

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 SOUTH DAKOTA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
SOUTH DAKOTA, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	117,356 (A)	18,758 (E)	98,598 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	112,632 (B)	14,082 (F)	98,550 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	112,632 (C)	14,082 (G)	98,550 (K)
4. Benes who were all-year nursing facility residents ^f	4,306 (D)	4,139 (H)	167 (L)

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

- MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- The total Medicaid pharmacy reimbursement for South Dakota in 2002 was \$65,045,848, of which \$31,168 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 1.4 percent were restricted benefit months without a pharmacy benefit in South Dakota, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
SOUTH DAKOTA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos					Other/ Unknown
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	112,632	7,627	14,960	18,668	71,361	16	1,044,297	75,641	161,033	138,867	668,651	105	
Age													
5 and younger	28,563	0	645	4	27,914	0	259,186	0	6,435	17	252,734	0	
6-14	32,094	0	1,272	5	30,817	0	317,664	0	13,920	17	303,727	0	
15-20	15,700	0	1,148	1,943	12,609	0	137,612	0	12,103	13,386	112,123	0	
21-44	20,591	0	5,063	15,509	13	6	170,530	0	54,797	115,650	45	38	
45-64	6,324	2	5,119	1,193	0	10	64,392	20	54,608	9,697	0	67	
65-74	2,574	1,236	1,325	13	0	0	27,572	12,617	14,859	96	0	0	
75-84	2,949	2,626	322	1	0	0	30,297	26,674	3,619	4	0	0	
85 and older	3,836	3,763	66	0	7	0	37,042	36,330	692	0	20	0	
Unknown	1	0	0	0	1	2	0	0	0	0	2	0	
Gender													
Female	63,812	5,594	7,826	15,229	35,147	16	586,260	56,208	85,209	114,460	330,278	105	
Male	48,820	2,033	7,134	3,439	36,214	0	458,037	19,433	75,824	24,407	338,373	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Race													
White	66,768	7,073	9,789	10,017	39,875	14	613,103	69,910	104,625	69,905	368,574	89	
African American	2,400	9	181	358	1,851	1	21,091	94	1,721	2,508	16,760	8	
Other/unknown	43,464	545	4,990	8,293	29,635	1	410,103	5,637	54,687	66,454	283,317	8	
Use of Nursing Facilities^c													
Entire year	4,306	3,758	548	0	0	0	42,981	36,957	6,024	0	0	0	
Part year	1,511	1,145	363	2	1	0	13,821	10,214	3,576	19	12	0	
None	106,815	2,724	14,049	18,666	71,360	16	987,495	28,470	151,433	138,848	668,639	105	
Maintenance Assistance Status													
Cash	41,498	2,132	12,806	9,761	16,799	0	405,060	23,512	138,413	77,066	166,069	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	46,072	64	93	4,339	41,560	16	419,316	659	907	23,384	394,261	105	
Other/unknown	25,062	5,431	2,061	4,568	13,002	0	219,921	51,470	21,713	38,417	108,321	0	
Dual Medicare Status^d													
Full dual, all year	13,666	7,182	6,354	126	4	0	143,308	71,116	71,087	1,068	37	0	
Full dual, part year	416	271	137	8	0	0	4,292	2,822	1,391	79	0	0	
Non-dual, all year	98,550	174	8,469	18,534	71,357	16	896,697	1,703	88,555	137,720	668,614	105	
Managed Care Status													
FFS all year	112,632	7,627	14,960	18,668	71,361	16	1,044,297	75,641	161,033	138,867	668,651	105	
FFS part year, with Rx claims	0	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	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 SOUTH DAKOTA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	58.7 %	10.4	\$577	\$56	\$4,454	13.0 %	112,632
Age							
5 and younger	60.5	3.5	128	37	1,885	6.8	28,563
6-14	50.2	3.3	201	60	1,657	12.1	32,094
15-20	50.8	4.3	250	58	3,457	7.2	15,700
21-44	58.4	10.1	762	75	5,734	13.3	20,591
45-64	69.6	31.8	2,071	65	12,314	16.8	6,324
65-74	77.3	41.7	2,141	51	10,982	19.5	2,574
75-84	89.2	55.2	2,613	47	15,054	17.4	2,949
85 and older	95.9	55.8	2,347	42	18,710	12.5	3,836
Unknown	0.0	0.0	0	0	14	0.0	1
Basis of Eligibility^c							
Aged	91.9	54.8	2,469	45	16,470	15.0	7,627
Disabled	71.7	29.2	2,145	73	14,190	15.1	14,960
Adults	53.8	4.7	216	46	2,424	8.9	18,668
Children	53.7	3.2	141	44	1,658	8.5	71,361
Unknown	68.8	13.4	778	58	11,879	6.6	16
Gender							
Female	61.6	12.3	641	52	4,650	13.8	63,812
Male	54.8	7.9	495	63	4,198	11.8	48,820
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	71.7	15.0	839	56	5,325	15.8	66,768
African American	57.2	4.4	241	54	1,926	12.5	2,400
Other/unknown	38.8	3.6	194	54	3,257	6.0	43,464
Use of Nursing Facilities^d							
Entire year	98.3	66.9	3,175	47	26,429	12.0	4,306
Part year	95.9	56.1	2,714	48	21,284	12.7	1,511
None	56.6	7.5	442	59	3,330	13.3	106,815

