</b>	<b>6.0</b>	<b>30,291</b>	<b>0.5</b>	<b>\$37</b>
<b>Female</b>															
All Females	587	1.9	6,054	0.5	108	1,297	4.3	13,676	0.4	53	1,947	6.4	19,742	0.5	38
<b>Female, Disabled</b>															
All Ages	480	3.4	5,067	0.5	104	965	6.8	10,210	0.4	53	1,561	11.0	16,116	0.5	36
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	24	0.3	8	0	0.0	0	0.0	0
15-20	7	15.6	75	0.4	88	7	15.6	84	0.5	71	13	28.9	150	0.4	41
21-44	262	5.8	2,698	0.5	108	309	6.9	3,095	0.4	53	576	12.8	5,648	0.4	39
45-64	184	2.4	2,001	0.4	97	586	7.8	6,369	0.4	50	900	11.9	9,554	0.4	34
65-74	27	2.8	293	0.6	128	60	6.3	626	0.6	76	71	7.4	763	0.6	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.2	1	1.0	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	107	0.7	987	0.6	126	332	2.0	3,466	0.4	52	386	2.4	3,626	0.5	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	100.0	36	0.2	56	0	0.0	0	0.0	0	1	33.3	12	0.7	55
21-44	42	19.8	267	0.6	141	67	31.6	461	0.8	96	148	69.8	1,075	0.7	78
45-64	5	11.4	33	0.8	84	15	34.1	147	0.4	45	32	72.7	203	0.8	68
65-74	57	1.0	651	0.6	126	248	4.2	2,844	0.4	45	203	3.4	2,319	0.4	28
75-84	0	0.0	0	0.0	0	1	0.0	5	0.2	29	2	0.0	17	0.2	5
85 and older	0	0.0	0	0.0	0	1	0.0	9	0.1	0	0	0.0	0	0.0	0
<b>Male</b>															
All Males	458	2.2	4,593	0.5	112	776	3.8	7,912	0.4	52	1,086	5.3	10,549	0.4	36
<b>Male, Disabled</b>															
All Ages	401	3.0	4,107	0.5	111	615	4.6	6,240	0.4	51	925	7.0	9,164	0.4	35
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	1	33.3	3	0.3	4	0	0.0	0	0.0	0
15-20	21	25.0	239	0.4	91	14	16.7	152	0.3	34	24	28.6	256	0.4	19
21-44	256	4.2	2,670	0.5	125	300	4.9	3,119	0.4	46	479	7.9	4,833	0.4	34
45-64	122	1.9	1,176	0.4	85	276	4.3	2,709	0.5	58	405	6.4	3,897	0.4	37
65-74	2	0.4	22	0.5	74	24	5.0	257	0.4	55	17	3.5	178	0.5	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	57	0.8	486	0.5	115	161	2.3	1,672	0.5	54	161	2.3	1,385	0.5	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	0	0.0	0	0.0	0	1	33.3	12	0.4	39
21-44	22	13.7	147	0.7	197	33	20.5	219	0.7	98	64	39.8	413	0.7	77
45-64	10	9.6	50	0.7	144	15	14.4	143	0.6	92	35	33.7	272	0.5	43
65-74	23	0.6	275	0.4	70	111	2.9	1,299	0.4	43	57	1.5	659	0.4	23
75-84	0	0.0	0	0.0	0	1	0.0	8	0.1	17	0	0.0	0	0.0	0

