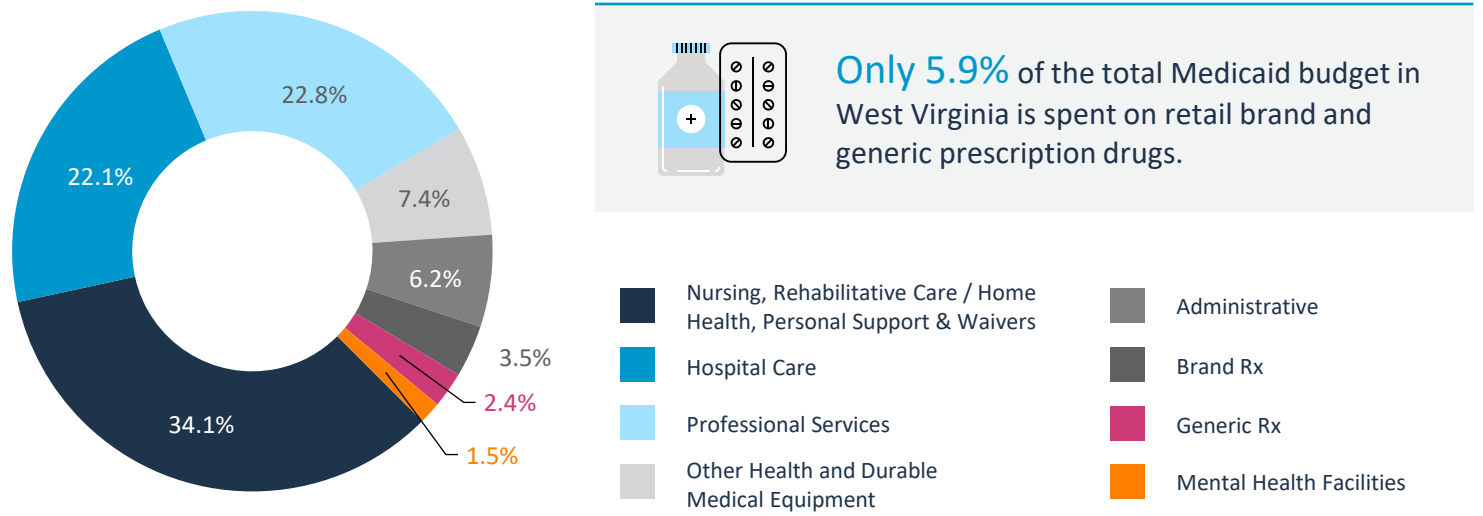


# The Facts About Medicaid in West Virginia



Medicines provide great value to Medicaid patients and society by saving and extending lives and preventing unnecessary hospitalizations and other costly health care services. According to National Health Expenditure estimates, national Medicaid spending on prescription drugs will grow roughly in line with overall national Medicaid spending growth from 2019 to 2028.<sup>1</sup>

## Breakdown of FFY2021 Medicaid Spending in West Virginia<sup>2</sup>



## How Medicaid Pays for Drugs

All 50 states and the District of Columbia elect to cover prescription drugs as a benefit under the Medicaid Drug Rebate Program (MDRP). The MDRP is a federal-state-drug manufacturer program that provides significant rebates to Medicaid programs that offset the costs of prescription drugs while ensuring patients can access needed medicines. States, and managed care organizations or pharmacy benefit managers administering the prescription drug benefit on behalf of states, may also negotiate supplemental rebates with drug manufacturers, further reducing spending.



1. Based on average spending growth between 2019 and 2028 according to U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Office of the Actuary 2021 National Health Expenditure Data (source: NHE Projections 2019-2028 - Tables 1 and 4).

