

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 SOUTH DAKOTA

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>13,693</b>	<b>7,724</b>	<b>5,881</b>	<b>87</b>	<b>1</b>	<b>0</b>	<b>144,014</b>	<b>77,557</b>	<b>65,752</b>	<b>696</b>	<b>9</b>	<b>0</b>		
<b>Age</b>														
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0		
6-14	4	0	4	0	0	0	48	0	48	0	0	0		
15-20	28	0	27	0	1	0	308	0	299	0	9	0		
21-44	2,363	0	2,301	62	0	0	26,145	0	25,655	490	0	0		
45-64	2,103	7	2,078	18	0	0	23,281	62	23,071	148	0	0		
65-74	2,427	1,303	1,117	7	0	0	25,834	13,113	12,663	58	0	0		
75-84	2,928	2,634	294	0	0	0	30,514	27,150	3,364	0	0	0		
85 and older	3,839	3,780	59	0	0	0	37,872	37,232	640	0	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
<b>Gender</b>														
Female	8,985	5,702	3,220	63	0	0	94,797	58,100	36,185	512	0	0		
Male	4,708	2,022	2,661	24	1	0	49,217	19,457	29,567	184	9	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
<b>Race</b>														
White	11,560	6,998	4,500	61	1	0	120,794	69,989	50,320	476	9	0		
African American	26	4	22	0	0	0	232	33	199	0	0	0		
Other/unknown	2,107	722	1,359	26	0	0	22,988	7,535	15,233	220	0	0		
<b>Use of Nursing Facilities</b>														
All year	4,350	3,924	426	0	0	0	44,146	39,388	4,758	0	0	0		
Part year	1,258	1,076	182	0	0	0	11,614	9,807	1,807	0	0	0		
None	8,085	2,724	5,273	87	1	0	88,254	28,362	59,187	696	9	0		
<b>Maintenance Assistance Status</b>														
Cash	6,888	2,266	4,554	68	0	0	76,352	24,892	50,936	524	0	0		
Medically needy	0	0	0	0	0	0		0	0	0	0	0		
Poverty-related	106	50	46	10	0	0	1,013	475	461	77	0	0		
Other/unknown	6,699	5,408	1,281	9	1	0	66,649	52,190	14,355	95	9	0		
<b>Dual Medicare Status<sup>c</sup></b>														
Full dual, all year	13,354	7,485	5,786	82	1	0	140,426	75,028	64,740	649	9	0		
Full dual, part year	339	239	95	5	0	0	3,588	2,529	1,012	47	0	0		
<b>Managed Care Status</b>														
FFS all year	13,693	7,724	5,881	87	1	0	144,014	77,557	65,752	696	9	0		
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0		
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0		

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 1999. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benes
All	85.4 %	40.9	\$1,609	\$39	\$13,364	12.0 %	\$31	13,693
<b>Age</b>								
5 and younger	100.0	43.0	3,601	84	16,392	22.0	35	1
6-14	100.0	36.5	5,082	139	8,906	57.1	0	4
15-20	64.3	15.0	856	57	17,337	4.9	0	28
21-44	78.8	27.0	1,654	61	13,255	12.5	19	2,363
45-64	80.7	39.3	1,878	48	14,686	12.8	42	2,103
65-74	76.3	34.6	1,339	39	9,140	14.7	44	2,427
75-84	88.6	48.3	1,700	35	12,296	13.8	39	2,928
85 and older	95.4	48.9	1,537	31	16,167	9.5	17	3,839
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	90.6	47.1	1,586	34	13,837	11.5	29	7,724
Disabled	78.8	33.2	1,654	50	12,893	12.8	32	5,881
Adults	67.8	15.4	689	45	3,354	20.5	4	87
Children	0.0	0.0	0	0	2,229	0.0	0	1
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	89.1	45.4	1,705	38	13,080	13.0	33	8,985
Male	78.3	32.3	1,425	44	13,907	10.2	25	4,708
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	90.5	45.5	1,784	39	14,517	12.3	33	11,560
African American	69.2	20.6	761	37	3,106	24.5	7	26
Other/unknown	57.3	15.9	662	42	7,166	9.2	18	2,107
<b>Use of Nursing Facilities</b>								
Entire year	97.8	58.3	2,005	34	22,080	9.1	29	4,350
Part year	95.0	47.1	1,696	36	14,000	12.1	34	1,258
None	77.2	30.6	1,383	45	8,576	16.1	31	8,085
<b>Maintenance Assistance Status</b>								
Cash	77.9	30.5	1,361	45	6,699	20.3	33	6,888
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	62.3	15.2	596	39	3,979	15.0	16	106
Other/unknown	93.5	52.0	1,880	36	20,366	9.2	28	6,699