85 and older	2	0.2	14	0.3	32	1	0.1	3	1.0	5	4	0.4	29	0.2	7
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANTIHYPERLIPIDEMIC				
	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
<b>All</b>	<b>1,607</b>	<b>3.2</b>	<b>17,040</b>	<b>0.5</b>	<b>\$41</b>	<b>2,224</b>	<b>4.4</b>	<b>23,163</b>	<b>0.4</b>	<b>\$30</b>	<b>1,726</b>	<b>3.4</b>	<b>18,399</b>	<b>0.4</b>	<b>\$37</b>
<b>Female</b>															
All Females	1,036	3.4	11,181	0.5	38	1,458	4.8	15,140	0.4	31	1,042	3.4	11,251	0.4	37
<b>Female, Disabled</b>															
All Ages	723	5.1	7,838	0.5	40	1,088	7.7	11,402	0.4	31	722	5.1	7,746	0.5	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.1	4	0	0.0	0	0.0	0
15-20	3	6.7	36	0.8	90	5	11.1	60	0.2	9	0	0.0	0	0.0	0
21-44	175	3.9	1,775	0.5	37	311	6.9	3,099	0.3	25	145	3.2	1,486	0.4	31
45-64	455	6.0	5,084	0.5	39	679	9.0	7,251	0.4	32	500	6.6	5,446	0.5	37
65-74	89	9.3	931	0.7	52	92	9.6	980	0.6	44	76	7.9	813	0.7	54
75-84	1	0.2	12	0.1	1	0	0.0	0	0.0	0	1	0.2	1	1.0	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	313	1.9	3,343	0.5	31	370	2.3	3,738	0.4	30	320	2.0	3,505	0.4	34
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	30	14.2	203	0.8	59	67	31.6	371	0.6	45	27	12.7	256	0.4	33
45-64	16	36.4	101	0.8	47	29	65.9	205	0.4	37	15	34.1	101	0.6	44
65-74	262	4.4	2,989	0.4	29	270	4.6	3,123	0.4	28	274	4.6	3,108	0.4	34
75-84	3	0.1	36	0.1	11	1	0.0	9	0.1	1	4	0.1	40	0.5	44
85 and older	2	0.0	14	0.2	3	3	0.1	30	0.2	13	0	0.0	0	0.0	0
<b>Male</b>															
All Males	571	2.8	5,859	0.5	46	766	3.8	8,023	0.4	28	684	3.4	7,148	0.4	38
<b>Male, Disabled</b>															
All Ages	423	3.2	4,290	0.5	47	534	4.0	5,536	0.3	26	484	3.6	5,027	0.4	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	2.4	22	0.6	77	15	17.9	180	0.2	12	5	6.0	56	0.5	43
21-44	126	2.1	1,265	0.5	57	185	3.0	2,006	0.3	23	151	2.5	1,602	0.4	34
45-64	274	4.3	2,771	0.5	42	311	4.9	3,080	0.4	30	304	4.8	3,086	0.5	38
65-74	21	4.3	232	0.6	52	23	4.8	270	0.3	17	23	4.8	271	0.5	41
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.6	12	0.3	19
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	148	2.1	1,569	0.5	44	232	3.3	2,487	0.4	31	200	2.8	2,121	0.5	40
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	17	10.6	97	1.1	199	44	27.3	310	0.6	59	35	21.7	276	0.7	56
45-64	16	15.4	152	0.7	70	21	20.2	234	0.4	31	19	18.3	150	0.9	76
65-74	111	2.9	1,288	0.4	31	167	4.3	1,943	0.3	26	140	3.6	1,634	0.4	34
75-84	3	0.1	24	0.2	1	0	0.0	0	0.0	0	3	0.1	32	0.4	52
85 and older	1	0.1	8	0.4	3	0	0.0	0	0.0	0	3	0.3	29	0.2	12
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>



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

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>3,541</b>	<b>7.0</b>	<b>35,405</b>	<b>0.4</b>	<b>\$18</b>	<b>1,803</b>	<b>3.6</b>	<b>18,862</b>	<b>0.5</b>	<b>\$16</b>	<b>50,730</b>	<b>542,471</b>
<b>Female</b>												
All Females	2,057	6.8	20,850	0.4	18	1,049	3.5	11,140	0.5	17	30,360	325,366
<b>Female, Disabled</b>												
All Ages	1,572	11.1	16,309	0.4	17	715	5.1	7,635	0.5	17	14,149	155,109
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	2	66.7	24	0.1	1	2	66.7	24	0.7	32	3	31
15-20	13	28.9	150	0.2	3	1	2.2	12	0.3	3	45	514
21-44	597	13.2	5,889	0.4	18	160	3.5	1,604	0.5	16	4,510	49,917
45-64	864	11.5	9,284	0.4	16	480	6.4	5,258	0.5	16	7,532	83,755
65-74	96	10.0	962	0.5	21	72	7.5	737	0.6	21	956	9,930
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	636	6,464
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	466	4,486
<b>Female, Other Eligibles</b>												
All Ages	485	3.0	4,541	0.5	21	334	2.1	3,505	0.4	16	16,211	170,257
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
21-44	162	76.4	1,013	0.9	59	21	9.9	121	1.1	41	212	1,448
45-64	33	75.0	239	0.7	25	24	54.5	150	0.9	36	44	300
65-74	285	4.8	3,232	0.3	9	284	4.8	3,192	0.4	15	5,918	66,040
75-84	4	0.1	45	0.4	7	2	0.0	21	0.5	5	5,254	55,335
85 and older	1	0.0	12	0.1	1	3	0.1	21	0.2	2	4,780	47,109
<b>Male</b>												
All Males	1,484	7.3	14,555	0.5	19	754	3.7	7,722	0.5	16	20,370	217,105
<b>Male, Disabled</b>												
All Ages	1,196	9.0	12,067	0.5	19	564	4.2	5,727	0.5	17	13,282	145,143
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
15-20	14	16.7	153	0.2	3	8	9.5	91	0.4	11	84	915
21-44	602	9.9	6,136	0.5	18	206	3.4	2,130	0.5	18	6,069	67,851
45-64	555	8.7	5,525	0.5	21	326	5.1	3,249	0.5	17	6,374	68,652
65-74	25	5.2	253	0.5	13	24	5.0	257	0.6	12	484	5,121
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	173	1,696
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	93	863
<b>Male, Other Eligibles</b>												
All Ages	288	4.1	2,488	0.5	19	190	2.7	1,995	0.5	13	7,088	71,962
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
21-44	121	75.2	742	0.8	31	28	17.4	218	0.8	20	161	1,001
45-64	50	48.1	386	0.6	33	21	20.2	164	0.8	18	104	656
65-74	117	3.0	1,360	0.3	8	137	3.6	1,592	0.4	12	3,855	41,701
75-84	0	0.0	0	0.0	0	1	0.0	8	0.1	11	2,064	20,577
85 and older	0	0.0	0	0.0	0	3	0.3	13	0.2	11	901	7,991
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