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	54.9	12.3	796	65	5,048	15.8	41,498
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	56.7	3.2	140	44	1,245	11.2	46,072
Other/unknown	68.6	20.4	1,019	50	9,369	10.9	25,062

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH DAKOTA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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	1.1	\$62	13.0 %	41.3 %	42.2 %	4.8 %	6.0 %	4.3 %	1.4 %	\$480	112,632	1,044,297
Age												
5 and younger	0.4	14	6.8	39.5	56.2	3.1	1.0	0.1	0.0	208	28,563	259,186
6-14	0.3	20	12.1	49.8	45.1	3.0	1.9	0.2	0.0	168	32,094	317,664
15-20	0.5	29	7.2	49.2	42.3	4.7	3.2	0.6	0.1	394	15,700	137,612
21-44	1.2	92	13.3	41.6	38.9	7.1	8.1	3.5	0.8	692	20,591	170,530
45-64	3.1	203	16.8	30.4	21.0	8.9	18.5	15.9	5.2	1,209	6,324	64,392
65-74	3.9	200	19.5	22.7	16.4	9.2	22.9	20.2	8.5	1,025	2,574	27,572
75-84	5.4	254	17.4	10.8	11.2	7.4	25.5	32.1	13.0	1,465	2,949	30,297
85 and older	5.8	243	12.5	4.1	7.4	8.0	32.3	37.3	10.9	1,938	3,836	37,042
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	7	1	2
Basis of Eligibility^c												
Aged	5.5	249	15.0	8.1	9.6	8.0	28.7	33.8	11.9	1,661	7,627	75,641
Disabled	2.7	199	15.1	28.3	25.5	10.0	18.9	13.2	4.1	1,318	14,960	161,033
Adults	0.6	29	8.9	46.2	42.7	5.8	4.2	1.0	0.1	326	18,668	138,867
Children	0.3	15	8.5	46.3	49.1	3.1	1.4	0.1	0.0	177	71,361	668,651
Unknown	2.0	119	6.6	31.3	6.3	31.3	31.3	0.0	0.0	1,810	16	105
Gender												
Female	1.3	70	13.8	38.4	42.5	5.1	6.8	5.4	1.8	506	63,812	586,260
Male	0.8	53	11.8	45.2	41.9	4.3	5.0	2.9	0.8	447	48,820	458,037
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.6	91	15.8	28.3	47.9	6.4	8.7	6.6	2.2	580	66,768	613,103
African American	0.5	27	12.5	42.8	48.9	4.3	3.2	0.6	0.1	219	2,400	21,091
Other/unknown	0.4	21	6.0	61.2	33.2	2.4	2.1	0.9	0.2	345	43,464	410,103
Use of Nursing Facilities^d												
Entire year	6.7	318	12.0	1.7	5.5	6.9	28.1	41.5	16.3	2,648	4,306	42,981
Part year	6.1	297	12.7	4.1	8.5	8.4	30.6	34.1	14.4	2,327	1,511	13,821
None	0.8	48	13.3	43.4	44.2	4.7	4.8	2.4	0.6	360	106,815	987,495

Table 4

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				
Maintenance Assistance Status												
Cash	1.3	82	15.8	45.1	34.4	5.7	8.5	5.0	1.3	517	41,498	405,060
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	15	11.2	43.3	52.1	3.3	1.3	0.1	0.0	137	46,072	419,316
Other/unknown	2.3	116	10.9	31.4	37.1	6.0	10.6	10.8	4.0	1,068	25,062	219,921

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 SOUTH DAKOTA, 2002

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
All	1.1	\$62	\$56	0.5	\$46	\$93	0.1	\$5	\$47	0.5	\$12	\$22
Age												
5 and younger	0.4	14	37	0.2	10	57	0.0	1	46	0.2	3	15
6-14	0.3	20	60	0.2	15	91	0.0	2	71	0.1	3	20
15-20	0.5	29	58	0.2	21	89	0.0	3	70	0.2	5	21
21-44	1.2	92	75	0.5	67	122	0.1	8	62	0.6	17	31
45-64	3.1	203	65	1.4	155	109	0.3	15	52	1.4	33	23
65-74	3.9	200	51	1.7	144	87	0.4	16	40	1.8	40	21
75-84	5.4	254	47	2.2	183	84	0.5	18	32	2.6	54	20
85 and older	5.8	243	42	2.2	167	77	0.6	19	30	2.9	57	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.5	249	45	2.2	176	81	0.6	18	31	2.8	55	20
Disabled	2.7	199	73	1.3	150	119	0.3	15	57	1.2	34	29
Adults	0.6	29	46	0.3	21	84	0.0	3	51	0.3	5	16
Children	0.3	15	44	0.2	11	66	0.0	2	63	0.1	3	17
Unknown	2.0	119	58	1.0	105	104	0.1	3	37	1.0	10	11
Gender												
Female	1.3	70	52	0.6	51	89	0.1	6	44	0.6	13	20
Male	0.8	53	63	0.4	38	101	0.1	4	56	0.4	10	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	91	56	0.7	67	93	0.2	8	46	0.8	17	23
African American	0.5	27	54	0.2	21	85	0.0	3	62	0.2	4	19
Other/unknown	0.4	21	54	0.2	15	92	0.0	2	55	0.2	4	20
Use of Nursing Facilities^e												
Entire year	6.7	318	47	2.6	222	86	0.7	24	33	3.4	72	21
Part year	6.1	297	48	2.4	212	88	0.6	20	33	3.1	65	21
None	0.8	48	59	0.4	36	96	0.1	4	55	0.4	8	23