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	3.9	\$153	12.0 %	14.6 %	17.7 %	10.3 %	28.5 %	23.3 %	5.6 %	\$1,271	13,693	144,014
<b>Age</b>												
5 and younger	3.6	300	22.0	0.0	0.0	0.0	100.0	0.0	0.0	1,366	1	12
6-14	3.0	424	57.1	0.0	50.0	0.0	25.0	25.0	0.0	742	4	48
15-20	1.4	78	4.9	35.7	39.3	3.6	17.9	3.6	0.0	1,576	28	308
21-44	2.4	149	12.5	21.2	30.7	12.4	22.3	11.1	2.3	1,198	2,363	26,145
45-64	3.6	170	12.8	19.3	20.0	10.3	26.0	19.5	4.9	1,327	2,103	23,281
65-74	3.3	126	14.7	23.7	19.2	10.9	23.7	17.4	5.1	859	2,427	25,834
75-84	4.6	163	13.8	11.4	13.3	8.6	30.1	28.3	8.3	1,180	2,928	30,514
85 and older	5.0	156	9.5	4.6	10.5	9.9	35.7	33.1	6.2	1,639	3,839	37,872
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</b>												
Aged	4.7	158	11.5	9.4	12.4	9.5	32.0	29.5	7.2	1,378	7,724	77,557
Disabled	3.0	148	12.8	21.2	24.4	11.2	24.3	15.5	3.5	1,153	5,881	65,752
Adults	1.9	86	20.5	32.2	31.0	12.6	13.8	10.3	0.0	419	87	696
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	248	1	9
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.3	162	13.0	10.9	16.3	10.0	29.8	26.4	6.5	1,240	8,985	94,797
Male	3.1	136	10.2	21.7	20.2	10.7	26.1	17.5	3.8	1,330	4,708	49,217
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	4.4	171	12.3	9.5	15.9	10.6	31.3	26.4	6.5	1,389	11,560	120,794
African American	2.3	85	24.5	30.8	23.1	15.4	19.2	11.5	0.0	348	26	232
Other/unknown	1.5	61	9.2	42.7	27.3	8.5	13.7	6.9	0.9	657	2,107	22,988
<b>Use of Nursing Facilities</b>												
Entire year	5.7	198	9.1	2.2	7.8	8.1	34.0	37.7	10.2	2,176	4,350	44,146
Part year	5.1	184	12.1	5.0	10.7	11.3	34.4	30.5	8.0	1,516	1,258	11,614
None	2.8	127	16.1	22.8	24.0	11.2	24.7	14.5	2.7	786	8,085	88,254
<b>Maintenance Assistance Status</b>												
Cash	2.8	123	20.3	22.1	25.2	11.5	24.3	14.4	2.4	604	6,888	76,352
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.6	62	15.0	37.7	28.3	12.3	16.0	4.7	0.9	416	106	1,013
Other/unknown	5.2	189	9.2	6.5	9.7	8.9	33.1	32.8	9.0	2,047	6,699	66,649

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.9</b>	<b>\$153</b>	<b>\$39</b>	<b>1.2</b>	<b>\$87</b>	<b>\$71</b>	<b>0.8</b>	<b>\$30</b>	<b>\$39</b>	<b>1.7</b>	<b>\$29</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	3.6	300	84	2.1	276	133	0.4	11	27	0.9	8	9
6-14	3.0	424	139	1.3	223	173	0.7	190	268	0.9	9	10
15-20	1.4	78	57	0.6	50	90	0.3	22	68	0.4	5	12
21-44	2.4	149	61	0.9	98	105	0.4	26	64	1.0	20	21
45-64	3.6	170	48	1.3	105	80	0.6	30	51	1.5	26	18
65-74	3.3	126	39	1.1	71	66	0.6	23	40	1.4	25	17
75-84	4.6	163	35	1.4	86	61	0.9	34	36	2.1	35	17
85 and older	5.0	156	31	1.3	80	59	1.1	34	30	2.3	35	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	4.7	158	34	1.4	83	61	1.0	33	33	2.1	35	16
Disabled	3.0	148	50	1.1	92	85	0.5	27	53	1.2	22	18
Adults	1.9	86	45	0.7	55	80	0.2	12	51	0.9	15	16
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.3	162	38	1.4	92	67	0.8	31	37	1.9	31	16
Male	3.1	136	44	1.0	78	80	0.6	27	46	1.4	25	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.4	171	39	1.4	97	70	0.9	33	39	1.9	32	17
African American	2.3	85	37	0.7	53	75	0.3	15	45	1.2	13	11
Other/unknown	1.5	61	42	0.5	37	74	0.3	11	42	0.6	11	17
<b>Use of Nursing Facilities</b>												
Entire year	5.7	198	34	1.6	103	63	1.2	40	34	2.7	45	17
Part year	5.1	184	36	1.6	104	67	1.0	33	32	2.3	37	16
None	2.8	127	45	1.0	77	77	0.5	24	47	1.2	20	17
<b>Maintenance Assistance Status</b>												
Cash	2.8	123	45	1.0	74	76	0.5	23	47	1.1	19	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	62	39	0.6	36	63	0.2	9	36	0.7	12	17
Other/unknown	5.2	189	36	1.5	102	67	1.1	37	35	2.4	40	17

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 14 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.