**TABLE D.8**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$6</b>	<b>0.5</b>	<b>6,470</b>	<b>64,387</b>
<b>Age</b>				
0-64	13	0.9	497	5,526
65-74	18	0.9	858	9,097
75-84	4	0.5	2,098	20,693
85 and older	2	0.3	3,017	29,071
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	6	0.5	4,854	48,551
Male	7	0.6	1,616	15,836
Unknown	0	0.0	0	0
<b>Race</b>				
White	6	0.5	6,277	62,474
African American	8	0.4	192	1,911
Other/unknown	0	0	1	2
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	4	0.5	5,951	58,666
Disabled	21	1.0	519	5,721
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

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	Generic	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	0.4	0.1	0.0	0.3	\$35	\$25	\$0	\$10	\$95	\$477	\$0	\$31	113	\$10,685	27	0.4	304
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	0.4	0.0	0.0	0.4	46	9	0	37	103	249	0	90	25	2,568	5	0.1	56
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	39	32	1	6	52	104	47	14	245	12,837	30	0.5	326
Cardiovascular Agents	1.3	0.2	0.1	0.9	51	19	8	24	41	85	60	27	551	22,428	42	0.6	437
Respiratory Agents	0.3	0.1	0.0	0.2	13	8	1	4	40	116	79	18	456	18,324	133	2.1	1,423
Gastrointestinal Agents	0.9	0.2	0.0	0.6	39	31	0	8	45	129	0	13	243	10,979	27	0.4	283
Genitourinary Agents	0.4	0.1	0.1	0.2	26	8	13	6	60	56	175	25	37	2,202	7	0.1	84
CNS Drugs	1.2	0.0	0.0	1.2	10	1	0	9	9	96	112	7	21,973	187,831	1,792	27.7	18,300
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	0.6	0.6	0.0	0.0	76	76	0	0	126	126	0	0	69	8,670	13	0.2	114
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	8	1	0	7	14	88	31	12	249	3,418	39	0.6	414
Neuromuscular Agents	1.4	0.1	0.0	1.3	18	6	0	11	13	117	65	9	3,939	51,358	260	4.0	2,848
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	42	0	11	271	3,007	87	1.3	940
Hematological Agents	0.8	0.0	0.0	0.7	6	2	0	5	9	416	0	6	4,757	40,778	610	9.4	6,327
Topical Products	0.4	0.1	0.0	0.3	19	11	2	7	46	107	72	23	87	3,987	20	0.3	205
Miscellaneous Products	0.3	0.0	0.0	0.3	9	0	0	9	35	0	0	35	2	69	1	0.0	8
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	19	0	0	0	62	0	0	0	29	1,808	9	0.1	97
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>33,046</b>	<b>380,949</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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 2007. 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, 0.3 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.
- 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007

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	
ANTIANKXIETY AGENTS	\$142,579	1,641	25.4	16,705	1.2	\$7	\$9	
ANTICONVULSANT	46,205	262	4.0	2,875	1.3	12	16	
HEMATOPOIETIC AGENTS	40,143	648	10.0	6,730	0.7	8	6	
ANTIPSYCHOTICS	22,243	19	0.3	201	0.8	135	111	
ANTIHYPERTENSIVE	13,172	22	0.3	261	0.6	83	50	
HYPNOTICS	12,787	189	2.9	2,006	1.1	6	6	
ANTIDIABETIC	11,750	36	0.6	367	0.6	57	32	
ANTIASTHMATIC	10,544	25	0.4	288	0.4	86	37	
ANTIDEPRESSANTS	10,222	38	0.6	408	0.5	50	25	
ULCER DRUGS	8,729	22	0.3	244	0.5	79	36	
Total	318,374	2,902	n.a.	30,085	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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 2007. 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 2007 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.