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.3	82	0.6	61	0.1	7	0.6	14
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.4	15	0.2	11	0.0	2	0.2	3
Other/unknown	2.3	116	1.0	84	0.2	9	1.1	23

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Dakota, 0.8 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_mddeb.asp (May 13 2003).
- 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 SOUTH DAKOTA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Brand-Name	Generic	Total	Patented	Off-Patent	Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
Anti-infective Agents	0.3	0.1	0.0	0.0	0.1	\$11	\$8	\$1	\$2	\$16	135,547	\$5,528,220	48,023	42.6%	501,737
Biologics	0.1	0.1	0.0	0.0	0.0	33	32	0	1	40	1,748	460,351	1,260	1.1	14,005
Antineoplastic Agents	0.6	0.4	0.1	0.2	0.2	139	122	5	12	55	3,126	698,390	495	0.4	5,035
Endocrine/Metabolic Drugs	0.7	0.3	0.2	0.2	0.2	28	20	4	4	19	106,299	4,469,289	15,539	13.8	160,939
Cardiovascular Agents	1.6	0.5	0.2	0.9	0.4	48	27	5	16	17	189,094	5,670,445	11,372	10.1	118,776
Respiratory Agents	0.4	0.2	0.0	0.2	0.2	22	15	2	4	23	121,496	6,199,130	26,826	23.8	283,433
Gastrointestinal Agents	0.7	0.4	0.0	0.3	0.3	53	46	2	6	23	76,299	6,129,956	11,094	9.8	115,112
Genitourinary Agents	0.4	0.3	0.0	0.1	0.1	27	25	0	2	20	20,104	1,236,016	4,521	4.0	46,362
CNS Drugs	1.1	0.6	0.1	0.4	0.4	95	75	6	13	31	178,663	15,097,590	15,436	13.7	159,098
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	0.2	46	31	8	7	39	22,861	1,526,317	3,116	2.8	33,296
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	0.0	100	99	0	1	21	4,877	647,744	638	0.6	6,508
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	0.3	27	21	2	5	16	98,332	5,094,197	18,459	16.4	187,977
Neuromuscular Agents	0.8	0.3	0.1	0.4	0.4	58	44	4	10	26	78,799	5,715,602	9,202	8.2	99,134
Nutritional Products	0.5	0.0	0.1	0.5	0.1	11	0	2	9	19	30,426	636,112	6,181	5.5	59,199
Hematological Agents	0.8	0.2	0.3	0.4	0.4	91	56	6	30	78	28,540	3,090,055	3,285	2.9	33,777
Topical Products	0.3	0.1	0.0	0.1	0.1	9	6	1	2	17	67,128	2,331,266	24,310	21.6	259,080
Miscellaneous Products	0.3	0.1	0.0	0.1	0.1	40	26	9	5	57	2,857	429,535	1,007	0.9	10,655
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	0.0	4	0	0	0	0	2,717	54,465	1,241	1.1	13,335
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.	1,168,913	65,014,680	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/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, 0.8 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 (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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 SOUTH DAKOTA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$8,072,512	6,289	5.6 %	67,754	0.8	\$158	\$119
ANTIDEPRESSANTS	5,950,242	14,831	13.2	154,097	0.6	64	39
ULCER DRUGS	5,115,561	9,545	8.5	99,776	0.5	95	51
ANTICONVULSANT	4,842,778	6,005	5.3	65,553	0.9	86	74
ANTIASTHMATIC	3,429,683	18,491	16.4	195,545	0.3	54	18
ANALGESICS - Narcotic	2,466,479	18,165	16.1	186,063	0.3	42	13
MISC. HEMATOLOGICAL	2,343,315	938	0.8	9,689	0.7	369	242
ANALGESICS - ANTI-INFLAMMATORY	2,152,723	10,026	8.9	105,226	0.3	66	20
ANTIDIABETIC	1,957,191	4,858	4.3	51,007	0.7	52	38
ANTIHYPERTENSIVE	1,583,301	6,080	5.4	64,495	0.7	35	25
Total	37,913,785	95,228		999,205	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, 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.