Table 14

Dual Eligible Beneficiaries



c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Dakota, 4.9 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 combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos		
															Generic	Patented Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.2	\$14	\$12	\$0	\$2	\$42	\$69	\$13	29,153	\$1,215,456	7,827	57.2 %	85,667
Biologics	0.1	0.1	0.0	0.0	3	2	0	1	28	33	0	213	6,011	189	1.4	2,165
Antineoplastic Agents	0.6	0.3	0.1	0.2	95	76	9	10	152	257	99	1,700	258,712	261	1.9	2,713
Endocrine/Metabolic Drugs	1.0	0.4	0.3	0.3	24	15	5	3	25	42	15	51,725	1,272,762	4,991	36.4	53,860
Cardiovascular Agents	1.7	0.5	0.4	0.8	43	20	13	11	25	43	29	135,874	3,387,387	7,415	54.2	78,263
Respiratory Agents	0.8	0.3	0.0	0.4	28	18	1	10	37	51	29	32,876	1,221,883	3,928	28.7	43,029
Gastrointestinal Agents	0.8	0.3	0.1	0.4	46	30	7	8	59	100	70	37,711	2,238,883	4,539	33.1	48,801
Genitourinary Agents	0.5	0.3	0.0	0.2	20	15	0	5	40	54	39	9,669	390,741	1,791	13.1	19,703
CNS Drugs	1.2	0.5	0.2	0.5	77	51	17	9	62	94	97	82,711	5,131,363	6,219	45.4	66,331
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.2	0.5	28	6	7	15	35	60	47	876	30,532	104	0.8	1,108
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	78	75	0	3	110	126	100	1,826	200,598	256	1.9	2,581
Analgesics and Anesthetics	0.7	0.2	0.1	0.5	30	17	6	7	40	87	61	45,537	1,828,445	5,736	41.9	61,486
Neuromuscular Agents	1.0	0.3	0.2	0.5	51	29	10	12	51	100	46	36,306	1,842,139	3,325	24.3	36,406
Nutritional Products	0.7	0.0	0.3	0.5	15	0	8	7	20	23	28	23,679	479,112	3,050	22.3	31,705
Hematological Agents	0.9	0.0	0.5	0.3	26	8	12	6	31	161	25	18,896	581,904	2,097	15.3	22,061
Topical Products	0.4	0.2	0.1	0.2	12	7	2	3	29	45	33	23,729	693,969	5,219	38.1	57,685
Miscellaneous Products	0.4	0.1	0.1	0.2	52	29	17	5	140	219	220	1,345	188,468	338	2.5	3,649
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	40	0	0	26,500	1,065,744	5,025	36.7	55,018
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	560,326	22,034,109	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 15 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 therapeutic category during 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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 South Dakota, 4.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$2,476,057	3,104	22.7 %	33,685	0.7	\$101
ANTIDEPRESSANTS	1,990,466	5,190	37.9	55,866	0.7	52
ULCER DRUGS	1,854,997	4,161	30.4	45,229	0.5	75
ANTICONVULSANT	1,402,846	2,354	17.2	26,155	0.9	58
ANTIHYPERTENSIVE	926,611	3,549	25.9	38,143	0.7	34
ANALGESICS - Narcotic	892,281	5,254	38.4	56,176	0.5	35
ANTIASTHMATIC	843,467	3,664	26.8	39,109	0.6	38
ANALGESICS - ANTI-INFLAMMATORY	833,497	3,588	26.2	40,010	0.4	52
CALCIUM BLOCKERS	783,238	2,160	15.8	23,084	0.8	44
ANTIDIABETIC	773,620	2,523	18.4	27,374	0.8	35