**TABLE D.10A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST**  
**AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIAXIETY 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 \$
<b>All</b>	<b>31,147</b>	<b>\$318,374</b>	<b>1,641</b>	<b>25.4</b>	<b>16,705</b>	<b>1.2</b>	<b>\$9</b>	<b>262</b>	<b>4.0</b>	<b>2,875</b>	<b>1.3</b>	<b>\$16</b>
<b>Female</b>												
All Females	22,868	226,301	1,284	26.5	13,154	1.1	8	178	3.7	1,965	1.2	15
<b>Female, Disabled</b>												
All Ages	2,609	60,222	84	32.2	911	1.3	12	31	11.9	349	1.5	28
64 or younger	2,231	30,006	77	31.2	839	1.3	11	25	10.1	280	1.5	22
65-74	373	30,187	7	63.6	72	0.7	20	6	54.5	69	1.5	54
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	29	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	20,259	166,079	1,200	26.1	12,243	1.1	8	147	3.2	1,616	1.2	12
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,943	56,063	164	34.0	1,733	1.3	10	45	9.3	523	1.3	19
75-84	7,867	54,109	450	29.5	4,614	1.2	9	50	3.3	538	1.0	10
85 and older	8,449	55,907	586	22.7	5,896	1.0	7	52	2.0	555	1.2	7
<b>Male</b>												
All Males	8,279	92,073	357	22.1	3,551	1.2	10	84	5.2	910	1.6	19
<b>Male, Disabled</b>												
All Ages	2,373	27,190	59	22.9	642	1.6	13	30	11.6	342	1.9	21
64 or younger	2,292	25,401	55	22.0	606	1.6	13	30	12.0	342	1.9	21
65-74	81	1,789	4	57.1	36	1.8	15	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	5,906	64,883	298	21.9	2,909	1.1	9	54	4.0	568	1.4	19
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,832	41,803	107	30.0	1,149	1.5	13	24	6.7	276	1.3	28
75-84	1,997	14,650	118	20.6	1,100	1.0	7	21	3.7	205	1.6	11
85 and older	1,077	8,430	73	17.0	660	0.8	7	9	2.1	87	1.2	8
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

- 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 2007. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>648</b>	<b>10.0</b>	<b>6,730</b>	<b>0.7</b>	<b>\$6</b>	<b>19</b>	<b>0.3</b>	<b>201</b>	<b>0.8</b>	<b>\$111</b>	<b>22</b>	<b>0.3</b>	<b>261</b>	<b>0.6</b>	<b>\$51</b>
<b>Female</b>															
All Females	477	9.8	4,929	0.7	7	12	0.2	138	0.9	137	13	0.3	154	0.7	58
<b>Female, Disabled</b>															
All Ages	24	9.2	252	0.8	45	6	2.3	66	0.9	160	9	3.4	106	0.8	61
64 or younger	22	8.9	240	0.7	5	2	0.8	22	1.0	197	5	2.0	58	0.5	49
65-74	1	9.1	8	2.6	1,279	4	36.4	44	0.9	142	4	36.4	48	1.1	74
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	4	1.3	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	453	9.9	4,677	0.7	4	6	0.1	72	0.9	115	4	0.1	48	0.6	52
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	55	11.4	584	0.7	4	6	1.2	72	0.9	115	4	0.8	48	0.6	52
75-84	158	10.4	1,653	0.7	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	240	9.3	2,440	0.7	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>															
All Males	171	10.6	1,801	0.7	5	7	0.4	63	0.6	54	9	0.6	107	0.5	40
<b>Male, Disabled</b>															
All Ages	20	7.8	238	0.7	5	4	1.6	37	0.6	39	2	0.8	24	0.6	48
64 or younger	19	7.6	228	0.7	4	3	1.2	27	0.7	52	2	0.8	24	0.6	48
65-74	1	14.3	10	0.8	7	1	14.3	10	0.1	2	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	151	11.1	1,563	0.7	5	3	0.2	26	0.7	75	7	0.5	83	0.4	38
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	47	13.2	506	0.7	5	1	0.3	12	1.1	126	4	1.1	47	0.5	34
75-84	57	10.0	593	0.7	4	0	0.0	0	0.0	0	2	0.3	24	0.5	64
85 and older	47	11.0	464	0.7	5	2	0.5	14	0.3	32	1	0.2	12	0.1	0
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