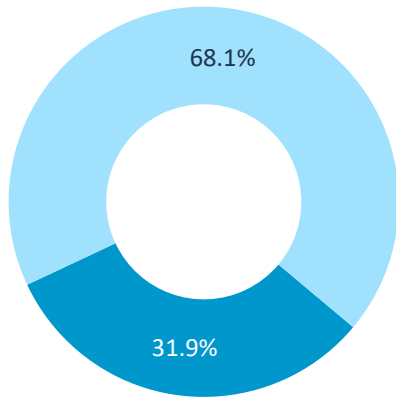
2. Menges Group analysis of FFY2021 CMS Financial Management Reports (FMR) and State Drug Utilization (SDU) data files. Brand/generic expenditure totals net of rebates. Data predominantly derived from CMS FMRs. Brand/generic prescription drug costs derived through tabulations performed by Menges. Pre-rebate expenditures tabulated using FFY2021 CMS SDU data files and CMS brand/generic indicators for each NDC. Statutory rebates and fee-for-service supplemental rebate information obtained from CMS FMRs. MCO supplemental rebates available in FMRs for several states and estimated in remaining states at similar percentages as the published FMR data indicate. Generic rebates assumed to always be at the statutory 13% level – no supplemental rebates assumed. Total brand rebates are therefore derived as the difference between total rebates and the generic statutory rebates. Post-rebate expenditures derived through Menges tabulations using above information.

# The Facts About Medicaid in West Virginia



Medicaid and the Children’s Health Insurance Program (CHIP) provide health care coverage to low-income, aged, and disabled individuals and families. Over one-in-five Americans are covered by Medicaid and CHIP.<sup>1</sup> Without Medicaid and CHIP, millions of Americans would not have access to necessary health care services, including prescription medicines.

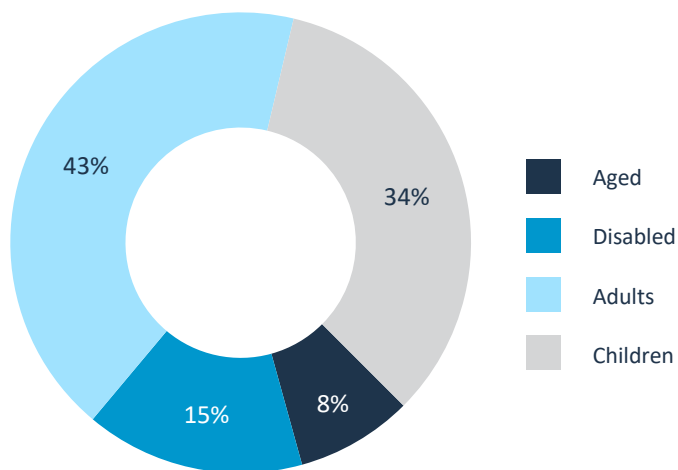
## Medicaid Coverage in West Virginia<sup>1</sup>



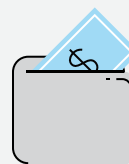
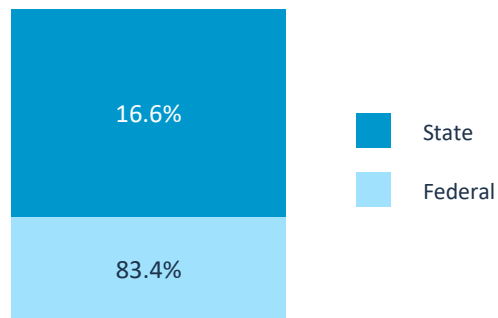
**31.9%** of West Virginians were primarily covered by Medicaid in 2021.

■ Medicaid      ■ Other/Uninsured

## West Virginia’s Medicaid Population by Enrollment Group<sup>2</sup>



## West Virginia’s Spending on Medicaid Services<sup>3</sup>



West Virginia spent **\$773 million** on Medicaid in FY 2021.

1. State Health Facts, Health Insurance Coverage of the Total Population. KFF estimates based on the 2008-2021 American Community Survey, 1-Year Estimates.  
 2. Medicaid and CHIP Payment and Access Commission (MACPAC). MACStats: Exhibit 14. Medicaid Enrollment by State, Eligibility Group, and Dually Eligible Status (FY20). MACPAC, 2022, analysis of T-MSIS data as of February 2022.  
 3. Kaiser Family Foundation. State Health Facts: Federal and State Share of Medicaid Spending, FFY21. Estimates based on data from CMS (Form 64), as of August 2022.  
 Note: Medicaid expenditures do not include administrative costs, accounting adjustments, or the U.S. Territories.