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>242,343</b>	<b>\$12,777,080</b>	<b>3,104</b>	<b>22.7 %</b>	<b>33,685</b>	<b>0.7</b>	<b>\$74</b>	<b>5,190</b>	<b>37.9 %</b>	<b>55,866</b>	<b>0.7</b>	<b>\$36</b>					
<b>Female</b>																	
<b>Disabled</b>																	
5 and younger	170,422	8,644,594	1,974	22.0	21,451	0.7	65	3,777	42.0	40,763	0.7	36					
6-14	60,413	3,725,384	800	24.8	9,225	0.8	99	1,458	45.3	16,638	0.6	39					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	2	48	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	100	4,229	2	22.2	22	0.1	2	6	66.7	67	0.4	24					
65-74	18,806	1,375,122	339	31.6	3,938	0.9	115	587	54.8	6,686	0.6	43					
75-84	25,434	1,562,637	311	26.6	3,594	0.8	101	626	53.6	7,128	0.6	40					
85 and older	11,952	606,126	88	12.3	990	0.8	71	179	25.1	2,067	0.6	29					
<b>Other Eligibles</b>	3,541	150,399	42	19.5	492	0.7	39	45	20.9	519	0.6	26					
5 and younger	578	26,823	18	42.9	189	0.7	31	15	35.7	171	0.4	25					
6-14	110,009	4,919,210	1,174	20.4	12,226	0.6	40	2,319	40.2	24,125	0.7	33					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	398	26,701	2	4.3	22	0.6	195	29	61.7	248	0.5	37					
65-74	100	4,199	0	0.0	0	0.0	0	7	58.3	56	0.3	13					
75-84	14,164	687,133	129	16.1	1,419	0.6	73	268	33.4	2,804	0.7	33					
85 and older	41,083	1,857,618	418	22.1	4,324	0.6	40	827	43.7	8,689	0.7	33					
<b>Unknown</b>	54,264	2,343,559	625	20.8	6,461	0.5	33	1,188	39.4	12,328	0.7	33					
<b>Male</b>																	
<b>Disabled</b>																	
5 and younger	71,921	4,132,486	1,130	24.0	12,234	0.8	88	1,413	30.0	15,103	0.7	36					
6-14	36,332	2,554,268	713	26.8	8,150	0.9	111	689	25.9	7,882	0.6	39					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	19	826	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	105	10,183	4	22.2	48	0.5	92	2	11.1	24	1.1	97					
65-74	14,612	1,273,574	395	32.1	4,436	0.9	131	361	29.4	4,110	0.6	39					
75-84	14,969	957,016	226	24.8	2,643	0.9	98	249	27.4	2,843	0.7	40					
85 and older	5,309	251,438	68	16.8	795	0.8	56	64	15.8	754	0.7	38					
<b>Other Eligibles</b>	1,016	44,404	8	10.1	96	1.1	86	11	13.9	127	0.6	20					
5 and younger	302	16,827	12	70.6	132	1.0	70	2	11.8	24	0.5	4					
6-14	35,589	1,578,218	417	20.4	4,084	0.6	40	724	35.4	7,221	0.7	33					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	152	5,381	4	26.7	48	0.1	9	9	60.0	107	0.3	8					
65-74	177	8,177	4	30.8	48	0.9	23	2	15.4	13	0.3	9					
75-84	7,684	355,426	87	17.1	846	0.7	58	144	28.3	1,393	0.7	35					
85 and older	14,937	663,103	174	23.5	1,768	0.6	42	286	38.5	2,898	0.7	33					
<b>Unknown</b>	12,639	546,131	148	19.3	1,374	0.6	30	283	36.8	2,810	0.7	32					
<b>Dual Eligible Beneficiaries</b>	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 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>4,161</b>	<b>30.4 %</b>	<b>45,229</b>	<b>0.5</b>	<b>\$41</b>	<b>2,354</b>	<b>17.2 %</b>	<b>26,155</b>	<b>0.9</b>	<b>\$54</b>	<b>3,549</b>	<b>25.9 %</b>	<b>38,143</b>	<b>0.7</b>	<b>\$24</b>
<b>Female</b>	3,003	33.4	32,750	0.5	41	1,400	15.6	15,576	0.9	49	2,492	27.7	26,962	0.7	24
<b>Disabled</b>	948	29.4	10,882	0.5	39	853	26.5	9,846	0.9	60	599	18.6	6,836	0.6	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	4
15-20	0	0.0	0	0.0	0	3	33.3	34	0.6	44	1	11.1	12	0.1	5
21-44	236	22.0	2,712	0.5	41	410	38.2	4,717	0.9	64	86	8.0	974	0.6	18
45-64	398	34.1	4,570	0.5	41	343	29.4	3,969	0.9	58	239	20.5	2,742	0.6	20
65-74	221	31.0	2,518	0.5	39	80	11.2	925	1.0	49	189	26.5	2,166	0.7	25
75-84	76	35.3	891	0.5	30	16	7.4	189	0.9	31	68	31.6	767	0.7	26
85 and older	17	40.5	191	0.4	31	1	2.4	12	0.3	4	15	35.7	163	0.5	16
<b>Other Eligibles</b>	2,055	35.6	21,868	0.6	41	547	9.5	5,730	0.8	30	1,893	32.8	20,126	0.7	25
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	13	27.7	103	0.2	28	8	17.0	60	0.6	41	0	0.0	0	0.0	0
45-64	2	16.7	24	0.2	9	0	0.0	0	0.0	0	2	16.7	14	1.0	27
65-74	263	32.8	2,871	0.5	37	97	12.1	1,015	0.8	31	238	29.7	2,530	0.7	23
75-84	724	38.3	7,778	0.6	42	247	13.1	2,689	0.9	32	704	37.2	7,692	0.7	24
85 and older	1,053	35.0	11,092	0.6	42	195	6.5	1,966	0.8	25	949	31.5	9,890	0.8	25
<b>Male</b>	1,158	24.6	12,479	0.6	42	954	20.3	10,579	1.0	61	1,057	22.5	11,181	0.7	25
<b>Disabled</b>	487	18.3	5,632	0.5	42	734	27.6	8,350	1.0	70	354	13.3	4,027	0.7	25
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	2	66.7	24	0.3	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	16.7	36	0.1	8	3	16.7	36	0.8	80	1	5.6	12	1.0	11
21-44	155	12.6	1,787	0.5	43	415	33.8	4,695	1.0	72	82	6.7	937	0.6	19
45-64	218	24.0	2,508	0.6	45	249	27.4	2,833	1.1	75	162	17.8	1,810	0.7	27
65-74	80	19.8	943	0.5	39	57	14.1	671	1.0	41	81	20.0	962	0.7	27
75-84	23	29.1	267	0.4	29	9	11.4	103	0.7	22	23	29.1	246	0.6	21
85 and older	6	35.3	67	0.4	30	1	5.9	12	0.3	2	5	29.4	60	0.5	23
<b>Other Eligibles</b>	671	32.8	6,847	0.6	43	220	10.7	2,229	0.9	28	703	34.3	7,154	0.7	26
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	3	20.0	33	0.4	39	3	20.0	36	1.0	33	4	26.7	44	0.4	8
45-64	3	23.1	36	1.0	68	1	7.7	12	1.2	28	1	7.7	12	0.9	30
65-74	155	30.5	1,557	0.6	39	69	13.6	677	0.8	27	162	31.9	1,661	0.7	24
75-84	247	33.3	2,551	0.6	43	92	12.4	992	0.9	29	290	39.1	3,013	0.8	27
85 and older	263	34.2	2,670	0.6	43	55	7.2	512	1.0	27	246	32.0	2,424	0.8	26
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>5,254</b>	<b>38.4 %</b>	<b>56,176</b>	<b>0.5</b>	<b>\$16</b>	<b>3,664</b>	<b>26.8 %</b>	<b>39,109</b>	<b>0.6</b>	<b>\$22</b>	<b>3,588</b>	<b>26.2 %</b>	<b>40,010</b>	<b>0.4</b>	<b>\$21</b>
<b>Female</b>	4,009	44.6	43,287	0.5	17	2,438	27.1	26,227	0.6	21	2,695	30.0	30,085	0.4	22
<b>Disabled</b>	1,360	42.2	15,593	0.4	11	912	28.3	10,346	0.5	21	1,025	31.8	11,906	0.4	23
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	7	77.8	84	0.4	9	2	22.2	22	0.1	3	4	44.4	45	0.2	3
21-44	432	40.3	4,963	0.3	9	213	19.9	2,351	0.4	17	292	27.2	3,397	0.3	20
45-64	580	49.7	6,641	0.4	12	413	35.4	4,743	0.5	20	447	38.3	5,169	0.4	24
65-74	247	34.6	2,813	0.5	12	234	32.8	2,637	0.6	27	207	29.0	2,406	0.4	28
75-84	79	36.7	930	0.4	10	40	18.6	474	0.6	14	63	29.3	749	0.4	24
85 and older	15	35.7	162	0.3	9	10	23.8	119	0.3	13	12	28.6	140	0.4	22
<b>Other Eligibles</b>	2,649	45.9	27,694	0.5	20	1,526	26.5	15,881	0.6	21	1,670	29.0	18,179	0.4	20
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	38	80.9	399	0.3	12	8	17.0	56	0.4	11	16	34.0	154	0.3	18
45-64	5	41.7	60	0.1	7	7	58.3	84	0.6	28	2	16.7	14	0.4	7
65-74	335	41.8	3,632	0.4	16	241	30.0	2,546	0.7	25	241	30.0	2,709	0.4	17
75-84	863	45.6	9,147	0.5	22	563	29.8	5,840	0.6	23	584	30.9	6,396	0.5	21
85 and older	1,408	46.7	14,456	0.5	20	707	23.5	7,355	0.5	18	827	27.5	8,906	0.5	21
<b>Male</b>	1,245	26.4	12,889	0.4	14	1,226	26.0	12,882	0.6	23	893	19.0	9,925	0.4	19
<b>Disabled</b>	552	20.7	6,194	0.4	11	444	16.7	4,970	0.5	20	429	16.1	4,998	0.3	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	24	0.1	3	0	0.0	0	0.0	0
15-20	2	11.1	24	0.1	1	0	0.0	0	0.0	0	3	16.7	36	0.1	2
21-44	216	17.6	2,410	0.3	11	142	11.6	1,619	0.4	14	132	10.7	1,537	0.2	13
45-64	219	24.1	2,453	0.4	12	186	20.4	1,996	0.6	23	185	20.3	2,141	0.4	23
65-74	84	20.8	959	0.3	5	98	24.3	1,149	0.6	22	86	21.3	1,011	0.4	15
75-84	25	31.6	282	0.6	20	14	17.7	158	0.6	22	18	22.8	213	0.4	17
85 and older	6	35.3	66	0.4	14	2	11.8	24	0.9	24	5	29.4	60	0.4	24
<b>Other Eligibles</b>	693	33.9	6,695	0.4	16	782	38.2	7,912	0.7	25	464	22.7	4,927	0.4	19
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	12	80.0	115	0.1	1	2	13.3	22	0.1	2	2	13.3	23	0.2	11
45-64	4	30.8	37	0.2	5	6	46.2	72	0.8	49	3	23.1	36	0.1	2
65-74	150	29.5	1,403	0.4	16	172	33.9	1,594	0.6	23	102	20.1	1,086	0.4	17
75-84	245	33.0	2,488	0.5	17	315	42.5	3,246	0.7	26	171	23.0	1,845	0.4	18
85 and older	282	36.7	2,652	0.4	15	287	37.4	2,978	0.6	23	186	24.2	1,937	0.4	22
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries



Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				ANTIDIABETIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$									
<b>All</b>	<b>2,160</b>	<b>15.8 %</b>	<b>23,084</b>	<b>0.8</b>	<b>\$34</b>	<b>2,523</b>	<b>18.4 %</b>	<b>27,374</b>	<b>0.8</b>	<b>\$28</b>	<b>13,693</b>	<b>144,014</b>					
<b>Female</b>																	
<b>Disabled</b>	1,627	18.1	17,382	0.8	34	1,809	20.1	19,806	0.8	28	8,985	94,797					
5 and younger	367	11.4	4,237	0.7	32	548	17.0	6,231	0.8	33	3,220	36,185					
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	1	12					
21-44	2	22.2	24	0.1	4	0	0.0	0	0.0	0	9	95					
45-64	47	4.4	540	0.7	33	98	9.1	1,143	0.8	32	1,072	12,025					
65-74	151	12.9	1,746	0.7	31	226	19.3	2,554	0.8	36	1,168	13,129					
75-84	114	16.0	1,299	0.7	35	169	23.7	1,907	0.8	31	713	8,018					
85 and older	50	23.3	597	0.7	32	48	22.3	551	0.7	24	215	2,459					
<b>Other Eligibles</b>	3	7.1	31	0.6	22	7	16.7	76	0.7	19	42	447					
5 and younger	1,260	21.9	13,145	0.8	34	1,261	21.9	13,575	0.8	26	5,765	58,612					
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	0	0					
21-44	1	2.1	8	0.1	2	1	2.1	12	0.1	2	47	370					
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	111					
65-74	161	20.1	1,719	0.7	33	238	29.7	2,595	0.7	28	802	8,253					
75-84	459	24.3	4,844	0.8	34	508	26.8	5,506	0.8	29	1,892	19,799					
85 and older	639	21.2	6,574	0.8	35	514	17.1	5,462	0.8	23	3,012	30,079					
<b>Male</b>																	
<b>Disabled</b>	533	11.3	5,702	0.8	34	714	15.2	7,568	0.8	28	4,708	49,217					
5 and younger	191	7.2	2,146	0.7	35	258	9.7	2,946	0.7	30	2,661	29,567					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					
15-20	2	66.7	24	0.4	24	0	0.0	0	0.0	0	3	36					
21-44	1	5.6	12	0.1	3	0	0.0	0	0.0	0	18	204					
45-64	37	3.0	434	0.6	31	52	4.2	616	0.7	22	1,229	13,630					
65-74	88	9.7	957	0.8	38	126	13.8	1,401	0.8	36	910	9,942					
75-84	54	13.4	621	0.7	32	69	17.1	807	0.7	28	404	4,645					
85 and older	8	10.1	86	0.9	40	8	10.1	95	0.7	24	79	905					
<b>Other Eligibles</b>	1	5.9	12	1.0	70	3	17.6	27	0.7	11	17	193					
5 and younger	342	16.7	3,556	0.8	34	456	22.3	4,622	0.8	27	2,047	19,650					
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	0	0					
21-44	3	20.0	36	0.5	20	1	6.7	8	0.0	0	1	9					
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	120					
65-74	81	15.9	815	0.7	33	122	24.0	1,244	0.8	28	508	4,918					
75-84	146	19.7	1,529	0.8	35	185	24.9	1,974	0.9	31	742	7,351					
85 and older	112	14.6	1,176	0.8	35	148	19.3	1,396	0.8	21	768	7,153					
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$198</b>	<b>5.7</b>	<b>4,350</b>	<b>44,146</b>
<b>Age</b>				
0-64	293	6.5	224	2,436
65-74	252	6.4	450	4,647
75-84	217	6.2	1,183	12,131
85 and older	168	5.3	2,493	24,932
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	196	5.8	3,167	32,577
Male	203	5.6	1,183	11,569
Unknown	0	0.0	0	0
<b>Race</b>				
White	199	5.8	4,173	42,305
African American	0	0	0	0
Other/unknown	169	4.7	177	1,841
<b>Basis of Eligibility</b>				
Aged	192	5.7	3,924	39,388
Disabled	243	6.0	426	4,758
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 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,258 beneficiaries who were in nursing facilities for part of their enrollment and their 11,614 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 18