- 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 2007. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	HYPNOTICS					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>189</b>	<b>2.9</b>	<b>2,006</b>	<b>1.1</b>	<b>\$6</b>	<b>36</b>	<b>0.6</b>	<b>367</b>	<b>0.6</b>	<b>\$32</b>	<b>25</b>	<b>0.4</b>	<b>288</b>	<b>0.4</b>	<b>\$37</b>
<b>Female</b>															
All Females	112	2.3	1,210	1.2	6	20	0.4	222	0.6	34	16	0.3	181	0.3	30
<b>Female, Disabled</b>															
All Ages	26	10.0	306	1.3	6	10	3.8	112	0.6	29	4	1.5	46	0.4	29
64 or younger	24	9.7	282	1.4	7	7	2.8	84	0.4	25	1	0.4	10	0.3	27
65-74	2	18.2	24	0.1	1	3	27.3	28	1.0	41	3	27.3	36	0.4	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	86	1.9	904	1.1	6	10	0.2	110	0.6	39	12	0.3	135	0.3	30
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	20	4.1	229	1.4	7	7	1.4	84	0.8	51	9	1.9	108	0.4	36
75-84	37	2.4	405	1.1	6	1	0.1	12	0.1	1	1	0.1	9	0.1	1
85 and older	29	1.1	270	1.0	6	2	0.1	14	0.2	3	2	0.1	18	0.2	9
<b>Male</b>															
All Males	77	4.8	796	1.1	6	16	1.0	145	0.5	29	9	0.6	107	0.6	49
<b>Male, Disabled</b>															
All Ages	27	10.5	314	1.3	8	3	1.2	3	1.0	29	2	0.8	24	0.5	30
64 or younger	27	10.8	314	1.3	8	3	1.2	3	1.0	29	2	0.8	24	0.5	30
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
<b>Male, Other Eligibles</b>															
All Ages	50	3.7	482	0.9	5	13	1.0	142	0.5	29	7	0.5	83	0.6	54
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	22	6.2	238	1.0	6	10	2.8	118	0.6	35	7	2.0	83	0.6	54
75-84	13	2.3	107	1.1	6	3	0.5	24	0.2	1	0	0.0	0	0.0	0
85 and older	15	3.5	137	0.7	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

- 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 2007. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$				
<b>All</b>	<b>38</b>	<b>0.6</b>	<b>408</b>	<b>0.5</b>	<b>\$25</b>	<b>22</b>	<b>0.3</b>	<b>244</b>	<b>0.5</b>	<b>\$36</b>	<b>6,470</b>	<b>64,387</b>		
<b>Female</b>														
All Females	26	0.5	292	0.6	26	9	0.2	106	0.4	23	4,854	48,551		
<b>Female, Disabled</b>														
All Ages	15	5.7	160	0.6	28	2	0.8	22	0.7	28	261	2,873		
64 or younger	7	2.8	80	0.4	22	1	0.4	10	0.6	54	247	2,745		
65-74	8	72.7	80	0.7	34	1	9.1	12	0.8	5	11	116		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	8		
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4		
<b>Female, Other Eligibles</b>														
All Ages	11	0.2	132	0.5	24	7	0.2	84	0.3	22	4,593	45,678		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
65-74	11	2.3	132	0.5	24	7	1.4	84	0.3	22	483	5,116		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,524	15,278		
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2,586	25,284		
<b>Male</b>														
All Males	12	0.7	116	0.4	22	13	0.8	138	0.5	46	1,616	15,836		
<b>Male, Disabled</b>														
All Ages	6	2.3	63	0.4	23	6	2.3	63	0.5	54	258	2,848		
64 or younger	6	2.4	63	0.4	23	5	2.0	53	0.4	42	250	2,781		
65-74	0	0.0	0	0.0	0	1	14.3	10	0.8	115	7	66		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1		
<b>Male, Other Eligibles</b>														
All Ages	6	0.4	53	0.3	22	7	0.5	75	0.5	39	1,358	12,988		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
65-74	2	0.6	24	0.5	39	6	1.7	72	0.5	40	357	3,799		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	572	5,407		
85 and older	4	0.9	29	0.2	7	1	0.2	3	1.0	5	429	3,782		
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

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

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 2007. A total of 3,253 beneficiaries who were in nursing facilities for part of their enrollment and their 31,389 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 2007. 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 2007 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.11**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**WEST VIRGINIA, 2007**

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>20,331</b>	<b>40.1</b>	<b>3.6</b>	<b>180,230</b>	<b>\$39</b>	<b>\$1,997,789</b>	<b>\$11</b>	<b>15.1</b>	<b>50,730</b>	
<b>Age</b>										
5 and younger	2	66.7	0.7	2	5	16	8	0.7	3	
6-14	5	83.3	4.2	25	33	199	8	1.2	6	
15-20	39	28.9	1.5	203	23	3,127	15	2.2	135	
21-44	4,572	41.7	3.5	38,064	43	468,938	12	9.7	10,952	
45-64	6,666	47.4	4.4	61,453	51	721,645	12	13.1	14,054	
65-74	4,486	40.0	3.6	40,661	40	448,613	11	19.0	11,213	
75-84	2,775	34.1	3.1	25,300	29	236,958	9	94.9	8,127	
85 and older	1,786	28.6	2.3	14,522	19	118,293	8	85.9	6,240	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	7,979	35.1	3.1	71,506	31	696,593	10	33.2	22,761	
Disabled	12,084	44.1	3.9	106,778	47	1,275,926	12	12.6	27,431	
Adults	264	50.0	3.6	1,920	47	24,976	13	2.5	528	
Children	1	16.7	0.3	2	7	42	21	1.1	6	
Unknown	3	75.0	6.0	24	63	252	11	1.5	4	
<b>Gender</b>										
Female	13,202	43.5	3.9	119,003	43	1,316,472	11	15.8	30,360	
Male	7,129	35.0	3.0	61,227	33	681,317	11	13.9	20,370	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	19,763	40.5	3.6	176,087	40	1,954,712	11	15.1	48,850	
African American	563	30.3	2.2	4,097	23	42,568	10	12.7	1,856	
Other/unknown	5	20.8	1.9	46	21	509	11	17.5	24	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	2,039	31.5	3.9	25,478	28	181,700	7	47.7	6,470	
Part year	1,248	38.4	3.3	10,632	26	86,166	8	34.6	3,253	
None	17,044	41.6	3.5	144,120	42	1,729,923	12	13.7	41,007	
<b>Maintenance Assistance Status</b>										
Cash	12,892	42.5	3.7	113,338	44	1,342,479	12	17.8	30,364	
Medically needy	1,129	35.5	2.6	8,135	29	90,685	11	3.4	3,179	
Poverty related	799	40.2	2.1	4,143	26	50,975	12	3.5	1,987	
Other/unknown	5,511	36.3	3.6	54,614	34	513,650	9	32.8	15,200	

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

Dual Eligible Beneficiaries

**TABLE D.12**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**WEST VIRGINIA, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$4</b>	<b>\$11</b>	<b>\$0</b>	<b>\$3</b>	<b>542,471</b>
<b>Age</b>						
5 and younger	0.1	1	8	0	0	30
6-14	0.4	3	8	0	0	58
15-20	0.1	2	15	0	1	1,490
21-44	0.3	4	12	0	3	120,217
45-64	0.4	5	12	0	3	153,363
65-74	0.3	4	11	0	3	122,792
75-84	0.3	3	9	0	2	84,072
85 and older	0.2	2	8	0	2	60,449
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	3	10	0	2	238,703
Disabled	0.4	4	12	0	3	300,252
Adults	0.6	7	13	0	5	3,416
Children	0.0	1	21	0	0	64
Unknown	0.7	7	11	0	2	36
<b>Gender</b>						
Female	0.4	4	11	0	3	325,366
Male	0.3	3	11	0	2	217,105
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	4	11	0	3	522,549
African American	0.2	2	10	0	1	19,660
Other/unknown	0.2	2	11	0	1	262
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.4	3	7	0	3	64,387
Part year	0.3	3	8	0	2	31,389
None	0.3	4	12	0	3	446,695
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	12	0	3	343,970
Medically needy	0.3	4	11	0	3	23,934
Poverty related	0.2	3	12	0	2	20,332
Other/unknown	0.4	3	9	0	3	154,235

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



**TABLE D.13**  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 WEST VIRGINIA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
<b>All</b>	<b>26,340</b>	<b>\$76</b>	<b>\$1,997,789</b>	<b>100.0</b>	<b>180,230</b>	<b>\$11</b>	<b>100.0</b>
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	1	16	16	0.0	2	8	0.0
Cough and cold medications	4,121	28	116,755	5.8	8,682	13	4.8
Vitamins and minerals	910	52	47,660	2.4	3,596	13	2.0
Non-prescription drugs	4,881	57	276,271	13.8	22,231	12	12.3
Barbiturates	739	71	52,647	2.6	8,238	6	4.6
Benzodiazepines	15,228	96	1,467,096	73.4	135,507	11	75.2
Other Part D Excl Rx Drugs	460	81	37,344	1.9	1,974	19	1.1

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 WEST VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries: 50,730  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$13,241,067  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$261