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, SOUTH DAKOTA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Generic	Total	Patented	Off-Patent	Brand-Name	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
																Total	Patented
Anti-infective Agents	0.4	0.2	0.0	0.2	\$0	\$14	\$0	\$2	\$43	\$67	\$29	\$13	12,727	\$546,321	3,165	72.8 %	33,430
Biologics	0.1	0.0	0.0	0.1	0	0	0	1	17	13	0	19	88	1,468	85	2.0	966
Antineoplastic Agents	0.7	0.4	0.1	0.3	85	10	9	9	150	229	142	37	649	97,201	93	2.1	934
Endocrine/Metabolic Drugs	1.1	0.4	0.4	0.3	26	17	6	4	24	44	14	12	20,671	487,540	1,794	41.2	18,499
Cardiovascular Agents	2.0	0.4	0.5	1.0	42	15	13	13	21	38	25	13	63,713	1,346,485	3,156	72.6	32,145
Respiratory Agents	0.9	0.3	0.0	0.5	31	15	1	16	35	47	22	29	12,731	446,239	1,365	31.4	14,332
Gastrointestinal Agents	1.0	0.3	0.1	0.5	50	29	9	12	51	91	65	22	19,373	985,635	1,895	43.6	19,796
Genitourinary Agents	0.5	0.3	0.0	0.2	21	15	0	5	39	53	43	22	4,745	185,568	829	19.1	8,941
CNS Drugs	1.3	0.6	0.2	0.5	68	47	14	8	51	74	81	14	36,462	1,867,555	2,643	60.8	27,414
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.6	13	0	2	10	19	20	42	17	256	4,884	37	0.9	387
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	83	80	1	2	103	111	100	30	1,099	113,733	137	3.1	1,374
Analgesics and Anesthetics	0.9	0.2	0.1	0.5	35	20	6	9	40	82	55	17	19,815	787,827	2,195	50.5	22,587
Neuromuscular Agents	0.9	0.2	0.3	0.5	38	13	13	12	40	73	48	24	12,885	516,107	1,282	29.5	13,583
Nutritional Products	0.8	0.0	0.3	0.5	17	0	9	9	21	14	28	17	13,795	288,491	1,612	37.1	16,504
Hematological Agents	1.0	0.0	0.6	0.4	28	7	12	8	27	153	21	20	10,884	290,148	1,021	23.5	10,522
Topical Products	0.5	0.2	0.1	0.2	13	8	3	3	28	43	34	15	12,060	339,542	2,359	54.2	25,456
Miscellaneous Products	0.2	0.1	0.0	0.2	13	3	6	4	51	48	173	26	450	22,994	169	3.9	1,803
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	18	0	0	0	36	0	0	0	11,020	392,244	1,995	45.9	21,311
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	253,423	8,719,982	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,258 beneficiaries who were in nursing facilities for part of their enrollment and their 11,614 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 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

In South Dakota, 4.9 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 = Center for Medicare and 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.

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 ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>13,693</b>	<b>7,724</b>	<b>5,881</b>	<b>87</b>	<b>1</b>	<b>0</b>	<b>144,014</b>	<b>77,557</b>	<b>65,752</b>	<b>696</b>	<b>9</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	28	0	27	0	1	0	308	0	299	0	9	0
21-44	2,363	0	2,301	62	0	0	26,145	0	25,655	490	0	0
45-64	2,103	7	2,078	18	0	0	23,281	62	23,071	148	0	0
65-74	2,427	1,303	1,117	7	0	0	25,834	13,113	12,663	58	0	0
75-84	2,928	2,634	294	0	0	0	30,514	27,150	3,364	0	0	0
85 and older	3,839	3,780	59	0	0	0	37,872	37,232	640	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	8,985	5,702	3,220	63	0	0	94,797	58,100	36,185	512	0	0
Male	4,708	2,022	2,661	24	1	0	49,217	19,457	29,567	184	9	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	11,560	6,998	4,500	61	1	0	120,794	69,989	50,320	476	9	0
African American	26	4	22	0	0	0	232	33	199	0	0	0
Other/unknown	2,107	722	1,359	26	0	0	22,988	7,535	15,233	220	0	0
<b>Use of Nursing Facilities</b>												
All year	4,350	3,924	426	0	0	0	44,146	39,388	4,758	0	0	0
Part year	1,258	1,076	182	0	0	0	11,614	9,807	1,807	0	0	0
None	8,085	2,724	5,273	87	1	0	88,254	28,362	59,187	696	9	0
<b>Maintenance Assistance Status</b>												
Cash	6,888	2,266	4,554	68	0	0	76,352	24,892	50,936	524	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	106	50	46	10	0	0	1,013	475	461	77	0	0
Other/unknown	6,699	5,408	1,281	9	1	0	66,649	52,190	14,355	95	9	0
<b>Dual Status<sup>c</sup></b>												
Full dual, all year	13,354	7,485	5,786	82	1	0	140,426	75,028	64,740	649	9	0
Full dual, part year	339	239	95	5	0	0	3,588	2,529	1,012	47	0	0
<b>Managed Care Status</b>												
FFS all year	13,693	7,724	5,881	87	1	0	144,014	77,557	65,752	696	9	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.



APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 1999

Beneficiary Characteristics	Bene(s) and			
	Bene Mo(s) in Cell F of Table 1	Bene Mo(s) in Cell G of Table 1	Included in Cell G of Table 1	Excluded from Cell G of Table 1
	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos
<b>All</b>	<b>13,693</b>	<b>144,014</b>	<b>13,693</b>	<b>144,014</b>
FFS all year	13,693	144,014	13,693	144,014
FFS part year, with Rx claims	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0
MC all year, with Rx claims	0	0	0	0
MC all year, with no Rx claims	0	0	0	0

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 06/25/2004.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 SOUTH DAKOTA, 1999

Total Number of Dual Eligible Beneficiaries 13,693  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$22,034,109  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,609

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,001	14.6 %	\$0	0.0 %
1-500	3,139	22.9	642,195	2.9
501-1,000	1,890	13.8	1,389,487	6.3
1,001-1,500	1,417	10.3	1,758,922	8.0
1,501-2,000	1,213	8.9	2,107,472	9.6
2,001-2,500	923	6.7	2,058,776	9.3
2,501-3,000	742	5.4	2,033,205	9.2
3,001-3,500	538	3.9	1,741,160	7.9
3,501-4,000	418	3.1	1,563,909	7.1
4,001-4,500	308	2.2	1,303,841	5.9
4,501-5,000	238	1.7	1,129,681	5.1
5,001-5,500	185	1.4	969,348	4.4
5,501-6,000	144	1.1	826,481	3.8
6,001-6,500	120	0.9	746,955	3.4
6,501-7,000	81	0.6	544,016	2.5
7,001-7,500	65	0.5	471,572	2.1
7,501-8,000	62	0.5	480,089	2.2
8,001-8,500	34	0.2	281,309	1.3
8,501-9,000	39	0.3	340,001	1.5
9,001-9,500	21	0.2	194,062	0.9
9,501-10,000	18	0.1	175,448	0.8
10,001+	97	0.7	1,276,180	5.8