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	29,094	57.4	\$0	0.0
1-500	18,337	36.1	1,744,800	13.2
501-1,000	797	1.6	563,923	4.3
1,001-1,500	417	0.8	518,158	3.9
1,501-2,000	354	0.7	616,689	4.7
2,001-2,500	270	0.5	606,250	4.6
2,501-3,000	228	0.4	621,789	4.7
3,001-3,500	177	0.3	575,086	4.3
3,501-4,000	147	0.3	551,446	4.2
4,001-4,500	118	0.2	501,854	3.8
4,501-5,000	112	0.2	534,536	4.0
5,001-5,500	96	0.2	501,950	3.8
5,501-6,000	63	0.1	363,357	2.7
6,001-6,500	58	0.1	361,689	2.7
6,501-7,000	59	0.1	399,568	3.0
7,001-7,500	37	0.1	269,004	2.0
7,501-8,000	51	0.1	394,535	3.0
8,001-8,500	36	0.1	296,680	2.2
8,501-9,000	27	0.1	236,623	1.8
9,001-9,500	29	0.1	267,268	2.0
9,501-10,000	19	0.0	183,999	1.4
10,001+	204	0.4	3,131,863	23.7

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. 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 2007.

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<sup>a, b, c</sup>  
 WEST VIRGINIA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 24,623  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$9,475,081  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$384

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	12,885	52.3		\$0	0.0
1-500	9,356	38.0		984,115	10.4
501-1,000	564	2.3		402,107	4.2
1,001-1,500	313	1.3		386,951	4.1
1,501-2,000	248	1.0		431,575	4.6
2,001-2,500	180	0.7		404,789	4.3
2,501-3,000	167	0.7		455,346	4.8
3,001-3,500	129	0.5		419,163	4.4
3,501-4,000	101	0.4		378,090	4.0
4,001-4,500	91	0.4		387,029	4.1
4,501-5,000	82	0.3		390,001	4.1
5,001-5,500	73	0.3		382,267	4.0
5,501-6,000	45	0.2		258,905	2.7
6,001-6,500	42	0.2		262,709	2.8
6,501-7,000	45	0.2		304,785	3.2
7,001-7,500	30	0.1		218,290	2.3
7,501-8,000	38	0.2		294,175	3.1
8,001-8,500	28	0.1		231,421	2.4
8,501-9,000	19	0.1		166,445	1.8
9,001-9,500	22	0.1		203,152	2.1
9,501-10,000	14	0.1		135,655	1.4
10,001+	151	0.6		2,378,111	25.1

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. 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 2007.
- 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.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 WEST VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 25,580  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,750,409  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$107

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,041	62.7	0	0.0
1-500	8,835	34.5	740,420	26.9
501-1,000	202	0.8	139,119	5.1
1,001-1,500	86	0.3	108,947	4.0
1,501-2,000	80	0.3	139,839	5.1
2,001-2,500	70	0.3	156,046	5.7
2,501-3,000	50	0.2	135,928	4.9
3,001-3,500	34	0.1	111,051	4.0
3,501-4,000	35	0.1	131,283	4.8
4,001-4,500	23	0.1	97,762	3.6
4,501-5,000	23	0.1	110,269	4.0
5,001-5,500	15	0.1	77,430	2.8
5,501-6,000	10	0.0	57,816	2.1
6,001-6,500	13	0.1	80,594	2.9
6,501-7,000	11	0.0	74,423	2.7
7,001-7,500	3	0.0	21,420	0.8
7,501-8,000	8	0.0	61,615	2.2
8,001-8,500	4	0.0	32,526	1.2
8,501-9,000	7	0.0	61,199	2.2
9,001-9,500	5	0.0	45,750	1.7
9,501-10,000	1	0.0	9,927	0.4
10,001+	24	0.1	357,045	13.0

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. 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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 WEST VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 11,213  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,362,864  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$210

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,550	58.4	\$0	0.0
1-500	3,993	35.6	378,844	16.0
501-1,000	174	1.6	121,412	5.1
1,001-1,500	81	0.7	102,763	4.3
1,501-2,000	80	0.7	139,839	5.9
2,001-2,500	69	0.6	153,968	6.5
2,501-3,000	50	0.4	135,928	5.8
3,001-3,500	34	0.3	111,051	4.7
3,501-4,000	35	0.3	131,283	5.6
4,001-4,500	23	0.2	97,762	4.1
4,501-5,000	23	0.2	110,269	4.7
5,001-5,500	15	0.1	77,430	3.3
5,501-6,000	10	0.1	57,816	2.4
6,001-6,500	13	0.1	80,594	3.4
6,501-7,000	11	0.1	74,423	3.1
7,001-7,500	3	0.0	21,420	0.9
7,501-8,000	8	0.1	61,615	2.6
8,001-8,500	4	0.0	32,526	1.4
8,501-9,000	7	0.1	61,199	2.6
9,001-9,500	5	0.0	45,750	1.9
9,501-10,000	1	0.0	9,927	0.4
10,001+	24	0.2	357,045	15.1