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 SOUTH DAKOTA, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,411  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$7,832,676  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$1,776

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	890	20.2 %	0	0.0 %
1-500	1,131	25.6	197,235	2.5
501-1,000	445	10.1	325,697	4.2
1,001-1,500	327	7.4	403,173	5.1
1,501-2,000	279	6.3	485,364	6.2
2,001-2,500	227	5.1	509,306	6.5
2,501-3,000	188	4.3	518,475	6.6
3,001-3,500	146	3.3	472,378	6.0
3,501-4,000	125	2.8	467,884	6.0
4,001-4,500	87	2.0	369,930	4.7
4,501-5,000	102	2.3	485,575	6.2
5,001-5,500	74	1.7	388,979	5.0
5,501-6,000	66	1.5	379,242	4.8
6,001-6,500	61	1.4	380,329	4.9
6,501-7,000	40	0.9	268,944	3.4
7,001-7,500	41	0.9	297,575	3.8
7,501-8,000	34	0.8	264,154	3.4
8,001-8,500	22	0.5	181,462	2.3
8,501-9,000	25	0.6	216,927	2.8
9,001-9,500	16	0.4	147,597	1.9
9,501-10,000	13	0.3	126,873	1.6
10,001+	72	1.6	945,577	12.1

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 SOUTH DAKOTA, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74                                 2,427  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74           \$3,250,783  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74           \$1,339

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	574	23.7 %	0	0.0
1-500	543	22.4	111,720	3.4
501-1,000	331	13.6	241,777	7.4
1,001-1,500	228	9.4	284,345	8.7
1,501-2,000	167	6.9	288,231	8.9
2,001-2,500	123	5.1	273,177	8.4
2,501-3,000	128	5.3	349,123	10.7
3,001-3,500	67	2.8	217,307	6.7
3,501-4,000	50	2.1	187,963	5.8
4,001-4,500	57	2.3	241,603	7.4
4,501-5,000	30	1.2	142,279	4.4
5,001-5,500	30	1.2	157,570	4.8
5,501-6,000	23	0.9	131,903	4.1
6,001-6,500	14	0.6	87,361	2.7
6,501-7,000	14	0.6	93,557	2.9
7,001-7,500	8	0.3	57,722	1.8
7,501-8,000	15	0.6	115,847	3.6
8,001-8,500	6	0.2	50,130	1.5
8,501-9,000	5	0.2	43,724	1.3
9,001-9,500	3	0.1	27,868	0.9
9,501-10,000	1	0.0	9,946	0.3
10,001+	10	0.4	137,630	4.2

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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

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SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 SOUTH DAKOTA, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,928  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$4,977,046  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,700

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	333	11.4 %	0	0.0 %
1-500	560	19.1	121,366	2.4
501-1,000	402	13.7	296,201	6.0
1,001-1,500	331	11.3	411,249	8.3
1,501-2,000	313	10.7	545,168	11.0
2,001-2,500	230	7.9	510,130	10.2
2,501-3,000	208	7.1	569,785	11.4
3,001-3,500	128	4.4	411,646	8.3
3,501-4,000	124	4.2	463,696	9.3
4,001-4,500	82	2.8	344,631	6.9
4,501-5,000	61	2.1	288,574	5.8
5,001-5,500	45	1.5	234,575	4.7
5,501-6,000	27	0.9	154,329	3.1
6,001-6,500	26	0.9	161,616	3.2
6,501-7,000	21	0.7	140,940	2.8
7,001-7,500	9	0.3	65,219	1.3
7,501-8,000	9	0.3	69,176	1.4
8,001-8,500	4	0.1	33,314	0.7
8,501-9,000	4	0.1	34,953	0.7
9,001-9,500	2	0.1	18,597	0.4
9,501-10,000	2	0.1	19,521	0.4
10,001+	7	0.2	82,360	1.7

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 SOUTH DAKOTA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 3,839  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$5,901,317  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,537

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	177	4.6 %	0	0.0 %
1-500	871	22.7	204,949	3.5
501-1,000	703	18.3	520,150	8.8
1,001-1,500	529	13.8	657,693	11.1
1,501-2,000	450	11.7	782,282	13.3
2,001-2,500	342	8.9	763,755	12.9
2,501-3,000	216	5.6	590,433	10.0
3,001-3,500	192	5.0	623,656	10.6
3,501-4,000	118	3.1	440,593	7.5
4,001-4,500	81	2.1	343,648	5.8
4,501-5,000	45	1.2	213,253	3.6
5,001-5,500	36	0.9	188,224	3.2
5,501-6,000	28	0.7	161,007	2.7
6,001-6,500	18	0.5	111,209	1.9
6,501-7,000	6	0.2	40,575	0.7
7,001-7,500	7	0.2	51,056	0.9
7,501-8,000	4	0.1	30,912	0.5
8,001-8,500	2	0.1	16,403	0.3
8,501-9,000	5	0.1	44,397	0.8
9,001-9,500	2	0.1	19,108	0.3
9,501-10,000	7	0.2	98,014	1.7
10,001+				

Source: Data for this table are from the MAX 1999 file for South Dakota, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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