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. 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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 WESTVIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,127  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$249,791  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,278	64.9	\$0	0.0
1-500	2,823	34.7	229,287	91.8
501-1,000	20	0.2	12,242	4.9
1,001-1,500	5	0.1	6,184	2.5
1,501-2,000	0	0.0	0	0.0
2,001-2,500	1	0.0	2,078	0.8
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	0	0.0	0	0.0
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 WEST VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 6,240  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$137,754  
 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	4,213	67.5	\$0	0.0
1-500	2,019	32.4	132,289	96.0
501-1,000	8	0.1	5,465	4.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	0	0.0	0	0.0
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	0	0.0	0	0.0
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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<sup>a, b</sup>**  
**DUAL BENEFICIARIES, WEST VIRGINIA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>50,733</b>	<b>22,761</b>	<b>27,431</b>	<b>530</b>	<b>7</b>	<b>4</b>	<b>544,426</b>	<b>238,709</b>	<b>301,331</b>	<b>4,283</b>	<b>67</b>	<b>36</b>
<b>Age</b>												
5 and younger	3	0	3	0	0	0	30	0	30	0	0	0
6-14	6	0	6	0	0	0	61	0	61	0	0	0
15-20	135	0	129	2	4	0	1,501	0	1,440	13	48	0
21-44	10,953	0	10,579	372	2	0	121,787	0	118,634	3,137	16	0
45-64	14,055	0	13,906	146	0	3	153,720	0	152,606	1,088	0	26
65-74	11,213	9,763	1,440	9	0	1	122,803	107,702	15,051	40	0	10
75-84	8,128	7,317	809	1	1	0	84,075	75,907	8,160	5	3	0
85 and older	6,240	5,681	559	0	0	0	60,449	55,100	5,349	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	30,361	15,948	14,149	257	3	4	326,541	168,472	155,817	2,189	27	36
Male	20,372	6,813	13,282	273	4	0	217,885	70,237	145,514	2,094	40	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	48,852	21,999	26,333	510	6	4	524,382	230,691	289,493	4,099	63	36
African American	1,857	752	1,084	20	1	0	19,782	7,911	11,683	184	4	0
Other/unknown	24	10	14	0	0	0	262	107	155	0	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,470	5,951	519	0	0	0	64,387	58,666	5,721	0	0	0
Part year	3,253	2,851	402	0	0	0	31,401	27,291	4,110	0	0	0
None	41,010	13,959	26,510	530	7	4	448,638	152,752	291,500	4,283	67	36
<b>Maintenance Assistance Status</b>												
Cash	30,365	12,613	17,599	153	0	0	345,101	143,304	200,390	1,407	0	0
Medically needy	3,180	1,347	1,562	271	0	0	24,237	10,521	11,696	2,020	0	0
Poverty related	1,987	535	1,433	15	0	4	20,677	5,569	14,951	121	0	36
Other/unknown	15,201	8,266	6,837	91	7	0	154,411	79,315	74,294	735	67	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	47,381	21,770	25,140	460	7	4	509,093	228,301	277,107	3,582	67	36
Full dual, part year	3,352	991	2,291	70	0	0	35,333	10,408	24,224	701	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	50,290	22,760	27,198	322	6	4	539,935	238,697	298,836	2,302	64	36
FFS part year, with Rx claims	340	1	210	129	0	0	3,489	12	2,242	1,235	0	0
FFS part year, no Rx claims	11	0	4	7	0	0	77	0	36	41	0	0
MC all year, with Rx claims	89	0	19	70	0	0	906	0	217	689	0	0
MC all year, no Rx claims	3	0	0	2	1	0	19	0	0	16	3	0
	0	0	0	0	0	0	0	0	0	0	0	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 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 2007. 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.

All Medicaid Beneficiaries

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	Beneficiaries and					
	Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>50,733</b>	<b>544,426</b>	<b>50,730</b>	<b>542,471</b>	<b>0</b>	<b>1,955</b>
Fee-for-service (FFS) all year	50,290	539,935	50,290	539,928	0	7
FFS part year, with Rx claims	340	3,489	340	1,602	0	1,887
FFS part year, with no Rx claims	11	77	11	35	0	42
Managed care (MC) all year, with Rx claims	89	906	89	906	0	0
MC all year, with no Rx claims	3	19	0	0	0	19

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. 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